Patient

Demographics

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

Patient Expiration

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

Relationships

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

Care Team as of 3/11/2025

Active

Name	Identifier	Relationship	Specialty	Phone	Duration
Luu, Paul, MD	1124100672	—	Wound Ostomy	206-368-1244	04/30/2018 - Present
Navalurkar, Reema, MD	1942888334	PCP - General	Geriatric Medicine Res/Flw	206-744-8513	08/29/2024 - 04/13/2025
Vincler, Catherine, LICSW	1508154675	Social Worker	Clinical Social Worker	206-744-2933	07/15/2021 - Present

Problem List as of 3/11/2025

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

Patient (continued)

Problem List (continued) as of 3/11/2025

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

Allergies as of 3/11/2025

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

Immunizations

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

COVID-19 Pfizer mRNA bivalent 12 yrs and older

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

Questionnaire

Question	Answer

Patient (continued)

Immunizations (continued)

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

COVID-19 Pfizer mRNA bivalent 12 yrs and older

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

Questionnaire

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

COVID-19 Pfizer mRNA monovalent 12 yrs and older

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

Questionnaire

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

COVID-19 Pfizer mRNA monovalent 12 yrs and older

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

Questionnaire

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

COVID-19 Pfizer mRNA monovalent 12 yrs and older

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

Questionnaire

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

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

Patient (continued)

Immunizations (continued)

Given by: Erhardt, Mark Allen, CMA | Date: 4/27/2022 0908 | Dose: 30 mcg
Site: Left Deltoid | Route: Intramuscular | NDC: 59267-1025-1
CVX code: 217 | VIS Publish Date: 3/29/2022
Product: Pfizer-BioNT COVID-19 Vac-TriS | Manufacturer: Pfizer, Inc | Lot number: FM0698
Expiration date: 5/12/2022

Questionnaire

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

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

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

Questionnaire

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

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

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

Questionnaire

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

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

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

Admin Location (Facility): RITE AID PHARMACY 05215

Influenza quadrivalent

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

Influenza quadrivalent PF

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

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE	12/24/2014

Patient (continued)

Immunizations (continued)

PATIENT, PARENT or GUARDIAN ON: (date)	
VFC Status (If Native American/Alaskan Native ONLY choose Native American/Alaskan Native.)	Ineligible

Influenza quadrivalent PF

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

Questionnaire

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

Influenza quadrivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza quadrivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza quadrivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza quadrivalent high-dose (Fluzone High-Dose)

Given by: Brighton, Marcelle, RN | Date: 9/6/2023 1111 | Dose: 0.7 mL

Patient (continued)

Immunizations (continued)

Site: Right Deltoid | Route: Intramuscular | NDC: 49281-123-88
CVX code: 197 | VIS Publish Date: 8/6/2021
Product: Fluzone High-Dose Quadrivalent | Manufacturer: Sanofi Pasteur | Lot number: UT8057CA
Expiration date: 6/30/2024

Questionnaire

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

Influenza trivalent

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

Questionnaire

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

Influenza trivalent PF

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

Influenza trivalent PF

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

Influenza trivalent adjuvanted (Fluad)

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

Influenza trivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza trivalent high-dose (Fluzone High-Dose)

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

Questionnaire

Question	Answer
VACCINE INFORMATION SHEET WAS HANDED TO THE PATIENT, PARENT or GUARDIAN ON: (date)	9/20/2017

Patient (continued)

Immunizations (continued)

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

Influenza trivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza trivalent high-dose (Fluzone High-Dose)

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

Questionnaire

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

Influenza, unspecified

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

Influenza, unspecified

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

Influenza, unspecified

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

Influenza, unspecified

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

Influenza, unspecified

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

Questionnaire

Question	Answer

Patient (continued)

Immunizations (continued)

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

Influenza, unspecified

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

Questionnaire

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

Influenza, unspecified

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

Questionnaire

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

Pneumococcal conjugate PCV13 (Prevnar 13)

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

Questionnaire

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

Pneumococcal polysaccharide PPSV23 (Pneumovax 23)

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

Questionnaire

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

Patient (continued)

Immunizations (continued)

immunizations ?

Is your family considered Native American or Alaskan Native ? —

Pneumococcal polysaccharide PPSV23 (Pneumovax 23)

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

Td 2 Lf tetanus toxoid

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

Tdap

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

Questionnaire

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

Zoster live (Zostavax)

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

Zoster recombinant (Shingrix)

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

Questionnaire

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

Zoster recombinant (Shingrix)

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

Questionnaire

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

Current Medications

Medications

Patient (continued)

Current Medications (continued)

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

Current Medications

buprenorphine 5 MCG/HR patch

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

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

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

Vitals

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

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

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

History as of 3/11/2025

Medical History as of 3/11/2025

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

Past Medical History

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

Patient (continued)

History (continued) as of 3/11/2025

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

Surgical History as of 3/11/2025

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

Past Surgical History

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

Pertinent Negatives

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

Family History as of 3/11/2025

Family History as of 3/11/2025

Father

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

Patient (continued)

History (continued) as of 3/11/2025

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

Condition	Age of Onset	Comment
No Known Problems		

Mother

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

Condition	Age of Onset	Comment
No Known Problems		

Substance & Sexuality History as of 3/11/2025

Tobacco Use as of 3/11/2025

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

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

Smokeless Status	Smokeless Type	Smokeless Quit Date
Never	—	—

Source
Provider

Alcohol Use as of 3/11/2025

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

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

Drug Use as of 3/11/2025

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

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 3/11/2025

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

Patient (continued)

History (continued) as of 3/11/2025

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

Socioeconomic History as of 3/11/2025

Occupational as of 3/11/2025

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

Socioeconomic as of 3/11/2025

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

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

Social Documentation History as of 3/11/2025

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Source: Provider

Obstetric History as of 3/11/2025

OB/Gyn Status

LMP:	Unknown
OB/Gyn Status:	Postmenopausal

OB History as of 3/11/2025

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

Patient (continued)

History (continued) as of 3/11/2025

Implants as of 3/11/2025

Pacemaker

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

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

As of 1/13/2025 (Log 1625428)

Status: **Implanted**

Lead

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

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

As of 1/13/2025 (Log 1625428)

Status: **Implanted**

Advance Care Planning

Plan

Patient Capacity

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

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Needs Review					

Active Health Care Agents

There are no active Health Care Agents on file.

Notes

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

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

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

- Discussed goals of care with**: Patient, Louis - son**
- Name of LNOK or DPOA-HC: Louis - Medical power of attorney

Patient (continued)

Advance Care Planning (continued)

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

Christina Grabar, MD

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

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

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

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

- Discussed goals of care with**: Louis Alloin**
- Name of LNOK or DPOA-HC: No Legal Next of Kin documented in EMR (LNOK)
- Patient/family communication preferences, if discussed**:** This was not discussed
- Patient/family understanding of medical situtation: Lois understands that his mom underwent an extensive surgery and her course is currently complicated by delirium and and high aspiration risk. He does note that there has been some improvement in her delirium over the last couple of days. But agrees that we are not sure if she has not

Patient (continued)

Advance Care Planning (continued)

developed new baseline. He also acknowledges that she is a moderate to high aspiration risk but restates that tube feeds are not within her goal. He does also understand that a major aspiration event can occur that could result in worsening respiratory distress and even possibly death.

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

Zaeema Zafar, DO

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

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

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

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

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

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

Patient (continued)

Advance Care Planning (continued)

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

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

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

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

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

Shiv Bhandari, MD
Medicine Attending, UWMC - Montlake

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

Patient Contacts

Patient Contacts

Name	Relationship	Phone	Roles
Hoffman Alloin,Louis Charles(POA)	Son	360-649-5702	
Hoffman Alloin,Louis Charles (POA)	Son	206-780-6885	
Hoffmann Alloin,Louis Charles	Son	206-780-6885	
NONE	NONE PROVIDED BY PT	206-000-0000	
None	NONE PROVIDED BY PT	206-000-0000	

Travel Screening from 1/9/2025 to 3/11/2025

Patient (continued)

Travel Screening (continued) from 1/9/2025 to 3/11/2025

Question	Response
Screening data documented at 3/9/2025 1253	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	No
Screening data documented at 1/9/2025 2016	
Have you been in contact with someone who was sick?	No / Unsure
Do you have any of the following new or worsening symptoms?	None of these
Have you traveled internationally or domestically in the last month?	Yes train trip throughout the United States per son

Travel History

No documented travel since 12/09/24

03/11/2025 - Lab Requisition in UWMC Pathology HOV

Reason for Visit

Visit diagnoses:
- (primary)
- Ill-defined and unknown cause of mortality

Visit Information

Department

Name	Address	Phone
UWMC Pathology HOV	1959 NE PACIFIC ST Seattle WA 98195	206-598-3300

Medication List

Medication List

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

Active at the End of Visit

None

Stopped in Visit

None

Autopsy Lab Result

Death Tracking (Final result)

Ordering date: 03/17/25 0816
Frequency: Routine -
Quantity: 1
Ordering mode: Standard
Class: Clinic Collect
Lab status: Final result
Diagnoses
Ill-defined and unknown cause of mortality [R99]
Requisition diagnoses: Ill-defined and unknown cause of mortality [R99]

Lab Result Document - Document on 3/11/2025 4:50 PM by Mcging, Brian F, Technologist (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

UWMC DEATH TRACKING:
This report is issued for documentation purposes only. If a pathology examination was performed, it will be reported separately in the Pathology section of the electronic medical record, designated as SU (Surgical Pathology Report), UP (Provisional Autopsy Report), or UF (Final Autopsy Report).

Hoffman, Jeanne Leonie U8170135
F, 100 yrs, 1/6/1925
321 High School RD NE, Ste D3 PMB 292, BAINBRIDGE ISLAND WA 98110
H: 206-780-6885 W: 206-000-0000 M: 206-280-1287

Death Tracking (Final result) UD25-00471

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Jackson, Nicole R, MD	

.

Specimens
A Other

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

Facility
Harborview Medical Center

Date of Death
03/11/2025

Time of Death
1650

DonorRefTime
1704

Referred within 1 hour?
Yes

Donor Referral Number
13646554

Autopsy?
Yes

NJA or KCME Number
KCME-25-798 (DC review only)

Disposition Info
Cook Family Funeral Home

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

Specimen Information

ID	Type	Source	Collected By
A	Other	Other	Bann, Maralyssa Angelique, MD 03/11/25 1650

Death Tracking Resulted: 03/17/25 0918, Result status: Final result

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Order status: Completed
Collected by: Bann, Maralyssa Angelique, MD 03/11/25 1650

Filed by: Mcging, Brian F, Technologist 03/17/25 0918
Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY

CLIA number: 50D0661462

Components

Component	Value	Reference Range	Flag	Lab
Facility	Harborview Medical Center	—	—	UWMC Pathology
Date of Death Result: 03/11/2025	--	—	—	UWMC Pathology
Time of Death Result: 1650	--	—	—	UWMC Pathology
DonorRefTime Result: 1704	--	—	—	UWMC Pathology
Referred within 1 hour?	Yes	—	—	UWMC Pathology
Donor Referral Number Result: 13646554	--	—	—	UWMC Pathology
Autopsy?	Yes	—	—	UWMC Pathology
NJA or KCME Number Result: KCME-25-798 (DC review only)	--	—	—	UWMC Pathology
Disposition Info Result: Cook Family Funeral Home	--	—	—	UWMC Pathology

Document on 3/11/2025 4:50 PM by Mcging, Brian F, Technologist (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

UWMC DEATH TRACKING:
This report is issued for documentation purposes only. If a pathology examination was performed, it will be reported separately in the Pathology section of the electronic medical record, designated as SU (Surgical Pathology Report), UP (Provisional Autopsy Report), or UF (Final Autopsy Report).

Hoffman, Jeanne Leonie U8170135
F, 100 yrs, 1/6/1925
321 High School RD NE, Ste D3 PMB 292, BAINBRIDGE ISLAND WA 98110
H: 206-780-6885 W: 206-000-0000 M: 206-280-1287

Death Tracking (Final result) UD25-00471

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Jackson, Nicole R, MD	

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Specimens
A Other

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UD25-00471
MRN: U8170135
Sex: female, DOB: 1/6/1925

Facility
Harborview Medical Center

Date of Death
03/11/2025

Time of Death
1650

DonorRefTime
1704

Referred within 1 hour?
Yes

Donor Referral Number
13646554

Autopsy?
Yes

NJA or KCME Number
KCME-25-798 (DC review only)

Disposition Info
Cook Family Funeral Home

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Paul Swanson, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	10/29/21 1641 - Present

Indications

Ill-defined and unknown cause of mortality [R99 (ICD-10-CM)]

03/11/2025 - Lab Requisition in UWMC Pathology HOV

Reason for Visit

Visit diagnoses:
- (primary)
- Ill-defined and unknown cause of mortality

Visit Information

Department

Name	Address	Phone
UWMC Pathology HOV	1959 NE PACIFIC ST Seattle WA 98195	206-598-3300

Medication List

Medication List

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

Active at the End of Visit

None

Stopped in Visit

None

Autopsy Lab Result

Autopsy, Adult (Preliminary result)

Ordering date: 03/17/25 0825
Frequency: Routine -
Quantity: 1
Diagnoses
Ill-defined and unknown cause of mortality [R99]
Requisition diagnoses: Ill-defined and unknown cause of mortality [R99]

Ordering mode: Standard
Class: Clinic Collect
Lab status: Preliminary result

Lab Result Document - Document on 3/11/2025 4:50 PM by Garcia, Rochelle Lorraine, MD (below)

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Autopsy Request

Hoffman, Jeanne Leonie
Case #: UF25-00038
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Autopsy Report (Preliminary result) UF25-00038

Authorizing Provider:		Ordering Provider:
Ordering Location:	UWMC Pathology HOV	
Pathologist:	Garcia, Rochelle Lorraine, MD	

.

Resident Pathologist: Ortiz, Sasha Marie, MD

Specimens
A

Date of Death
03/11/2025

Date of Autopsy
03/17/2025

ME Number
KCME-25-798 (Dc review only)

Permit signed by:
Louis Hoffman Alloin -son (witnessed phone consent)

Restrictions/Comments
No brain exam

Location of Death
Harborview Medical Center

Location of Autopsy
UWMC Montlake

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Hoffman, Jeanne Leonie
Case #: UF25-00038
MRN: U8170135
Sex: female, DOB: 1/6/1925

Provisional Diagnosis
PROVISIONAL AUTOPSY REPORT:
I. Age related systems inefficiencies/failure:
- A. Severe malnourishment and deconditioning with cachexia (BMI 16.8), anemia and electrolyte disturbances.
- B. Circulatory:
  - Intermittent heart block and bradycardia.
    - Small heart with no definite anatomic abnormalities.
  - Limb ischemia with recent arterial occlusion, status post below the knee amputation.
  - Multiple venous stasis ulcers.
- C. Neural
  - Delerium (per clinical notes)
  - Difficulty swallowing (likely neural)
    - No anatomic findings.
  - Hard of hearing.

COMMENT:
100 year old woman who was initially admitted for 59 days at Montlake for acute limb ischemia. She is status-post amputation with postoperative bradycardia, intermittent Mobitz II heart block status-post permanent pacemaker placement, and recent right periprosthetic femur fracture. The hospital course was complicated by severe dysphagia and very high aspiration risk as well as a right periprosthetic femur fracture sustained after a ground level fall (03/05). After her left above the knee amputation, the post-op period was complicated by delirium, pulmonary edema and worsening respiratory status. The patient was in modified to comfort measures and subsequently discharged to a skilled nursing facility. She was admitted one day later to Harborview Medical Center, 3 days prior to death,for dysphagia and delirium. Patient has a past medical history significant for T2DM, hypertension, hyperlipidemia, seizure disorder, chronic venous disease, prior DVT (on anticoagulation), and peripheral vascular disease. There is an extensive documented history of the patient being intermittently homeless and being malnourished/deconditioned, dehydrated, fatigued, and anemic, which is a factor contributing to the worsening limb ischemia and malnourishment. Throughout the final hospital stay the patient was noninteractive, nonverbal, only expressing herself with moans and crying out. The son decided to transition to comfort directed care and the patient died on March 11, 2025 at 4:50 pm.

The most striking autopsy findings are related to deconditioing/malnourishment. The patient is small, in addition to cachectic. Her organs were small. There were prominent lymph nodes (which may be partially due to lack of adipose tissue) in the supraclavicular, subcarinal, and hilar lymph nodes, (with the largest being 3.4 cm) and lungs. The kidneys were small. The heart is small with no significant stenosis of the coronary arteries or other anatomic abnormalities and there was mild atherosclerotic changes of the aorta. The large bowel showed evidence of diverticular disease without diverticulosis and adhesions in the sigmoid colon, consistent with past medical history of hysterectomy with bilateral salpingo-oophorectomy.

Based on review of clinical findings and preliminary autopsy findings, the cause of death is cardiac rhythm disturbance due to eloctrolyte disturbances with severe malnutrition and contributing age related decline. Contributing factors include type 2 diabetes mellitus, and peripheral vascular disease. The manner of death is natural.

This provisional (preliminary) report is based on the initial observations made at autopsy. The final autopsy report will be completed within 12 weeks following the date of autopsy.

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

Specimen Information

ID	Type	Source	Collected By
A	Other	—	Bann, Maralyssa Angelique, MD 03/11/25 1650

Indications

03/11/2025 - Lab Requisition in UWMC Pathology HOV (continued)

Autopsy Lab Result (continued)

Ill-defined and unknown cause of mortality [R99 (ICD-10-CM)]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY

Reason for Visit

Chief complaint: Leg Pain
Visit diagnosis: Closed fracture of distal end of femur, unspecified fracture morphology, sequela
Hospital problem: Failure to thrive in adult

Visit Information

Admission Information

Arrival Date/Time:	03/09/2025 1223	Admit Date/Time:	03/09/2025 1313	IP Adm. Date/Time:	03/09/2025 1913
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Medic - Oth/unsp (Als)	Primary Service:	Medicine Hospitalist Overflow Adult	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	7E SURGERY
Admit Provider:	Asmeche, Habtam, MD	Attending Provider:	Backlund, Brandon Heath, MD	Referring Provider:	

Discharge Information

Date/Time: 03/11/2025 1650 | Disposition: 20 Expired | Destination: Morgue
Provider: Bann, Maralyssa Angelique, MD | Unit: 7E SURGERY

Level of Service

Level of Service	Modifiers
PR EMERGENCY DEPARTMENT VISIT HIGH MDM	GC

Medication List

Medication List

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

Prior To Admission

None

Discharge Medication List

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD | Ordered on: 1/18/2024
Start date: 1/18/2024 | End date: 3/14/2025
Quantity: 15 each | Refill: No refills remaining

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD | Ordered on: 3/8/2025
Start date: 3/8/2025 | End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic | Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD | Ordered on: 3/8/2025
Start date: 3/8/2025 | End date: 3/14/2025

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication List (continued)

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication List (continued)

insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

white petrolatum gel

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically as needed for dry skin.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

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

buprenorphine 5 MCG/HR patch

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

Stopped in Visit

None

ED Provider Note

ED Provider Notes by de Monnin, Karlee, MD at 3/9/2025 1344

Attestation signed by Backlund, Brandon Heath, MD at 3/11/2025 3:10 PM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree.

No Critical Care

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Leg Pain

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Patient is a 100 F Hx of HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by

ED Provider Note (continued)

post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium presenting 1 day after discharge for reevaluation due to concern for improperly applied brace.

Per chart review the patient had a long, tenuous and tumultuous admission 1/9/2025-3/8/2025 with multiple infections and incidents. Patient placed on comfort measures despite sons wishes to remain full code, ethics committee involved at multiple points. She had a fall in hospital suffering a right hip fracture
hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on).
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25
- concentrated oxycodone for pain (low dose 2.5 - 5 mg)

She is presenting today from her SNF after discharge yesterday from University of Washington Montlake at her son's request after he noticed her right hip brace to be loosely applied and was concerned that her right femur fracture has worsened.

He also reports that she was sent to SNF to be comfortable with morphine and they are not going to help her get better. He is worried she is dehydrated. He would like her admitted for further attempts at feeding tube, which was unsuccessful during admission at UWMC. He does not feel she should go back to her current SNF.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture	12/13/2012
Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed	

healed

- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.
• white petrolatum gel	Topical, As needed

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, Sulfa antibiotics, and Sulfanilamide

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Family History

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)

T: 36.3 °C (03/09/25 1253) **BP:** **(!) 102/42** (03/09/25 1253) **HR:** 78 (03/09/25 1253)
RR: **(!) 24** (03/09/25 1253) **SpO2:** 95 % (03/09/25 1253) Room air

Vitals (Most recent in last 24 hrs)

T: 36.6 °C (03/09/25 2053) **BP:** **138/67 (03/09/25 2053)** **HR:** **(!) 102** (03/09/25 2053)
RR: **20 (03/09/25 2053)** **SpO2:** 92 % (03/09/25 2053) Room air
T range: Temp Min: 36.3 °C Max: 36.6 °C
(no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam

Const: Cachectic, in distress, edentulous, moaning
Head: Atraumatic
Eyes: No conjunctival injection, no scleral icterus, PERRLA.
ENT: Severely dry mucous membranes with chunks of dried old food caked at the back of the oropharynx
Neck: Trachea mid-line, neck supple
CV: Normal rate, regular rhythm. 2+ radial pulses bilaterally.
Resp: No tachypnea. Normal respiratory effort. Lungs clear to auscultation bilaterally without crackles or wheezes.
Abdomen: Soft, non-distended. Non-tender. No palpable masses
MSK: L AKA. R leg in loosely applied brace at the thigh
Skin: Warm and dry.
Neuro: Not answering questions, moaning

LABORATORY:

Labs Reviewed

CBC, DIFF - Abnormal

Result	Value
WBC	12.66 (*)
RBC	2.72 (*)
Hemoglobin	8.6 (*)
Hematocrit	27 (*)
MCV	100 (*)
MCH	31.6
MCHC	31.6 (*)
Platelet Count	423 (*)
RDW-CV	16.3 (*)
% Neutrophils	84
% Lymphocytes	10
% Monocytes	4

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

% Eosinophils	1
% Basophils	0
% Immature Granulocytes	1
Neutrophils	10.71 (*)
Absolute Lymphocyte Count	1.24
Monocytes	0.52
Absolute Eosinophil Count	0.06
Basophils	0.04
Immature Granulocytes	0.09 (*)
Nucleated RBC	0.00
% Nucleated RBC	0

COMPREHENSIVE METABOLIC PANEL - Abnormal

Sodium	147 (*)
Potassium	3.6
Chloride	104
Carbon Dioxide, Total	25
Anion Gap	18 (*)
Glucose	150 (*)
Urea Nitrogen	13
Creatinine	0.65
Protein (Total)	6.0
Albumin	2.9 (*)
Bilirubin (Total)	0.9
Calcium	8.3 (*)
AST (GOT)	15
Alkaline Phosphatase (Total)	113
ALT (GPT)	10
eGFR by CKD-EPI 2021	>60

B_TYPE NATRIURETIC PEPTIDE - Abnormal

B_Type Natriuretic Peptide	311 (*)

TROPONIN_I

Troponin_I	0.03
Troponin_I Interpretation	Normal

LIPASE

Lipase	<3

MAGNESIUM

Magnesium	1.9

PHOSPHATE

Phosphate	3.9

CANDIDA AURIS QUALITATIVE PCR

BASIC METABOLIC PANEL

IMAGING:

ED Provider Note (continued)

ED Wet Read -

XR Femur 2 Vw Right

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

Redemonstrated perimplant fracture of the subtrochanteric femur, with similar varus angulation and mildly increased anterior and lateral displacement now up to 10 mm. Alignment is otherwise unchanged. Vascular calcifications.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s).

-Slight differences in patient positioning may partially account for appearance of increased anterior lateral displacement described above.

I have personally reviewed the images and agree with the report (or as edited).

XR Pelvis 1-2 Vw

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures. No acute pelvic fracture detected. Partially visualized right femur orthopedic hardware.

Alignment is unchanged.

No acute soft tissue abnormality. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

XR Knee 4+ Vw Right

Final Result

The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

No acute bone, joint, or soft tissue abnormality is seen. Similar appearance of right femur orthopedic hardware and healed fracture deformity of the distal metadiaphysis femur. There are no acute fractures or dislocations. Vascular calcifications are present.

I have personally reviewed the images and agree with

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

the report (or as edited).

XR Chest 1 Vw
Final Result

Lines and tubes: Similar position of left chest wall pacemaker lead.

Lungs: Interval decrease in mild patchy bibasilar pulmonary opacities, which may represent edema, atelectasis, and not excluded aspiration, and/or pneumonia.

Pleura: Interval decrease in small to moderate right and small left pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Bones: No acute or suspicious abnormality.

I have personally reviewed the images and agree with the report (or as edited).

Radiology Final Result -
No image results found.

EKG DOCUMENTATION

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

Patient is a 100 F Hx of HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium. She is now presenting 1 day after discharge for reevaluation due to concern by son for improperly applied brace.

I had a prolonged discussion with this patient's son about goals of care. She is severely dehydrated on exam, moaning in pain, deconditioned, and cachectic. She is hypernatremic, has had a 4 pt drop in her Hgb, and has a new leukocytosis. She is not necessarily acutely ill today, but is slowly decompensating.

I explained frankly that Louis' stated goal for the patient, to get back to the level /quality of life she had 3 months ago, at which time she was traveling and physically active, cannot be realistically expected given her level of deconditioning, lack of nutrition, age, AKA, and femur fracture, which portends a poor prognosis.

He would like her to be full code "if there is any possibility of a good prognosis." I explained that if his mother's heart were to stop, it is my clinical judgment that there is no chance of her achieving the goals that he would consider an acceptable outcome (futility), and that I would recommend maintaining DNR/DNI as the code status most aligned with the stated goals. Per review of previous documentation, this is in line with what was discussed during previous admission to Montlake and is reflected in the current ACP/code status in Epic. However, Louis continues to express a focus on longevity that leads me to believe that further discussion regarding GOC will be both necessary and important to care and will require time and discussion beyond the ED setting.

Louis presents seeking readmission for his mother today, noting desire for reassessment of her nutrition status and concern for management of her brace.

I discussed her brace with ortho, which per chart review, was placed for comfort and can be removed as desired by patient. Louis expresses concern that she needs a better solution to keep her leg immobilized sufficiently for pain control and that her toes need to be pointed toward the ceiling for the brace to be effective. Ortho to see patient. They were ok with deferring repeat XR as they would be unlikely to change management and would require full removal of brace, which is bulky, wraps around the torso, and would be likely to cause distress to patient in ED. Per discussion with ortho, they may consider transitioning to an alternative orthosis in inpatient setting.

D/w medicine re: son's desire for admission. In part, he expresses that his desire for admission is due to concern that her facility was managing her brace (which is not intended as a definitive treatment) incorrectly and "pumping her full of opioids" but not focused on helping her heal. Patient appears to be in significant distress on ED presentation, and, given her poor prognosis and clear distress, demonstrates a clinical need for ongoing pain management. Medicine agrees to admit for complex coordination of care needs.

Prior to sign out, attempted DRE but due to the limitations of her bulky brace and severe pain/agitation with attempts to role, was unable to perform DRE to evaluate for melena in setting of Hgb drop. No recent melena or blood in stool known to son. Dr. Barral has discussed Hgb drop and inability to check DRE in ED with admitting team. May benefit from ongoing monitoring of Bms for melena in inpatient setting at discretion of admitting

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Provider Note (continued)

team.

I spoke to the physician taking over care at sign-out about the plan for this patient (Dr. Barral). The final disposition will depend on the results of any pending tests and this patient's condition upon re-evaluation. The original plan may be altered depending on the patient's needs. Decisions regarding the progression of care and interpretation of tests will be made at the discretion of the oncoming ED team.

Plan at time of signout:
[ ] f/u ortho recs
[ ] admit to medicine
[ ] XR and UA for infectious workup given new leukocytosis

ED Course as of 03/09/25 2223
Sun Mar 09, 2025
1419 **WBC(!): 12.66**
Increased from 10 at last check [KD]
1716 Paging medicine triage [KD]
1735 Medicine will meet with patient and son [KD]

ED Course User Index
[KD] de Monnin, Karlee, MD

External records review : Discharge summary

Assessment requires Independent Historian : EMS and Family member

Medications Given in the ED:
Medications
atropine 1% sublingual solution 2 drop (Sublingual Held By Provider 3/9/25 2054)
lidocaine 4 % per patch 1 patch (has no administration in time range)
oxyCODONE CONCENTRATED solution 2.6-5 mg (has no administration in time range)
enoxaparin (Lovenox) injection 40 mg (has no administration in time range)
acetaminophen (Ofirmev) IV 1,000 mg (has no administration in time range)
buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (has no administration in time range)
lactated ringers IV Bolus 500 mL (0 mL Intravenous Stopped 3/9/25 1809)
acetaminophen (Ofirmev) IV 1,000 mg (0 mg Intravenous Stopped 3/9/25 1809)
HYDROmorphone (Dilaudid) injection 0.1 mg (0.1 mg Intravenous Given 3/9/25 1952)

ED Provider Note (continued)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[S72.409S] Closed fracture of distal end of femur, unspecified fracture morphology, sequela

No follow-up provider specified.

Patient was given scripts for the following medications.
Current Discharge Medication List

Disposition: Data Unavailable

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

de Monnin, Karlee, MD
Resident
03/09/25 2223

Electronically signed by de Monnin, Karlee, MD at 3/9/2025 10:23 PM
Electronically signed by Backlund, Brandon Heath, MD at 3/11/2025 3:10 PM

ED Notes

ED Triage Notes by Kim, Eric Y, RN at 3/9/2025 1250

Pt BIB for leg pain. Per report son called 911 and says the splint was not placed correctly and wanted pt to come HMC for correct splint placement. Pt had a fall a UWML on 3/4.Son also concerned to low PO intake. Per EMTs, pt is crying on and off.

Electronically signed by Kim, Eric Y, RN at 3/9/2025 12:53 PM

ED Notes by Bautista, Jayna Cassidy A, RN at 3/9/2025 1424

BIBA from Bainbridge rehab facility, pt recently discharged from Montlake yesterday. Son accompanies pt. Per report, son visited pt at rehab facility and found pt not wearing correct R leg splint and son did not like the care pt was

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Notes (continued)

receiving. Pt has known R hip fx in some sort of splint and has L AKA. Pt AOx0, does not follow commands. Pt moaning out. Pt has very dry mouth with dry bits of food in her mouth.

Bautista, Jayna Cassidy A, RN
03/09/25 1435

Electronically signed by Bautista, Jayna Cassidy A, RN at 3/9/2025 2:35 PM

ED Care Timeline

Patient Care Timeline (3/9/2025 12:23 to 3/9/2025 20:36)

3/9/2025	Event	Details	User
12:23	**Patient arrived in ED**		Ben, Rashika, PSS/PSR
12:23:49	**Emergency encounter created**		Ben, Rashika, PSS/PSR
12:24:17	**Arrival Complaint**	B - A21	
12:32:13	**Registration Completed**		Ben, Rashika, PSS/PSR
12:49	**Arrival Documentation**	**Triage Start** Triage Start: Start **Prehospital Treatment** Prehospital Treatment: Yes Transport Service: bainbridge	Kim, Eric Y, RN
12:49:58	**Triage Started**		Kim, Eric Y, RN
12:50:02	**ED Triage Notes Addendum**	Pt BIB for leg pain. Per report son called 911 and says the splint was not placed correctly and wanted pt to come HMC for correct splint placement. Pt had a fall a UWML on 3/4.Son also concerned to low PO intake. Per EMTs, pt is crying on and off.	Kim, Eric Y, RN
12:53	**Travel Screening**	Have you been in contact with someone who was sick? **No / Unsure** ; Do you have any of the following new or worsening symptoms? **None of these** ; Have you traveled internationally or domestically in the last month? **No** Travel Locations: **Travel history not shown for past encounters**	Kim, Eric Y, RN
12:53	**Abuse Indicators**	**Abuse Indicators** Have there been threats or direct abuse of you or your children?: Unable to assess Is someone forcing you to have sex?: Unable to assess Is anyone keeping you from your family?: Unable to assess Unable to assess? Indicate reason:: Clinical condition	Kim, Eric Y, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

12:53	**Vital Signs**	**Vital Signs** Temp: 36.3 °C Temp src: Temporal Pulse: 78 Resp: **24** ! BP: **102/42** ! SpO2: 95 % **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 95 % Oxygen Therapy: None (Room air) **Pain Assessment** Pain Score: (non verbal)	Kim, Eric Y, RN
12:53	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.3	Kim, Eric Y, RN
12:53:13	**Chief Complaints Updated**	**Leg Pain**	Kim, Eric Y, RN
12:54	**Triage Completed**		Kim, Eric Y, RN
12:54	**ESET(Emergency Safety Evaluation Tool)**	**ESET (Emergency Safety Evaluation Tool)** ESET (Emergency Safety Evaluation Tool) Safety Screening Complete: Yes	Kim, Eric Y, RN
12:54	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 3 Triage Complete: Triage complete	Kim, Eric Y, RN
12:54	**ED Fall Risk Assessment**	**Fall Risk Assessment- KINDER 1** Altered Mental Status?: yes Present to ED Due To Fall?: No Age greater than 70?: Yes Impaired Mobility?: Yes Nursing Judgement: Yes Intervention Score: 4 Safety Interventions: **Defer to bedside nurse** !	Kim, Eric Y, RN
12:54	**Homicidal Ideation**	**Homicidal Ideation** Homicidal Assessment: Assessment Deferred	Kim, Eric Y, RN
12:54	**Suicide Risk Screening**	**Other flowsheet entries** Suicide assessment:: Deferred, unable to assess at this time Unable to assess at this time due to:: Altered mental status 1. Have you wished you were dead or wished you could go to sleep and not wake up?: No	Kim, Eric Y, RN
13:13:34	**Patient roomed in ED**	To room RES3-2	Kim, Eric Y, RN
13:13:34	**Patient roomed in ED**		Kim, Eric Y, RN
13:20:54	**Assign Physician**		Poyorena, Christopher, MD
13:20:54	**First Provider Evaluation**		Poyorena, Christopher, MD
13:20:54	**Assign Resident**	Poyorena, Christopher, MD assigned as Resident	Poyorena, Christopher, MD
13:24	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

13:24	**Vitals**	**Vital Signs** Temp: 36.5 °C Pulse: 91 (Device Time: 13:23:28) Resp: 20 BP: 139/71 (Device Time: 13:24:14) MAP (mmHg): 100 (Device Time: 13:24:14) **Telemetry/Cardiac Monitor** Pulse: 91 (Device Time: 13:23:28) **Oxygen Therapy** SpO2: 93 % (Device Time: 13:23:27) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
13:24	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.5	Bautista, Jayna Cassidy A, RN
13:25:44	**Note Shared**	ED Prov Note filed by Poyorena, Christopher, MD	Poyorena, Christopher, MD
13:25:44	**ED Provider Notes**	Note filed at this time	Poyorena, Christopher, MD; Cosign required
13:36:01	**Assign Resident**	de Monnin, Karlee, MD assigned as Resident	de Monnin, Karlee, MD
13:36:01	**Assign Physician**		de Monnin, Karlee, MD
13:36:01	**Remove Resident**	Poyorena, Christopher, MD removed as Resident	de Monnin, Karlee, MD
13:54:10	**Orders Placed**	Medications - lactated ringers IV Bolus 500 mL; acetaminophen (Ofirmev) IV 1,000 mg Lab - CBC with Diff; Comprehensive Metabolic Panel; B-Type Natriuretic Peptide; Troponin-I (Now); Lipase; Urinalysis with Reflex Culture; Magnesium; Phosphate	de Monnin, Karlee, MD
13:54:11	**Lab Ordered**	PHOSPHATE, MAGNESIUM, URINALYSIS WITH REFLEX CULTURE, LIPASE, TROPONIN_I, B_TYPE NATRIURETIC PEPTIDE, COMPREHENSIVE METABOLIC PANEL, CBC, DIFF	de Monnin, Karlee, MD
13:56:23	**Orders Placed**	Imaging - XR Hip Unilat W Pelvis 2-3 Vw Right	de Monnin, Karlee, MD
13:56:24	**XR Ordered**	XR HIP UNILAT W PELVIS 2-3 VW RIGHT	de Monnin, Karlee, MD
14:00	**Peripheral IV 03/09/25 20 G Left;Posterior Wrist Placed**	Placement Date/Time: 03/09/25 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size Gauge: 20 G Orientation: Left;Posterior Location: Wrist	Bautista, Jayna Cassidy A, RN
14:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
14:00	**Vitals**	**Vital Signs** Pulse: 85 (Device Time: 13:59:39) Resp: **9** ! (Device Time: 13:59:39) BP: **118/53** ! (Device Time: 14:00:00) MAP (mmHg): 79 (Device Time: 14:00:00) **Telemetry/Cardiac Monitor** Pulse: 85 (Device Time: 13:59:39) **Oxygen Therapy** SpO2: 95 % (Device Time: 13:59:39) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
14:00:33	**Orders Acknowledged**	New - CBC with Diff; Comprehensive Metabolic Panel; B-Type Natriuretic Peptide; Troponin-I (Now); Lipase; Urinalysis with Reflex Culture; Magnesium; Phosphate; lactated ringers IV Bolus 500 mL; acetaminophen (Ofirmev) IV 1,000 mg; XR Hip Unilat W Pelvis 2-3 Vw Right	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:00:41	**Print Label for B-Type Natriuretic Peptide Completed**	*B-Type Natriuretic Peptide* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Lipase Completed**	*Lipase* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Magnesium Completed**	*Magnesium* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Phosphate Completed**	*Phosphate* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Print Label for Troponin-I (Now) Completed**	*Troponin-I (Now)* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward B-Type Natriuretic Peptide to Lab as Collection Add-On Discontinued**	*B-Type Natriuretic Peptide*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward CBC with Diff to Lab as Collection Add-On Discontinued**	*CBC with Diff*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Discontinued**	*Comprehensive Metabolic Panel*	Bautista, Jayna Cassidy A, RN
14:00:41	**Forward Troponin-I (Now) to Lab as Collection Add-On Discontinued**	*Troponin-I (Now)*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send B-Type Natriuretic Peptide to phlebotomy Discontinued**	*B-Type Natriuretic Peptide*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Bautista, Jayna Cassidy A, RN
14:00:41	**Send Troponin-I (Now) to phlebotomy Discontinued**	*Troponin-I (Now)*	Bautista, Jayna Cassidy A, RN
14:00:42	**Forward Lipase to Lab as Collection Add-On Discontinued**	*Lipase*	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:00:42	**Forward Magnesium to Lab as Collection Add-On Discontinued**	*Magnesium*	Bautista, Jayna Cassidy A, RN
14:00:42	**Forward Phosphate to Lab as Collection Add-On Discontinued**	*Phosphate*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Lipase to phlebotomy Discontinued**	*Lipase*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Magnesium to phlebotomy Discontinued**	*Magnesium*	Bautista, Jayna Cassidy A, RN
14:00:42	**Send Phosphate to phlebotomy Discontinued**	*Phosphate*	Bautista, Jayna Cassidy A, RN
14:01	**Collect B-Type Natriuretic Peptide Completed**	*B-Type Natriuretic Peptide* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect CBC with Diff Completed**	*CBC with Diff* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Comprehensive Metabolic Panel Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Lipase Completed**	*Lipase* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Magnesium Completed**	*Magnesium* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Phosphate Completed**	*Phosphate* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Collect Troponin-I (Now) Completed**	*Troponin-I (Now)* - Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Specimens Collected**	CBC with Diff - ID: **X2530768** Type: **Blood** Comprehensive Metabolic Panel - ID: **X2530768** Type: **Blood** B-Type Natriuretic Peptide - ID: **X2530768** Type: **Blood** Troponin-I (Now) - ID: **X2530768** Type: **Blood** Lipase - ID: **X2530768** Type: **Blood** Magnesium - ID: **X2530768** Type: **Blood** Phosphate - ID: **X2530768** Type: **Blood**	Bautista, Jayna Cassidy A, RN
14:01	**Specimens Collected**	1st Extra Blue Top - ID: **X2530768** Type: **Plasma** 1st Extra Gold Top - ID: **X2530768** Type: **Serum**	
14:07	**Medication New Bag/Syringe**	lactated ringers IV Bolus 500 mL - Dose: **500 mL** ; Rate: **500 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1355**	Bautista, Jayna Cassidy A, RN
14:10:37	**1st Extra Blue Top Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:11** Status: **Final result** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
14:10:37	**1st Extra Gold Top Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:11** Status: **Final result** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
14:10:45	**Lab Ordered**	1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
14:10:45	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
14:11:02	**Lab Resulted**	(Final result) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
14:11:02	**Lab Resulted**	(Final result) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
14:12:56	**Imaging Exam Started**	XR Hip Unilat W Pelvis 2-3 Vw Right	Berhane, Yosan Loona L, RT

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:15	**Basic Assessment**	**Neurological** Neuro (WDL): Exceptions to WDL Best Eye Response: Spontaneous Best Verbal Response: Incomprehensible sounds Best Motor Response: Localizes pain Glasgow Coma Scale Score: 11 Orientation Level: Disoriented to place; Disoriented to time; Disoriented to situation; Disoriented to person Cognition: Unable to follow commands; Poor attention/concentration Speech: **Incomprehensible** **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Incomprehensible sounds Best Motor Response: Localizes pain Glasgow Coma Scale Score: 11 **HEENT** HEENT (WDL): Exceptions to WDL Mucous Membrane(s): **Dry** Teeth: Dentures removed **Respiratory** Respiratory (WDL): Exceptions to WDL Respiratory Pattern: Normal Respiratory Depth/Rhythm: Regular Respiratory Effort: Unlabored Bilateral Breath Sounds: Clear **Cardiac** Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Regular Heart Sounds: S1, S2 **Peripheral Vascular** Peripheral Vascular (WDL): Exceptions to WDL Capillary Refill: Less than/equal to 2 seconds (All extremities) Pulses: R radial; L radial; L femoral; R dorsalis pedis R Radial Pulse: Moderate L Radial Pulse: Moderate L Femoral Pulse: Moderate R Dorsalis Pedis Pulse: Moderate **RUE Peripheral Vascular Assessment** R Radial Pulse: Moderate **LUE Peripheral Vascular Assessment** L Radial Pulse: Moderate **RLE Peripheral Vascular Assessment** R Dorsalis Pedis Pulse: Moderate **LLE Peripheral Vascular Assessment** L Femoral Pulse: Moderate **Integumentary** Integumentary (WDL): Exceptions to WDL Skin Color: Appropriate for ethnicity Skin Condition/Temp: Warm; Dry **Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL RLE: **Injury/trauma** LLE: **Amputation** **Gastrointestinal** Gastrointestinal (WDL): Within Defined Limits **Genitourinary** Genitourinary (WDL): Within Defined Limits **Psychosocial** Psychosocial (WDL): Within Defined Limits **Charting Type** Charting Type: Shift assessment	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:15	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 11	Bautista, Jayna Cassidy A, RN
14:18:17	**CBC with Diff Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:18** Status: **Final result** WBC: **12.66 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **2.72 10*6/uL** v [Ref Range: 3.80 - 5.00] Hemoglobin: **8.6 g/dL** v [Ref Range: 11.5 - 15.5] Hematocrit: **27 %** v [Ref Range: 36.0 - 45.0] MCV: **100 fL** ^ [Ref Range: 81 - 98] MCH: **31.6 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.6 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **423 10*3/uL** ^ [Ref Range: 150 - 400] RDW-CV: **16.3 %** ^ [Ref Range: 11.0 - 14.5] % Neutrophils: **84 %** % Lymphocytes: **10 %** % Monocytes: **4 %** % Eosinophils: **1 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **10.71 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.24 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.52 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.06 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.04 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.09 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
14:18:27	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
14:18:27	**Collect B-Type Natriuretic Peptide Discontinued**	*B-Type Natriuretic Peptide*	Uw Lab Results Interface, User
14:18:27	**Collect CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
14:18:27	**Collect Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
14:18:27	**Collect Troponin-I (Now) Discontinued**	*Troponin-I (Now)*	Uw Lab Results Interface, User
14:18:27	**Print Label for B-Type Natriuretic Peptide Discontinued**	*B-Type Natriuretic Peptide*	Uw Lab Results Interface, User
14:18:27	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
14:18:27	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
14:18:27	**Print Label for Troponin-I (Now) Discontinued**	*Troponin-I (Now)*	Uw Lab Results Interface, User
14:18:28	**Collect Lipase Discontinued**	*Lipase*	Uw Lab Results Interface, User
14:18:28	**Collect Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
14:18:28	**Collect Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User
14:18:28	**Print Label for Lipase Discontinued**	*Lipase*	Uw Lab Results Interface, User
14:18:28	**Print Label for Magnesium Discontinued**	*Magnesium*	Uw Lab Results Interface, User
14:18:28	**Print Label for Phosphate Discontinued**	*Phosphate*	Uw Lab Results Interface, User

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:22:29	**Orders Placed**	Imaging - XR Femur 2 Vw Right	de Monnin, Karlee, MD
14:22:30	**XR Ordered**	XR FEMUR 2 VW RIGHT	de Monnin, Karlee, MD
14:23:15	**Orders Modified**	Order Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	de Monnin, Karlee, MD
14:23:15	**XR Ordered**	XR PELVIS 1-2 VW	Woolley, Brian M, RT
14:23:15	**Orders Discontinued**	XR Hip Unilat W Pelvis 2-3 Vw Right (03/09/25 1356)	Woolley, Brian M, RT
14:23:51	**Orders Acknowledged**	New - XR Femur 2 Vw Right Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	Bautista, Jayna Cassidy A, RN
14:24:01	**Assign Nurse**	Bautista, Jayna Cassidy A, RN assigned as Registered Nurse	Bautista, Jayna Cassidy A, RN
14:24:26	**ED Notes**	BIBA from Bainbridge rehab facility, pt recently discharged from Montlake yesterday. Son accompanies pt. Per report, son visited pt at rehab facility and found pt not wearing correct R leg splint and son did not like the care pt was receiving. Pt has known R hip fx in some sort of splint and has L AKA. Pt AOx0, does not follow commands. Pt moaning out. Pt has very dry mouth with dry bits of food in her mouth. Bautista, Jayna Cassidy A, RN 03/09/25 1435	Bautista, Jayna Cassidy A, RN
14:38:56	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Sodium: **147 meq/L** ^ [Ref Range: 135 - 145] Potassium: **3.6 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **104 meq/L** [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **18** ^ [Ref Range: 4 - 12] Glucose: **150 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **13 mg/dL** [Ref Range: 8 - 21] Creatinine: **0.65 mg/dL** [Ref Range: 0.38 - 1.02] Protein (Total): **6.0 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **2.9 g/dL** v [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.9 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **8.3 mg/dL** v [Ref Range: 8.9 - 10.2] AST (GOT): **15 U/L** [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **113 U/L** [Ref Range: 49 - 199] ALT (GPT): **10 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **>60 mL/min/1.73_m2** [Ref Range: >59]	Uw Lab Results Interface, User
14:38:56	**Lipase Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Lipase: **<3 U/L** [Ref Range: <70]	Uw Lab Results Interface, User
14:38:56	**Magnesium Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Magnesium: **1.9 mg/dL** [Ref Range: 1.8 - 2.4]	Uw Lab Results Interface, User
14:38:56	**Phosphate Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:39** Status: **Final result** Phosphate: **3.9 mg/dL** [Ref Range: 2.5 - 4.5]	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) LIPASE	Uw Lab Results Interface, User
14:39:08	**Lab Resulted**	(Final result) MAGNESIUM	Uw Lab Results Interface, User
14:39:09	**Lab Resulted**	(Final result) PHOSPHATE	Uw Lab Results Interface, User

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

14:41	**Medication New Bag/Syringe**	acetaminophen (Ofirmev) IV 1,000 mg - Dose: **1,000 mg** ; Rate: **400 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1355**	Bautista, Jayna Cassidy A, RN
14:42:13	**B-Type Natriuretic Peptide Resulted**	**Abnormal Result** Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:42** Status: **Final result** B_Type Natriuretic Peptide: **311 pg/mL** ^ [Ref Range: <101]	Uw Lab Results Interface, User
14:42:22	**Lab Resulted**	(Final result) B_TYPE NATRIURETIC PEPTIDE	Uw Lab Results Interface, User
14:44:12	**Troponin-I (Now) Resulted**	Collected: **3/9/2025 14:01** Last updated: **3/9/2025 14:44** Status: **Final result** Troponin_I: **0.03 ng/mL** [Ref Range: <0.04] (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) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
14:44:22	**Lab Resulted**	(Final result) TROPONIN_I	Uw Lab Results Interface, User
14:58:32	**Assign Attending**	Backlund, Brandon Heath, MD assigned as Attending	Backlund, Brandon Heath, MD
14:58:32	**Assign Physician**		Backlund, Brandon Heath, MD
15:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
15:00	**Vitals**	**Vital Signs** Pulse: 90 (Device Time: 14:59:37) Resp: **28** ! (Device Time: 14:59:37) BP: **144/68** ! (Device Time: 15:00:00) MAP (mmHg): 120 (Device Time: 15:00:00) **Telemetry/Cardiac Monitor** Pulse: 90 (Device Time: 14:59:37) **Oxygen Therapy** SpO2: 99 % (Device Time: 14:59:37) Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
15:28:25	**Note Shared**	ED Prov Note filed by de Monnin, Karlee, MD	de Monnin, Karlee, MD
15:42:47	**Assign SW**	Thompson, Katie, LSWAIC assigned as Social Worker	Thompson, Katie, LICSW
15:45	**Vital Signs**	**Vital Signs** Pulse: 92 (Device Time: 15:45:39) Resp: 15 (Device Time: 15:44:29) BP: **144/63** ! (Device Time: 15:45:00) MAP (mmHg): 94 (Device Time: 15:45:00) SpO2: 92 % (Device Time: 15:44:29) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 92 % (Device Time: 15:44:29)	Strathy, Emily I, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

16:15	**Vital Signs**	**Vital Signs** Pulse: 92 (Device Time: 16:14:32) Resp: 19 (Device Time: 16:14:32) BP: 139/72 (Device Time: 16:15:00) MAP (mmHg): 84 (Device Time: 16:15:00) SpO2: 96 % (Device Time: 16:14:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 96 % (Device Time: 16:14:32)	Strathy, Emily I, RN
17:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
17:00	**Vitals**	**Vital Signs** Pulse: 86 (Device Time: 16:59:39) Resp: **13** ! BP: **134/51** ! (Device Time: 17:00:00) MAP (mmHg): 82 (Device Time: 17:00:00) **Telemetry/Cardiac Monitor** Pulse: 86 (Device Time: 16:59:39) **Oxygen Therapy** SpO2: 95 % Oxygen Therapy: None (Room air)	Bautista, Jayna Cassidy A, RN
18:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Bautista, Jayna Cassidy A, RN
18:00	**Vitals**	**Vital Signs** Pulse: 97 (Device Time: 17:59:31) Resp: 20 BP: 131/81 (Device Time: 18:00:00) MAP (mmHg): 94 (Device Time: 18:00:00) **Telemetry/Cardiac Monitor** Pulse: 97 (Device Time: 17:59:31) **Oxygen Therapy** SpO2: 99 % (Device Time: 17:59:31) Oxygen Therapy: None (Room air) (P)	Bautista, Jayna Cassidy A, RN
18:03:20	**Orders Placed**	Medications - HYDROmorphone (Dilaudid) injection 0.1 mg	de Monnin, Karlee, MD
18:07	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist**	Bautista, Jayna Cassidy A, RN
18:09	**Medication Stopped**	lactated ringers IV Bolus 500 mL - Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1809**	Bautista, Jayna Cassidy A, RN
18:09	**Medication Stopped**	acetaminophen (Ofirmev) IV 1,000 mg - Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Scheduled Time: **1809**	Bautista, Jayna Cassidy A, RN
18:09	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: **Per EM resident, awaiting ortho reccs if we need new xrays or not. Pain medicine ordered for pt, pt continuinally moaning out. Not following commands.**	Bautista, Jayna Cassidy A, RN
18:09:19	**Orders Acknowledged**	New - HYDROmorphone (Dilaudid) injection 0.1 mg	Bautista, Jayna Cassidy A, RN
18:23:12	**Orders Placed**	Imaging - XR Chest 1 Vw	Barral, Ernest Neil, MD
18:23:13	**XR Ordered**	XR CHEST 1 VIEW	Barral, Ernest Neil, MD
18:24:21	**Orders Acknowledged**	New - XR Chest 1 Vw	Bautista, Jayna Cassidy A, RN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

18:25:50	**Imaging Exam Started**	XR Chest 1 Vw	Kuang, Jennifer, RT
18:26	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: **Medicine team at bedside**	Bautista, Jayna Cassidy A, RN
18:35:42	**Imaging Exam Ended**	XR Chest 1 Vw	Turalba, Erick G, RT
18:35:54	**Remove Resident**	de Monnin, Karlee, MD removed as Resident	Barral, Ernest Neil, MD
18:35:54	**Assign Resident**	Barral, Ernest Neil, MD assigned as Resident	Barral, Ernest Neil, MD
18:35:54	**Assign Physician**		Barral, Ernest Neil, MD
18:40:41	**Order Performed**	XR Chest 1 Vw - ID: **48332311**	
18:42:57	**Imaging Preliminary Result**	XR Chest 1 Vw	Interface, Radiology Results In
18:42:57	**XRay Preliminary Result**	(Preliminary result) XR CHEST 1 VIEW	Interface, Radiology Results In
18:48	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist** ; Linked override order: **HYDROmorphone (Dilaudid) 1 MG/ML injection ADS Override Pull**	Bautista, Jayna Cassidy A, RN
19:00	**SW Psychosocial Assessment**	**Visit Information** Assessment Need: Counseling / Support / Adjustment to illness Is an interpreter used?: No **Patient Information** Assessment Need: Counseling / Support / Adjustment to illness Information Obtained From: Children **Living Situation Prior to Admission (PTA)** Living situation prior to admit: Skilled Nursing Facility PTA-Name of Facility: Bainbridge Island Health and Rehab Primary Caregiver: Family Support Systems: Children; Case manager/social worker **Productivity Data** SW Emergency department services (minutes): 45 ED Mission Population: From SNF/ALF/AFH; General Medical Event ED Outcomes: Pt / Family Support / Coord; Hospital Admission ED Referral Source: Self referral (case-finding)	Thompson, Katie, LICSW
19:02:38	**Allergies Reviewed**		Asmeche, Habtam, MD
19:02:48	**History Reviewed**	Sections Reviewed: Tobacco, Alcohol, Drug Use, Sexual Activity, Surgical, Medical, Family, Social Documentation, Obstetric, Socioeconomic	Asmeche, Habtam, MD
19:09:59	**Orders Discontinued**	XR Pelvis 1-2 Vw (03/09/25 1424)	Mejilla, Kevin A, PSS/PSR
19:10:08	**Orders Discontinued**	XR Femur 2 Vw Right (03/09/25 1423)	Mejilla, Kevin A, PSS/PSR
19:13	**Patient Status Change to Inpatient**		Asmeche, Habtam, MD
19:13:34	**Orders Placed**	Code Status - DNR (Do Not Resuscitate) DNR/DNI Admission - Admit to Inpatient	Asmeche, Habtam, MD
19:13:39	**Team Member Assigned**	Asmeche, Habtam, MD assigned as Admitting	Asmeche, Habtam, MD
19:13:39	**ED IP Bed Requested**	Requested: MEDICINE HOSPITALIST OVERFLOW ADULT	Asmeche, Habtam, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

19:13:39	**Bed Request Ready to Plan**	Ready to Plan: MEDICINE HOSPITALIST OVERFLOW ADULT	Asmeche, Habtam, MD
19:14:13	**Orders Acknowledged**	New - Admit to Inpatient; DNR (Do Not Resuscitate) DNR/DNI	Lanphere, Tyler A, RN
19:14:15	**Orders Acknowledged**	Discontinued - XR Femur 2 Vw Right; XR Pelvis 1-2 Vw	Lanphere, Tyler A, RN
19:23:24	**Assign Nurse**	Lanphere, Tyler A, RN assigned as Registered Nurse	Lanphere, Tyler A, RN
19:23:40	**Remove Nurse**	Bautista, Jayna Cassidy A, RN removed as Registered Nurse	Lanphere, Tyler A, RN
19:29:04	**XR Chest 1 Vw Resulted**	Collected: **3/9/2025 18:40** Last updated: **3/9/2025 19:32** Status: **Final result**	Interface, Radiology Results In
19:30	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Lanphere, Tyler A, RN
19:30	**Complex Vitals**	**Vitals** Pulse: 95 (Device Time: 19:30:27) Resp: 20 BP: **156/67** ! (Device Time: 19:30:00) MAP (mmHg): 112 (Device Time: 19:30:00) **Oxygen Therapy** SpO2: 100 % (Device Time: 19:30:27)	Lanphere, Tyler A, RN
19:32:09	**Rad Resulted**	XR Chest 1 Vw	Interface, Radiology Results In
19:32:09	**Xray Final Result**	(Final result) XR CHEST 1 VIEW	Interface, Radiology Results In
19:39	**ED Quick Updates**	**Quick Updates** Updates: **Family updated** Quick Updates - Free Text: **patient cleaned up and changed**	Lanphere, Tyler A, RN
19:40:33	**Orders Placed**	Imaging - XR Femur 2 Vw Right	Backlund, Brandon Heath, MD
19:40:34	**XR Ordered**	XR FEMUR 2 VW RIGHT	Backlund, Brandon Heath, MD
19:48:45	**Orders Acknowledged**	New - XR Femur 2 Vw Right	Lanphere, Tyler A, RN
19:52	**Medication Given**	HYDROmorphone (Dilaudid) injection 0.1 mg - Dose: **0.1 mg** ; Route: **Intravenous** ; Line: **Peripheral IV 03/09/25 20 G Left;Posterior Wrist**	Lanphere, Tyler A, RN
19:52:49	**Imaging Exam Started**	XR Femur 2 Vw Right	Grinstead, Richard, RT
20:07:50	**IP Bed Assigned**	Assigned: 7E20 - 710/710-01	Raleigh, Andrew, RN
20:07:50	**Hospital bed ready**	Bed Ready: 7E20 - 710/710-01	Raleigh, Andrew, RN
20:08:50	**Orders Placed**	Imaging - XR Hip Unilat W Pelvis 2-3 Vw Right; XR Knee 1-2 Vw Right	Gerber, Caleb Dylan, MD
20:08:52	**XR Ordered**	XR KNEE 1-2 VW RIGHT, XR HIP UNILAT W PELVIS 2-3 VW RIGHT	Gerber, Caleb Dylan, MD
20:11:09	**XR Ordered**	XR PELVIS 1-2 VW	Wallis, Kendra A, RT
20:11:09	**Orders Discontinued**	XR Hip Unilat W Pelvis 2-3 Vw Right (03/09/25 2009)	Wallis, Kendra A, RT

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

ED Care Timeline (continued)

20:11:09	**Orders Modified**	Order Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right)	Gerber, Caleb Dylan, MD
20:11:37	**XR Ordered**	XR KNEE 4+ VW RIGHT	Wallis, Kendra A, RT
20:11:37	**Orders Discontinued**	XR Knee 1-2 Vw Right (03/09/25 2009)	Wallis, Kendra A, RT
20:11:37	**Orders Modified**	Order Modified - XR Knee 4+ Vw Right (Comment: Modified from XR Knee 1-2 Vw Right)	Gerber, Caleb Dylan, MD
20:15:01	**Orders Acknowledged**	New - XR Hip Unilat W Pelvis 2-3 Vw Right; XR Knee 1-2 Vw Right Modified - XR Pelvis 1-2 Vw (Comment: Modified from XR Hip Unilat W Pelvis 2-3 Vw Right); XR Knee 4+ Vw Right (Comment: Modified from XR Knee 1-2 Vw Right)	Lanphere, Tyler A, RN
20:27	**Musculoskeletal**	**Musculoskeletal** Musculoskeletal (WDL): Exceptions to WDL RLE: Limited movement; Immobilizer; Injury/trauma LLE: Amputation	Lanphere, Tyler A, RN
20:28:04	**Imaging Exam Started**	XR Pelvis 1-2 Vw	Grinstead, Richard, RT
20:28:04	**Imaging Exam Started**	XR Knee 4+ Vw Right	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Femur 2 Vw Right	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Pelvis 1-2 Vw	Grinstead, Richard, RT
20:28:08	**Imaging Exam Ended**	XR Knee 4+ Vw Right	Grinstead, Richard, RT
20:35	**Patient transferred**	From room RES3-2 to room OTF	Angus, Elisha M, RN
20:35:15	**Patient transferred to OTF**		Angus, Elisha M, RN
20:36	**Patient admitted**	To department H 7E	Farison, Chloe M, RN
20:36:50	**Orders Completed**	Admit to Inpatient	Farison, Chloe M, RN
20:36:54	**Charting Complete**		Poyorena, Christopher, MD
20:36:54	**Charting Complete**		Lanphere, Tyler A, RN
20:36:54	**Charting Complete**		Asmeche, Habtam, MD
20:36:54	**Charting Complete**		Bautista, Jayna Cassidy A, RN
20:36:54	**Charting Complete**		Thompson, Katie, LICSW

H&P Notes

H&P by Asmeche, Habtam, MD at 3/9/2025 1920

History and Physical

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC for placement on 3/9/25
Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Unable to obtain subjective information from patient due to patient presentation. Patient not following commands, she is also not verbally responsive or following verbal cues at the time of my assessment.

POA and son Louis is at bedside. He tells me that he is a certified geriatrician and toxicologist, but did not attend medical school. History was obtained from him and from chart review. Louis reports that he discharged his mother from the SNF due to concerns that staff at the Rehab center were being negligent and presented her to HMC. I discussed whether an ED to ED transfer to Montlake would be a reasonable/acceptable plan as her former team were more familiar with her, but he preferred that she be seen here at HMC instead citing negligent care at Montlake that led to a fall and subsequent femur fracture.

I had a prolonged conversation regarding goals of care and his expectation with this current admission.
I inquired if placement to a facility/SNF was still within her goals of and he said yes. He did not want to discuss placement to hospice as he envisions her recovering from her current ailments and getting back to a point where he can travel together stating that she is a "fighter"
On the question of diet, he thinks that micronutrients such as ensure should be given to the patient for sustenance at this time. He gave her a bottle this morning prior to admission. We evaluated her most recent CXR and I noted that she had signs suggestive of aspiration. I suggested that patient remain NPO for now except for medications. I reiterated that based on my exam and clinical assessment, it is likely that if fed, she will aspirate and overall, cause her more harm. We also decided on involving SLP in her care to get objective data.

Lastly, he was in agreement that she will be continued on comfort care with "modifications" per previous hospitalization (see discharge summary for more information) I discussed her code with her and he agreed upon DNR/DNI.

Due to the prolonged, recent hospital stay at Montlake and significant medical detail, I will include the hospital course in the discharge summary per Dr. Barnes, James below

"100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Pt was admitted as above. She initially underwent L AKA on 1/9/25 with vascular surgery. She subsequently developed symptomatic bradycardia w/ 2nd degree heart block necessitating TVP and eventual PPM placement on 1/13.

Post-operatively, she developed significant acute pain related to her AKA. Her pain was initially managed by APS w/ nubain patch and nalbuphine + PRN tylenol.

She unfortunately developed progressive encephalopathy with at least a component of delirium. This waxed and waned throughout her hospitalization but overall worsened. Related to this, she had ongoing dysphagia and high aspiration risk. As a result, she developed aspiration pneumonitis. It is felt that her ongoing aspiration likely worsened her delirium, which in turn increased her aspiration risk. Because of this, she was made NPO initially. Palliative care was consulted for assistance with assessing goals of care for Jeanne. This primarily occurred through discussion with her son, Louis, who is her POA. He felt that Jeanne would want everything because she is a fighter. There was ongoing push to do everything possible to extend Jeanne's life despite high risks. After multidisciplinary meetings between providers involved in her care including ethics, it was determined that Louis is likely acting in accordance with Jeanne's wishes, as she had previously noted she would want to be full code, have enteral nutrition, etc.

Given the aforementioned aspiration risk, Jeanne was NPO. However, after a GOC conversation, Louis felt that Jeanne would want to continue to eat by mouth. She continued to have ongoing aspirations and worsening respiratory status until she was made NPO again after being placed on high flow oxygen. At this point, Louis felt that the team should do everything to pursue an NG tube. Multiple attempts with bedside nursing were made to place an NG tube, but Jeanne became very agitate and resisted all

H&P Notes (continued)

attempts. She was given minimal sedation with low-dose ativan and had attempted placement under fluoroscopy, which failed. At this point, the team was able to place a peripheral IV and the decision was made to trial ~48 hours of IV fluids with dextrose to see if this helped her perk up.

Over the time she was receiving IV fluids, Jeanne developed pulmonary edema and worsening respiratory status again. This was likely multifactorial related to pulmonary edema and aspiration. She required high flow. Louis was adamant that was must get a feeding tube in her to address her nutrition. This was discussed with GI who agreed that she was too high risk to undergo anesthesia to have an endoscopically placed NG tube. After multiple prolonged goals of care discussions with Louis, she was ultimately made comfort care. We expressed to him that we are unable to place an NG tube due to tenuous clinical status and that overall, even if we could, this may even lead to more harm than benefit regardless due to aspiration risk of tube feeds. Louis intermittently continued to request aggressive treatments despite risks being too high, stating "she's going to die anyway", and so felt that we might as well try even if she were to "die on the table". We expressed that this would be doing harm and would not be offered.

Despite the transition to comfort measures only, patient continued to do well. She was eventually transitioned only to blow-by oxygen and even that became no longer necessary. She would rapidly desaturate with movement however her oxygen monitoring remained only intermittent. Multiple conversations were had with her son regarding the appropriate course of care. Discussions included transitioning the patient back to full care and treatment however many aspects of this treatment plan were not in line with with the care team thought was appropriate and ethical for the patient as well as what Luis thought she could tolerate. Aggressive inpatient management including daily IV draws and having to address patient's feeding were not likely to be of benefit to her quality of life. While the patient did show some improvement over the last several days, her overall prognosis is still poor to fair and it was agreed upon with the healthcare team and with the patient's son that her best interest is found in staying a comfort measures only patient with some "out of the box "comfort measures care. As such, she became a modified comfort measures patient with a general approach of minimum necessary escalation of care. For example, while systemic antibiotics would be contraindicated, patient developed what appeared to be a infected left parotid gland likely from poor p.o. intake and a dry oral mucosa. It was reasonable within the goals of care to prescribe 5 days of oral antibiotics to treat this. She also had a very mild erythema present at a picked off the scab from her left AKA site and it was reasonable to provide basic wound care. DVT prophylaxis also was a reasonable minimal necessary escalation of care. Patient's son began requesting more and more things that were starting to borderline on some care package between comfort measures and full care and so each of these issues need to be dealt with on an as needed and as provider determined appropriate basis. This happened in conjunction with nursing staff. Due to patient's incredibly high aspiration risk, it was made clear to Lewis on a near daily basis that we did not recommend feeding her anything at all however, as long as Lewis excepted the risk, we stated that it was okay if he were to feed her, and so he has done so. In fact, it is likely Luis is persistent fluid administration 2 water bottles and straws that the patient managed to do so well. Ultimately, her plan was Bainbridge rehab and this was agreed upon by all parties. "

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

- white petrolatum gel — Topical, As needed

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, Sulfa antibiotics, and Sulfanilamide

Objective

OBJECTIVE

T: 36.3 °C (03/09/25 1253) **BP:** **(!) 102/42** (03/09/25 1253) **HR:** 78 (03/09/25 1253)
RR: **(!) 24** (03/09/25 1253) **SpO2:** 95 % (03/09/25 1253) Room air

Vitals (Most recent in last 24 hrs)

T: 36.5 °C (03/09/25 1324) **BP:** 131/81 (03/09/25 1800) **HR:** 97 (03/09/25 1800)
RR: 20 (03/09/25 1800) **SpO2:** 99 % (03/09/25 1800) Room air
T range: Temp Min: 36.3 °C Max: 36.5 °C
(no weight taken for this visit) (no height taken for this visit) There is no height or weight on file to calculate BMI.

Physical Exam
Vitals reviewed.
Constitutional:
General: She is in acute distress.
Appearance: She is ill-appearing. She is not toxic-appearing or diaphoretic.
Comments: **She is pale and cachectic.Patient had her eyes closed, mouth open and was noted to be groaning prior to my assessment and for the entirety of my assessment.**
HENT:
Mouth/Throat:
Mouth: Mucous membranes are dry.
Comments: **Edentulous. Dark appearing particles on her soft and hard palate. No secretions noted.**
Cardiovascular:
Rate and Rhythm: Tachycardia present.
Pulmonary:
Effort: No respiratory distress.
Abdominal:
Comments: **Scaphoid**
Musculoskeletal:
Comments: **Dry dressing with no strike through noted on left stump. No surrounding erythema or swelling. Right lower extremity in splint.**
Skin:
General: Skin is warm.
Neurological:
Comments: **Eyes closed, Not following commands. Noted to be moving upper extremities AG**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
147	104	13			8.6		AST: 15	ALT: 10	-/-/-/- | -/-/-/-	
3.6	25	0.65	150	12.6	><	423	AP: 113	T bili: 0.9	Lact (a): -	Lact (v): -
				6						
eGFR: >60		Ca: 8.3			27		Prot: 6.0	Alb: 2.9	Trop I: 0.03	D-dimer: -
Mg: 1.9		PO4: 3.9		ANC: 10.71					BNP: 311	Anti-Xa: -
				ALC: 1.24					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Hypernatremia, Low HH
Radiology	☒	☒	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC for placement on 3/9/25.

Goals of care
She appears frail and was in distress throughout my assessment. My clinical suspicion is that her groaning was due to ongoing pain. Summary of our discussion below:
- Tylenol IV 1000 mg 8hrs scheduled, Lidocaine patch to right hip. Can consider Nalbuphine vs Buprenorphine patch 5mcg q7 days
- Follow up with the Orthopedic team about plan: Operative vs. Non-operative plan.
- Continue modified comfort measures with "modifications" for now, will delineate this in the hours-days to come. Per prior hospitalization, nightly DVT ppx was reasonable.
- Palliative consult in the AM
- NPO except for medications
- SLP consult order: It is my clinical suspicion that patient wont be able to participate in a meaningful way, however, requested by POA.

 # Right hip fracture
- fall at Montlake hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it"
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on)
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25

#Superficial infection of left stump site
#Mild parotitis
S/p 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed).
- nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
At prior hospitalization, SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium

and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions.
\
- As above

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- Pharmacy guiding this on admission

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders. Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- NWB LLE per Vascular Surgery
- has outpatient f/u 4/2/25
- was on ASA 81 mg daily, atorvastatin 10 mg daily which was dc'd during transition to modified comfort care, may require ongoing discussions with son . Previously was on pentoxifylline at home, but was not recommended by vascular surgery at this point

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Possible **follow-up in rehab amputee clinic after discharge depending on GOC, referral placed**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is fully healed
- scheduled for f/u in EP clinic 3/21/25

H&P Notes (continued)

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Prior to admission, was on:
- timolol 0.5% opth 1 drop both eyes bid (glaucoma)
- b12 PO daily (unckear dose)
- Vitamin d 2000 units daily
- multivitamin

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO except meds
Prophylaxis: Enox
Lines/Drains/Airways: PIV
Disposition: ACUTE
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Asmeche, Habtam, MD at 3/9/2025 9:25 PM

H&P by Kahsai, Ermyas Asfha, MD at 3/9/2025 1937

Attestation signed by Roddy, Erika A, MD at 3/11/2025 3:34 PM

Date of Service: 3/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Orthopaedic Surgery Consultation Note

Date of Service: 03/10/25
Reason for Consult: Right peri-implant proximal femur fracture
Attending of Record: Dr. Erika Roddy, MD
Referring Provider: Emergency Department
Ortho Services: HMC Ortho Blue
Other Consultants: Internal Medicine
Non-Orthopedic Injuries: None

HISTORY OF PRESENT ILLNESS
Jeanne Leonie Hoffman is a 100 year old female complex past medical and social history who sustained a right peri-implant proximal femur fracture. Patient had a ground-level fall on 3 5 while admitted to UW Montlake, which

orthopedics was consulted and recommended nonoperative management and hip spica brace. She was discharged from the hospital on 3/8 to a SNF approximately brought back to the ED via her son due to concerns of negligent care. In the same admission at Mon Lake she underwent an above-knee amputation for left lower extremity acute limb ischemia. Her course was complicated by progressive encephalopathy, heart block requiring a pacemaker, multiple aspirations complicated by pulmonary edema and malnutrition, and ultimately transition to palliative care.

Review of Systems
Pertinent positives as per HPI and otherwise negative.

Past Medical History
Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency	5/1/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Allergies

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash
• Sulfanilamide	Other

Medications

Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, Rectal, Every 6 hours PRN
• atropine 1% ophthalmic solution (for oral use)	2 drops, Sublingual, Every 4 hours PRN
• bisacodyl (DULCOLAX)	10 mg, Rectal, Daily PRN
• [START ON 3/11/2025] buprenorphine 5 MCG/HR patch	1 patch, Transdermal, Every 7 days scheduled
• camphor-menthol 0.5-0.5 % lotion	Topical, 2 times daily PRN
• carboxymethylcellulose 0.5 % ophthalmic solution	1 drop, Both EYES, Every 1 hour PRN
• enoxaparin (LOVENOX)	30 mg, Subcutaneous, Nightly
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• magnesium hydroxide 400 MG/5ML suspension	30 mL, Oral, 2 times daily PRN
• oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain
• phenol 1.4 % mouth/throat spray	1 spray, Mouth/Throat, Every 2 hours PRN
• psyllium 51.7 % packet	1 packet, Oral, 2 times daily, Mix in 8 oz of juice or water and drink.
• saliva substitute (Biotene Dry Mouth) liquid oral rinse	15 mL, Swish & Spit, 3 times daily
• scopolamine 1 MG/3DAYS patch	1 patch, Transdermal, Every 72 hours PRN, Apply to hairless area behind 1 ear.
• white petrolatum gel	Topical, As needed

Family History

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

Social History

Phone Number:
Telephone Information:
Home Phone 206-780-6885
Work Phone Not on file.
Mobile 206-280-1287

Lives in Bainbridge Island
Occupation: retired
Tobacco: Denies
Drugs: Denies
Functional Status: Independent without assistive device

Social History

Occupational History
- Not on file

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

PHYSICAL EXAM
GEN: Frail elderly
RESP: Breathing comfortably on room air
CV: Extremities warm and well-perfused, regular rate and rhythm

MSK:
LEFT Upper Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Motor: Unable to be performed given patient's mentation sensory: Unable to be performed in patient's mentation vascular: 2+ radial pulse, fingers warm and well perfused.
Compartments: Forearm compartments are soft and compressible.

RIGHT Upper Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Motor: 5/5 wrist flexion/extension, forearm pronation/supination, elbow flexion/extension, shoulder abduction. Able to demonstrate thumb extension, thumb interphalangeal and index finger distal interphalangeal joint flexion, finger abduction, and cross fingers.
Sensory: Sensation intact to light touch in distribution of axillary, median, radial, and ulnar nerves.
Vascular: 2+ radial pulse, fingers warm and well perfused.
Compartments: Forearm compartments are soft and compressible.

LEFT Lower Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Sensory: Sensation intact to light touch in distribution of deep peroneal, superficial peroneal, tibial, sural, and saphenous nerve distributions.
Motor: 5/5 extensor hallicus longus /flexor hallicus longus/ gastroc-soleus/tibialis anterior
Vascular: 2+ dorsalis pedis and posterior tibialis pulses, toes warm and well perfused.
Compartments: Anterior, lateral, and superficial posterior compartments are soft and compressible.

RIGHT Lower Extremity Musculoskeletal Exam
Inspection: No gross deformity. Skin without blanching, tenting, or puckering.
Palpation: No tenderness noted on palpation throughout extremity.
Sensory: Sensation intact to light touch in distribution of deep peroneal, superficial peroneal, tibial, sural, and saphenous nerve distributions.
Motor: 5/5 extensor hallicus longus /flexor hallicus longus/ gastroc-soleus/tibialis anterior

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

H&P Notes (continued)

Vascular: 2+ dorsalis pedis and posterior tibialis pulses, toes warm and well perfused.
Compartments: Anterior, lateral, and superficial posterior compartments are soft and compressible.

Labs

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other
147	104	13		8.6	AST: 15	ALT: 10	-/-/-/- | -/-/-/-
3.6	25	0.65	150	12.6 >< 423 6	AP: 113	T bili: 0.9	Lact (a): - Lact (v): -
eGFR: >60		Ca: 8.3		27	Prot: 6.0	Alb: 2.9	Trop I: 0.03 D-dimer: -
Mg: 1.9		PO4: 3.9		ANC: 10.71 ALC: 1.24			BNP: 311 Anti-Xa: - INR: -

Radiology

Reviewed imaging which demonstrates right peri-implant fracture with loose plate for distal femur, and sliding hip screw for

ASSESSMENT

Jeanne Leonie Hoffman is a 100 year old female who sustained a right peri-implant fracture, orthopedic team is being consulted for management of fracture. Patient has previously been on comfort care while at UWMC for this same injury. Operative fixation with injury like this would come with significant mortality risk for the patient patient would unlikely be able to withstand the morbidity associated with this procedure. Post we recommend patient should continue nonoperative management session given patient's DNR/DNI status and comfort care measures previously mentioned and recommended palliative care consult and goals of care discussion with her son.

PLAN

Right peri-implant proximal femur fracture
-Plan for nonoperative management
-Pending discussion with palliative care, and goals of care discussions
-Nonweightbearing
- Team: Orthopaedic Surgery Blue

- This plan was discussed with Dr. Joseph Sliepka, MD, the Orthopaedic Trauma Chief on-call who is in agreement

Ermyas Kahsai, MD PGY-2
University of Washington
Department of Orthopaedic Surgery and Sports Medicine

Electronically signed by Kahsai, Ermyas Asfha, MD at 3/10/2025 8:26 AM
Electronically signed by Roddy, Erika A, MD at 3/11/2025 3:34 PM

Discharge Summary Note

Discharge Summary by Bann, Maralyssa Angelique, MD at 3/11/2025 1706

Deceased Discharge Summary

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Discharge Summary Note (continued)

Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

DATE OF ADMISSION: 3/9/2025
DATE OF DEATH: 3/11/2025
DISCHARGE TEAM & ATTENDING: Medicine Hospitalist Overflow Adult & Bann, Maralyssa Angeliqu*

ADMISSION DIAGNOSIS: Inability to swallow, maintain hydration/nutrition secondary to severe encephalopathy and dysphagia

PRELIMINARY CAUSE OF DEATH: Cardiac arrest secondary to severe protein/calorie malnutrition, inability to swallow/maintain hydration/nutrition, severe encephalopathy, dysphagia

REASON FOR ADMISSION:
Pt had recent prolonged hospital course at OSH 1/9/25-3/8/25 for acute limb ischemia s/p amputation with postoperative bradycardia and intermittent Mobitz II heart block s/p PPM. Hospital course was complicated by severe dysphagia and very high aspiration risk as well as frailty with R periprosthetic femur fracture sustained after a fall. Several goals of care conversations were held with the patient's LNOK, son Louis. She was managed on "modified comfort measures" and discharged to SNF. Her son then brought her to HMC 3/9.

HOSPITAL COURSE:
Patient was evaluated on admission here for several issues that had been identified at previous hospital including fracture (Orthopedics recommended non-operative management) and severe aspiration risk from dysphagia and encephalopathy (SLP evaluation noted no palpable swallow when puree placed in her mouth). Throughout this hospital stay, the patient remained noninteractive, did not respond to questions or commands, only moaning and crying out intermittently. Based on patient condition, comfort-directed therapy was recommended, to which patient's son Louis assented on 3/10. She passed peacefully on 3/11.

CONSULTS COMPLETED:
IP CONSULT TO PALLIATIVE CARE

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. 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 EpicCare Link at okta.uwmedicine.org.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 5:27 PM

Clinical Notes

Consults

Navalurkar, Reema, MD at 3/10/2025 1010

Consult Orders
1. Inpatient Consult to Palliative Care [372904726] ordered by Bann, Maralyssa Angelique, MD

Attestation signed by Merel, Susan Eva, MD at 3/11/2025 7:50 AM

Date of Service: 3/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

I spent a total of 65 minutes for the patient's care on the date of the service.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

PALLIATIVE CARE SERVICE: INITIAL CONSULT

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

Inpatient Consult to Palliative Care
Consult performed by: Navalurkar, Reema, MD
Consult ordered by: Bann, Maralyssa Angelique, MD

ID/CC/REASON FOR CONSULT:
Jeanne Hoffman is a 100yo woman well known to me (as her PCP, currently on palliative care consult service) with HTN and PAD with recent prolonged hospitalization at UWMC Montlake (1/9-3/8/2025) for critical limb ischemia now s/p L AKA; this hospitalization was c/b delirium, Mobitz II heart block requiring PPM placement, fall resulting in R peri-prosthetic femur fracture. She discharged to a SNF on Bainbridge Island and presented to HMC ED after 1 day at her son/primary caregiver's request.

We appreciate the consult request from Dr. Maralyssa Bann, attending physician of hospital medicine service.

HPI:
Please see Dr. Barne's 3/8 discharge summary for recap of recent UWMC hospitalization.

Ms. Hoffman presented to HMC ED on 3/9 PM; her son told ED providers he was worried about her R femur fracture worsening because he felt her brace was poorly applied. Ms. Hoffman is nonverbal, rocking back and forth on her bed clearly uncomfortable. Her son Louis is teary with tangential speech that is difficult to interrupt/redirect. Today, he tells us that he is upset with the care provided to his mother at Montlake and her SNF, citing his own experience as a "toxicologist and geriatrician," though he did not attend medical school. As previously extensively documented, he has strongly held beliefs about he/his mother being persecuted at the hands of white supremacists on Bainbridge Island. We attempted to (1) acknowledge his distress ("It sounds like the last few months have been very stressful!") and (2) redirect to his mother's current circumstance ("She is safe in this hospital and we are working hard to make her comfortable"). I inquired whether he feels safe currently and whether he has others for support during this difficult time - he says he does not feels safe but he has a friend named Josh is coming to visit them later today. He states that he's been told by many providers that she is dying of dehydration/starvation; he voices anger and frustration about our "letting her die" (specifically that we are not offering operative femur repair or placing an NGT under anesthesia despite several failed attempts at placing an NGT at Montlake and her clinical status being deemed too tenuous to withstand anesthesia).
We reiterated that we are worried about her and our priority is to have her pain better controlled. We do think that her presentation means time is short. Louis states that if that's the case, "I'm going to leave, pack up her things, and not come back."
He returned to her bedside later this afternoon with his friend Josh; they accepted a visit with Regina (Pall Care Spiritual Care Provider). I ran into him in the hallway and he again stated he'd like the surgery to fix his mother's femur, insisting that he signed the form with surgeons yesterday. I told him that I can see his loves his mother very much and unfortunately surgery is longer being offered due to the high level of risk. He agreed that his mother looks more comfortable since starting morphine today.

SYMPTOM SCREENING AND ASSESSMENT:
Modified-ESAS not able to be completed due to patient unable to communicate.
I clinically assessed for evidence of shortness of breath and pain:
Shortness of breath was present? No
Pain was present? Yes

PHYSICAL EXAM:
General: frail, very thin woman lying in bed, moaning and reaching out with both arms, brow furrowed and eyes open; no consistent eye contact. very distressed.
HEENT: dry mucous membranes.
CV: regular rate and rhythm, 2+ radial pulses; WWP.
Resp: normal effort on room air.
Ext: LLE surgically absent; RLE with femur brace present.
Neuro: not answering questions, moving extremities spontaneously, not following commands.

IMPRESSION:

Clinical Notes (continued)

Jeanne Hoffman is a 100yo woman with HTN and PAD with recent prolonged hospitalization at UWMC Montlake (1/9-3/8/2025) for critical limb ischemia now s/p L AKA; this hospitalization was c/b delirium, Mobitz II heart block requiring PPM placement, fall resulting in R peri-prosthetic femur fracture. She discharged to a SNF on Bainbridge Island and presented to HMC ED after 1 day at her son/primary caregiver's request.
Her care for the past several months has been very challenging because she is very hard of hearing and defers medical decisions to her son. In the outpatient setting, despite some bizarre beliefs about their neighborhood and healthcare system, he appeared to be caring for her adequately, managing all ADLs/IADLS for the past several months to years. Since her hospitalization in Jan 2025, he has demonstrated little understanding/insight re: her decline and medical complexity, causing much distress among several healthcare providers both at Montlake and HMC. Today, his persecutory delusions are evidently impacting his ability to discuss her care/goals. He does consistently state that he wishes she can return to Bainbridge island but does not want her to return to the Bainbridge SNF. She is now nonverbal, bedbound, and unable to tolerate PO.
Thus, with her poor prognosis on the order of days, our focus will be to optimize her comfort. Her son Louis has assented to this.

Goals of Care: comfort measures only;
Discussed with nursing
Discussed with primary team

Palliative Performance Score:

10%	Totally bedbound	Unable to do any activity / Extensive disease	Total care	Mouth care only	Full or drowsy +/- confusion

PALLIATIVE CARE INTERDISCIPLINARY CARE PLAN AND RECOMMENDATIONS:
- continue Butrans patch 5mcg/hr q7 days
- continue concentrated morphine solution PO 5-10mg q2h PRN for pain
- agree with tylenol PR or IV as adjunct analgesia
- her pain currently appears to be the primary driver of her agitation so would prioritize addressing her pain if she seems to be distress. however, given age, recent surgery and fracture, dehydration, and unfamiliar environment, she remains at high risk for hospital-acquired delirium. if pain appears to be well controlled but she develops agitation/hyperactive delirium in spite of the following usual delirium de-escalation strategies and she poses a risk to her own safety or to staff safety, we recommend haloperidol IV 0.5mg q4 PRN
- if son is again witnessed to engage in inappropriate/harmful physical or verbal behavior (such as forcibly trying to feed her, shaking her, yelling at her, or manipulating her RLE), please call security and document this event.
- I asked son if he'd like to be called with medical updates and he did not directly say yes or no; he seemed overwhelmed. I would therefore reserve phone calls for decision-making or in the event of her passing.
- Spiritual/Existential: Our team chaplain is available for visits to Jeanne and her son Louis as needed.

Advance Directives/POLST
1) SURROGATE DECISION MAKER:
Louis (son), ph# 206-780-6885

2) Advance Directives: none

3) CODE STATUS: DNAR/DNI

Disposition: inpatient end-of-life care with CMO order set

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

///
Reema Navalurkar, MD | Geriatric Medicine Fellow
Patient seen and discussed with attending, Dr. Susan Merel.

Electronically signed by Navalurkar, Reema, MD at 3/10/2025 4:59 PM

Electronically signed by Merel, Susan Eva, MD at 3/11/2025 7:50 AM

Conlon, Regina M, MDiv at 3/10/2025 1410

Harborview Spiritual Care Visit

Spiritual Care Community Visit

- Community Provider Name:
- Community Provider Type:
- Spiritual Community:
- Purpose of Visit:
- Additional Info:

1.

2. Encounter Details

- Patient Name (if different from chart):
- Patient Name: Jeanne Leonie Hoffman
- Referral From:
- Requested by:
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Comfort care Initial
- Location: HMC 7E
- Spiritual Preference:
- Psycho/Social History:

3.

4. Narrative of Spiritual Encounter

5. Palliative Care Chaplain provided supportive visit to Jeanne and her son Louis. Their friend Josh was also visiting. Jeanne does not look comfortable and expresses pain through her reaching out and moaning. Louis is in tears as he grieves the end of his mother's life. Tears fall down Louis' face as he shares how he feels he has failed his mother, how she is his best friend, how he feels their community has abandoned them. I listen patiently because interjections have no impact on Louis. He tells his friend Josh and I that this is goodbye and he will not return. He tells his mom that he is leaving and he will see her on the train.

6. Josh places his hand on Jeanne's forehead to help calm her and help her feel connected but this does not settle her.

7. After Louis and Josh take their leave, Jeanne continues to thrash and moan and so I stay to continue to offer supportive presence, care and comfort. At times we clasp hands, at times I stroke her forehead, and at times Jeanne will settle but it is intermittent and she is clearly not comfortable yet. I would also offer her words of comfort letting her know that the care team is doing their best to help her feel comfortable.

8. An RN who was filling in while her nurse was on break came to offer pain medication with the hopes that it would help her. The medicine was concentrated and we hoped it would be enough to help relieve and calm her but it did not in the time that I spent with her.

9. I left after I let Jeanne know that the care team would continue to work to help get her to a place of comfort and rest. I wished her peace and that she would know she was safe.

10.

11. Interventions

- Spiritual Interventions: Spiritual Care Assessment;Spiritual Support;Grief Support

12.

13. Plan of Care

- Continue Visiting: No further needs at this time
- Spiritual Care Follow-up:
- To Provide:
- No further needs: Will request spirtual care as desired

Clinical Notes (continued)

- Referral to:

14.

15. Visit Duration

- Direct Time: 40
- Indirect Time: 15
- Total Time: 55

16.
17.
18. Thank you for this referral
19. Please call/page if further needs arise:
20. HMC:

- For urgent support: 206-989-4946 (Pager) or call HMC operator 744-3000 & request spiritual care
- For non-urgent/general inquiries: 206.744.3155

Electronically signed by Conlon, Regina M, MDiv at 3/10/2025 3:19 PM
Electronically signed by Shipe, Timothy J, MDiv at 3/19/2025 4:09 PM

Deceased

Bann, Maralyssa Angelique, MD at 3/11/2025 1703

Death Summary Note

Date and time of Death: 3/11/2025 4:50 PM
Death Pronounced By: Maralyssa Bann
Attending Provider: Bann, Maralyssa Angeliqu*
Service: Medicine Hospitalist Overflow Adult
Hospital: HMC INPATIENT 20
Patient's Family Notified: Was the family notified?: Yes

Presumed Cause of Death:

	Cause	Approximate Duration
Immediate Cause of Death:	Cardiac arrest	Minutes
Due to or as a Consequence of:	Cardiac arrhythmia	Hours Minutes
Due to or as a Consequence of:	Severe protein-calorie malnutrition	Weeks
Due to or as a Consequence of:	Dysphagia, encephalopathy	Weeks
Other Significant Conditions:	Bradycardia s/p pacemaker, critical limb ischemia s/p amputation, frailty	
Pronounced By:	Maralyssa Bann, MD	
Who will sign Death Certificate:	Maralyssa Bann, MD	

Clinical Notes (continued)

Autopsy and Medical Examiner Status:
Hospital Autopsy Request: Unable to contact legal next of kin at time of death
Autopsy consent completed?: After Death Service to call next of kin

Brief Death Summary: Patient was admitted with inability to swallow, inability to maintain nutrition/hydration, severe encephalopathy. She was made Comfort Measures Only and passed peacefully.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 5:06 PM

Nursing Note

Westerman, Jordan M, RN at 3/10/2025 0657

Patient Summary
100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx

Assumed care of pt 2100 from ED. VSS on RA. Resp 18-22. Pt AOx0, does not follow commands, intermittently tracking. Extremely dry mucus membranes, mouth breather, oral completed x2 overnight. No BM overnight. Minimal UOP via purewick. PIV x1- all meds IV. Pt unable to tolerate PO, coughing with small intake, NPO. RLE KI in place for comfort. Pt moaning, wailing, and groaning through out shift, pain meds given when available. Q2 turns performed overnight. Sensitive BA on for safety, pt rounded on regularly.

Electronically signed by Westerman, Jordan M, RN at 3/10/2025 6:57 AM

Rohr, Helen B, RN at 3/10/2025 1754

Illness Severity
Stable

Patient Summary
100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx, non operative.

Patient arouses to voice. Does not track RN in room, rarely opens eyes. Does not follow commands. Makes incomprehensible noises, moaning in pain. Son states, "Only I can communicate and know what she's saying. She uses tactile communication! When she grabs her stomach that means she's hungry." VSS, sating 92% on RA this morning when vitals taken. RR 16-20. After discussion with primary team, palliative, and son, patient transitioned to

Clinical Notes (continued)

comfort care. Son then grabbed patient's face with both hands and yelled, "you're dying mom you're dying mom they want you to die!" Provider and RN tell son not to grab the patient, that she will benefit from a calm environment. SLP consulted and recommended therapeutic feeding tray. Son stated, "she's just hungry! That's all that's wrong with her. Her organs are fine she can live longer but you're starving her!" Patient without swallow reflex according to SLP, does not close mouth when food is inserted, and becomes increasingly agitated pushing food away. Patient is in obvious distress and son states, "it's because you gave her pain meds now she doesn't want to eat!" Patient moaning in the room, arms grasping the air and rolling in bed in the morning. Patient appeared in severe pain to nursing staff and primary team. Once comfort measures initiated patient started on oral morphine concentrate. Resting and appears much more comfortable this afternoon. Last BM PTA. Incontinent of urine. Unable to take in any PO intake. PIV x1 to L hand. L AKA. R knee immobilizer per son request. Rounded on regularly.

Son pulled RN aside in hallway and started speaking about "the hatred circle" and "white supremacy" and said, "now they're going to come after me and take my home away. I've already disguised it as best as I could but they might find me. I'm in just as much danger as her!" Son states he doesn't want to see his mom die and that he is going to leave and not return.

Electronically signed by Rohr, Helen B, RN at 3/10/2025 5:58 PM

Anderson, Noah R, RN at 3/11/2025 0600

Illness Severity

Stable

Patient Summary

100YO admitted from Rehab facility, after recent admin as Montlake. 1/9-3/8

Hx of HTN, T2DM, HLD, DVT, PAD, From Montlake admin- L AKA, Mobitz II heart block requiring PPM 1/13, Fall 3/4 resulting in R hip fx, non operative.

Comfort measures only. Patient arouses to voice. Does not track RN in room, rarely opens eyes. Does not follow commands. Makes incomprehensible noises, moaning in pain Last BM PTA. Incontinent of urine. Unable to take in any PO intake. Thrashing head when RN attempting to admin oral morphine. IV dilaudid given instead. PIV x1 to L hand. L AKA. R knee immobilizer per son request. Rounded on per unit protocol. Bed alarm in place. Call light within reach.

Action Items

Clinical Notes (continued)

Comfort care

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time. Dictates most of pt's care, only calls when additional help required. Wants aggressive measures and has difficulty comprehending probability of pt's condition improving is unlikely.
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe HOH, use whiteboard to communicate
-*pt son rotated pt's leg after fall 3/5, he did it again w/ doctor present on 3/6, MD enforced education about not doing that again or he may be kicked out of the room.

Electronically signed by Anderson, Noah R, RN at 3/11/2025 6:02 AM

Bloom, Shannon K, RN at 3/11/2025 1734

Comfort measures only. Patient restless at beginning of shift, thrashing arms, RR 20-22. PRN morphine solution and IV dilaudid given with good effect. Patient appears comfortable with RR ~18 when rounding. Incontinent x1. Son at bedside, frequently requesting for NG tube placement, lab draws, vital checks. Comfort measures reinforced with son, MD notified.

1635: Patient noted with RR = 0, Dr. Bann notified. Patient's son at bedside, visibly distraught. Emotional support provided, spiritual care visit offered to patient's son but he declined. Patient's son stated "I'm going now that she's dead" and left the unit. Dr. Bann came to bedside to call TOD.

Electronically signed by Bloom, Shannon K, RN at 3/11/2025 5:34 PM

Progress Notes

Thompson, Katie, LICSW at 3/9/2025 2004

HMC ED SOCIAL WORK PSYCHOSOCIAL ASSESSMENT

ID / CC / Reason For Referral: Pt is 100 year old female BIB medics from SNF d/t concerns for leg splint placement. SW follows case upon arrival to gather information and provide support.

ED Referral Source: Self referral (case-finding)

Social Work Summary:
HPI: Per report, Pt was d/c from UW Montlake yesterday to SNF for rehab. Today, pt's son noticed that her splint had not been placed correctly. He also identified other concerns for care, so he asked for her to come to HMC. Pt arrives A&O x0 and unable to follow commands. Pt's son accompanies her as a care advocate and provides hx to medical team.

SW meets with pt's son at bedside to introduce self and role. He shares concern that pt is not being treated d/t her

Clinical Notes (continued)

age. He expresses that prior to this injury she was very healthy and able to participate fully in her life. He shares that he feels that after this recent admission, her care team was pushing for comfort measures while he continues to advocate for rehabilitation. He reports that he believes that she was sent to SNF be given morphine and they are not actually going to help her get better. He reports that he is pt's medical DPOA and they have had many conversations about her medical wishes. He advocates that she would prefer to try every intervention rather than to "suffer" in pain. He expresses they would be open to surgery for her current injury, even if it meant pt would require a wheelchair to get around. SW provides him with supportive listening and validation. SW encourages him to continue to communicate with medical team to advocate his wishes and to get a good understanding of her prognosis for future care planning.

SW remains available for additional support, as needed.

Patient/Social History:
Language: English
Information Obtained From : Children
Living situation prior to admit : Skilled Nursing Facility
PTA-Name of Facility :Bainbridge Island Health and Rehab

Healthcare Advanced Directive/Decision Making: Pt son reports that he is medical DPOA.
Contact in Following Order for Legal Next of Kin Decision Making:
1. Patient as able
2. Louis Charles Hoffmann Alloin, son: 206-780-6885

Impression: Pt is awake but unable to communicate with medical team. Pt appears well supported by son, who is a strong advocate for pt's quality of life.
Plan: Pt will be admitted to HMC.

Katie Thompson, LSWAIC
Emergency Services Social Worker
Harborview Medical Center
206-744-4028

Electronically signed by Thompson, Katie, LICSW at 3/9/2025 9:07 PM

Bunzel, Eli Walker, MD at 3/10/2025 0626

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

ADMIT DATE: 3/9/2025

PROCEDURES:
None

ASSESSMENT:
100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries.

PLAN:
Activity / WB status: NWB RLE in abduction brace for comfort
Antibiotics: No antibiotics indicated for their orthopedic injury(ies)
Anticoagulation plan: Defer to primary, but recommending Enoxaparin 30mg BID x6 weeks as it is the standard of care for DVT prophylaxis in adult trauma patients
Dispo: Pain control, comfort

Clinical Notes (continued)

Follow up: Follow-up pending clinical course.

#R inter-implant proximal femur fracture
- in abduction brace for comfort as above
- Will need to discuss with son (Louis) regarding ongoing care, but for now we do not have any OR plans for Jeanne given her prolonged hospital course at UWMC
- May have regular diet

PROBLEM LIST:

Patient Active Problem List

Diagnosis

- Osteoporosis, unspecified
- Adult failure to thrive syndrome
- Type 2 diabetes mellitus without complication (HCC)
- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Failure to thrive in adult
- Abdominal pain
- Acute lower limb ischemia
- Bradycardia
- Housing instability
- Advanced care planning/counseling discussion
- Reduced vision
- Community acquired bacterial pneumonia
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Primary open angle glaucoma (POAG) of both eyes
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Vitamin D deficiency
- Primary osteoarthritis of both hips
- Imbalance
- History of recurrent deep vein thrombosis (DVT)
- Pseudophakia, both eyes
- Urine incontinence
- Osteoarthritis of lumbar spine

SUBJECTIVE:
Examined at bedside this AM, patient is in some distress due to pain.

VITALS: *(Most recent and 24 hour range.)*
Temp: [36.3 °C-36.6 °C] 36.6 °C
Pulse: [78-102] 102
Resp: [9-28] 22
BP: (102-156)/(42-81) 138/67
MAP (mmHg): [79-120] 112
SpO2: [92 %-100 %] 92 %
Height: [5' (152.4 cm)] 5' (152.4 cm)
Weight: [46.8 kg (103 lb 2.8 oz)] 46.8 kg (103 lb 2.8 oz)

PHYSICAL EXAM:
General: Frail appearing. Moderate distress in setting of pain. Appears older than stated age. Lying in bed.
Respiratory: Breathing comfortably on room air. and Bilateral symmetric chest rise. No extra work of breathing.
Neuro: A&O x0, does not follow commands or answer questions.

Clinical Notes (continued)

Left Lower Extremity
Inspection: Prior AKA with mepilex overlying distal stump, no erythema or open wounds
Palpation: No apparent tenderness to palpation over bony surfaces throughout extremity.
Range of Motion (Nested ROM): No pain with log roll
Sensory: Noncompliant with exam
Motor: Noncompliant with exam
Vascular: warm and well perfused and capillary refill < 2s

Right Lower Extremity
Inspection: No gross deformity. No open wounds. Knee immobilizer in place to the RLE.
Palpation: Deferred over known injury location; no tenderness to palpation along the remainder of the extremity.
Range of Motion (Nested ROM): Deferred
Sensory: Noncompliant with exam
Motor: Noncompliant with exam but seen volitionally plantar and dorsiflexing at the R ankle
Vascular: warm and well perfused and capillary refill < 2s

SCHEDULED MEDS:
acetaminophen, 1,000 mg, Intravenous, q8h
buprenorphine, 1 patch, Transdermal, q7 days SCH
enoxaparin, 40 mg, Subcutaneous, q HS
lidocaine, 1 patch, Topical, q24h

PRN MEDS:
[Held By Provider] atropine, 2 drop, q4h PRN
HYDROmorphone, 0.2-0.4 mg, q4h PRN
oxyCODONE CONCENTRATED, 2.6-5 mg, q4h PRN

Electronically signed by Bunzel, Eli Walker, MD at 3/10/2025 7:30 AM

Bann, Maralyssa Angelique, MD at 3/10/2025 0748

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25
Subjective

SUBJECTIVE

INTERVAL HISTORY:

Clinical Notes (continued)

-Admitted overnight
-Pt was just discharged from UWML to SNF and son (Louis) brought her here; per report he declined return to the SNF or transfer back to UWML from the ED
-Received report that overnight pt was having severe distress, writhing in pain, crying out
-SLP saw pt this morning, very poor function (no palpable swallow per therapist note but open mouth posture, frequent moaning, no command following)

I met Louis this morning at the patient's bedside. Before able to introduce myself he said "I need to know how to get security to check out a visitor. There's someone coming who I don't want to come to this room because they hate her." I asked for clarification and he had quite a long response at times tangential including references to "white supremacists who put their hatred on her and who want her to die." He gave many details about what sound like previous conversations related to housing options and navigating different resources. At one point, he said "They took away her housing so that she would just die. They said 'You're 100. It's time to go.'" I was unable to ascertain who exactly might be coming to visit but perhaps a case manager or housing resource support person?

I redirected our conversation to the patient's current health status and began by introducing myself. Louis introduced himself as the patient's "business partner, best friend, and son." He then said "I'm also what you'd call a doctor." I tried to inquire what his understanding is of his mother's illness and current medical condition. Louis again gave a confusing response that I believe referenced some of the events from the recent hospitalization at Montlake. During his recap, as he demonstrated what he believed to be incorrect cares delivered by previous staff (such as failed attempts at NGT placement) he shook the patient causing her to cry out. I instructed him to stop doing this as it appeared to be causing her distress. I told him what we had noted on the swallow evaluation earlier in the morning to which he responded multiple times that "She's starving. She's starving." He became more animated at this point, raising his voice. Around this time the patient then also began crying out again and raising her arms towards the sky. Louis said "See, this is her starving." I expressed to Louis that it is hard to see our loved ones suffer but that we do not have a fix for what is going on in her body.

I explained to Louis that given everything that we are seeing including his mother's frailty, her inability to meet her nutritional needs, and her overall condition, I believe her to be nearing the end of her life. He again had a long response to this which included some references to "reports made to many different bodies including the Human Rights Commission about her situation." I told him that I would recommend that we focus on her comfort. I said explicitly that I think she is in the dying process and that her body is shutting down. He said "If you think she's dying then I'll just get my things and leave and never come back." I told him if he felt he needed to do that, that was OK. He then grabbed the patient's face and shouted at her repeatedly "Mom, you're dying. Mom, you're dying." He then asked in what time frame her death might occur. I estimated that she may have on the order of days to weeks left to live. He then said "OK, I'm going to leave then." (Although, did not leave the room at this time.) I told him that given everything we are seeing and what we had discussed, I would plan to stop vital sign checks, stop lab checks, deliver medications for the symptoms that we see her display, and to limit her suffering. He nodded to this and said again "OK, I'm going to go." The patient's nurse inquired if he would like phone call updates or any other form of communication and he said "No."

Louis remained in the room for a period of time after this conversation. I stepped out to discuss the case with consulting Palliative Care team who had arrived on the floor. Please see separate documentation for other provider conversations.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 40 mg, q HS
- lidocaine, 1 patch, q24h

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- glycopyrrolate, 0.2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q4h PRN
- morphine CONCENTRATED, 5-10 mg, Q2 Hours PRN
- petrolatum, , BID PRN

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

Objective

OBJECTIVE

T: 36.9 °C (03/10/25 0836) **BP:** **(!) 145/61** (03/10/25 0836) **HR:** **98 (03/10/25 0836)**
RR: **(!) 22** (03/10/25 0836) **SpO2:** 95 % (03/10/25 0836) Room air
T range: Temp Min: 36.6 °C Max: 36.9 °C
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/10/2025 1627
Last data filed at 3/10/2025 0515

Intake	200 ml
Output	—
Net	**200 ml**

Physical Exam

Pt sitting with head elevated in hospital bed, somewhat slumped over. Cachectic.
Eyes closed and intermittently groaning, raising her arms towards the ceiling.
Does not respond to verbal questions. When I hold her hand gently, she begins moaning but does not interact.
Mouth open. Very dry with no teeth and visible patches of blackened and dried mucosa across roof of mouth.
Breathing rapidly and shallowly. No cough appreciated.
Regular rapid heart rate. No edema noted.
Skin is dry and warm. RLE in splint. Dressing to L stump site.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -			-		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25.

Pt brought to HMC almost immediately following discharge from UW Montlake to SNF yesterday. Patient is cachectic, unable to safely swallow or meet hydration/nutrition needs by mouth, and unable to communicate. She is distressed-appearing and appears to be in pain. Recommend transition to Comfort Measures Only.

I have relayed my assessment that Ms Hoffman is nearing end of life to her son, Louis. See details of our conversation above. Today, he was often tangential with somewhat pressured speech and some paranoid thought process displayed. While he seemed to grasp the general understanding that she is unable to safely swallow and cannot meet her nutritional needs, his thought process would sometimes pivot to thoughts of persecution and hatred directed towards her by "people who want her dead." It is hard to know whether these concerns reflect specific past events as at times he seemed to mention general groups ("white supremacists" and "people on Bainbridge" coming after her) while at others specific individuals (at least one of whom may have been a housing case worker involved in some kind of housing resource discussion). His ability to participate in nuanced discussion of her medical history was inconsistent and frequently tangential. It is very difficult to engage in any kind of complicated

Clinical Notes (continued)

decision-making with him. However, when we focused on the specific issues at hand in this moment, seemed to understand that his mother is in the dying process and indicated that he cannot be present while she passes. He agreed that she should not be in pain and assented to Comfort Measures Only plan.

Based on our conversation, I believe Louis to be in the grieving process and have asked Palliative Care team including social work, spiritual care, etc to see if we can help brainstorm the best way to support him. I also worry about some of the behaviors I witnessed in the room today (intermittently shaking her, yelling at her, and seeming not to interpret her signs of distress when doing so) and behaviors that I have heard report of from current and previous staff (forcibly trying to feed her, manipulating her leg with the broken hip despite instructions not to, preventing care teams from delivering care). As of now, he has told our care teams that he is leaving the hospital and does not plan to return. I am not certain if this will be true or not. Should he return, nursing team and I have discussed making sure that we provide clear boundaries and expectation-setting. We began this process today by instructing him not to forcibly touch his mother and not to raise his voice at her or at staff. If he harms his mother or prevents necessary caregiving, security will be called.

- Comfort Measures Only: no vital signs, lab draws, focus on symptom management, DNR/DNI
- Palliative Care has consulted: appreciate management recommendations as well as support and assistance for care teams and patient/family

Pain:
- Butrans patch 5mcg/hr
- Concentrated morphine solution PO 5-10mg q2hrs for pain
- Tylenol PR PRN for pain or fever
- Lidocaine patch PRN pain

Aspiration:
- Maintain NPO status here unless patient herself requests (seems unlikely); if Louis requests to try feeding her would only engage in this with direct supervision and stop if the patient seems distressed at any point

Mobility/ROM:
- NWB RLE, limit motion of leg as much as possible; abduction pillow, log rolls
- Hip-spica brace in place; remove if uncomfortable (not strictly recommended by Ortho)

Other Management:
- Will need to consider management of her pacemaker as this was not explicitly discussed today

Problem List:
#Severe aspiration risk, ongoing
#Severe protein-calorie malnutrition POA
#Right hip fracture, managed non-operatively
#Acute limb ischemia s/p L AKA with superficial infection of left stump site
#s/p PPM placement for symptomatic bradycardia and 2nd degree AV block
#Chronic bilateral pleural effusions
#Mild parotitis

I spent a total of 120 minutes for the patient's care on the date of the service.

Electronically signed by Bann, Maralyssa Angelique, MD at 3/10/2025 6:15 PM

Duong, Lisa P, Social Work Assistant at 3/10/2025 1053

DPC Initial Referral

Current Situation:
Discharge Placement Center received a Return to SNF referral from SW.
Per SW's request, DPC referred patient to Bainbridge H&R only.

Plan:
Discharge Placement Center will follow-up and expand as needed.

Lisa P Duong

Electronically signed by Duong, Lisa P, Social Work Assistant at 3/10/2025 10:54 AM

Baldridge, Nick, LSWAIC at 3/10/2025 1252

SOCIAL WORK PROGRESS NOTE
Service: MEDICINE HOSPITALIST OVERFLOW ADULT
Admit reason: This is a 100 year old old female admitted for Failure to thrive in adult [R62.7]
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S].

ADVANCED DIRECTIVE:
Does the patient have a Healthcare Advanced Directive: Yes
Location of Healthcare Advanced Directive: Patient has Healthcare Advanced Directive in the chart
Informed the team that there is a Healthcare Advanced Directive: Yes
Type of Advance Directive: Power of Attorney-Healthcare

HEALTHCARE DECISION MAKING INFORMATION: Pt as able. If unable, pt's son is listed as POA with documents in media tab.

Contact in Following Order for Legal Next of Kin Decision Making:
21. Patient as able
22. Louis Charles Hoffmann Alloin, Son/POA, 206-780-6885

Currently Active Insurance

Payor	Plan	Subscriber	Member ID
MOLINA HEALTHCARE MEDICARE	MOLINA MEDICARE OPTIONS PLUS HMO SNP	HOFFMAN,JEANNE LEONIE	8000880246486
WA MEDICAID	QMB-QUALIFIED MEDICARE BENEFICIARY	HOFFMAN,JEANNE LEONIE	100675002WA

INCOME INFORMATION:

DISCHARGE PLANNING SUMMARY:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Functional Limitation Prior to Admit: Physical Limitations
Initial Discharge Planning Assessment Complete: Yes
Living Situation Prior to Admit: Skilled Nursing Facility
Anticipated Living Situation Post Discharge/Needs:

MENTAL HEALTH SCREEN:
Current Mental Health Diagnosis:
Expected PASRR Positive: No

SUMMARY:
Assessment: Per chart, "100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries."

Intervention: Pt was discussed in morning med huddle. She was recently at UW Montlake for an extended hospitalization and discharged to Bainbridge Island H&R on 3/8/25. Her son discharged her from the SNF shortly thereafter and they re-presented to HMC ED on 3/9/2025.

SW sent Bainbridge Island H&R a referral on AIDA to see if they would be willing to take pt back. SW also called Lisa in the admissions office at 206-842-4765 and spoke with her. She stated she would meet with the medical director soon and f/u with SW about their decision.

Plan or Outcome: SW following pt to support and d/c plan. Anticipating to hear back from Bainbridge H&R by end of day regarding re-acceptance.

Nick Baldridge, LSWAIC

Electronically signed by Baldridge, Nick, LSWAIC at 3/10/2025 1:04 PM

Voorhees, Megan Elizabeth, SLP at 3/10/2025 1317

SLP Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Today's Date: 3/10/2025

Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia

- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain
- Failure to thrive in adult

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018

- Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC) 5/17/2018
- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)

Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

	03/10/25 0900
SLP Last Visit	
SLP Received On	03/10/25
General	
SLP Document Type	Eval
SLP Treatment Start Time	0900
SLP Total Treatment Time in Minutes	45 Minutes
Visual Acuity	Corrective lenses not available
Auditory Acuity	Other *(unable to assess, reports of hearing impariment noted in chart review, no hearing aides, family reports she can hear w/ projected voice)*
Family/Caregiver Comments	Son present at bedside. Endorsed success w/ PO intake using the following strategies: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow.
Interpreter Services	
Is an interpreter used?	No
Subjective	
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials.
Prior Function	
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

	nutrition/hydration status expressed by son as well.
IADLs	Requires assist
Oral Mechanism Examination	
Dentition	Edentulous
Oral mucosa	Dry;Other *(patches of black, dried mucosa noted throughout hard palate, soft palate, and lateral lingual surface. pt w/ limited reception to oral care.)*
Volitional cough	Other *(unable to initiate)*
Volitional swallow	Unable to initiate
Labial ROM	Impaired
Lingual ROM	Uncoordinated
Vocal Quality	WFL
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam.
Patient Information	
Temperature	Afebrile *(WBC: 12.66 (elevated))*
Respiratory Status	Room air
Behavior/Cognition	Agitated;No command following
Patient Positioning	Upright in bed
Objective	
Consistencies Assessed	0-Thin Liquids;4-Pureed
0-Thin Liquids - Presentation	Spoon;Straw
4 Pureed - Presentation	Spoon
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Pt w/ expectoration attempts. Small volume PO suctioned from oral cavity.
Signs/Symptoms of Penetration/Aspiration	None *(No palpable swallow.)*
Swallowing Treatment	
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

regards to pillars of aspiration PNA development:

Scenario	Health/Immune System Status	+	Oral Health Status	+	Laryngeal Valve Protection Status	=	Predicted Outcome
1	Normal	+	Healthy	+	No Aspiration	=	No Pneumonia
2	Normal	+	Poor	+	No Aspiration	=	No Pneumonia
3	Normal	+	Poor	+	Aspiration	=	No Pneumonia
4	Normal	+	Healthy	+	Aspiration	=	No Pneumonia
5	Compromised	+	Healthy	+	No Aspiration	=	No Pneumonia
6	Compromised	+	Poor	+	No Aspiration	=	No Pneumonia
7	Compromised	+	Healthy	+	Aspiration	=	Lower Risk-Pneumonia
8	Compromised	+	Poor	+	Aspiration	=	High Risk-Pneumonia

Ashford, J. R. (2024). *Pneumonia "risk" predictor.* SA Swallowing Services, PLLC. https://www.sasspllc.com/pneumonia-risk-predictor

SLP Assessment

Assessment	Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility, and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family

	assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture and ongoing GOC discussions, will defer diet recommendations to pt, family, and interdisciplinary team. May consider family endorsed strategies to optimize PO intake/reception including: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC.
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation
Plan	
SLP Plan	Skilled SLP
Treatment/Interventions	Swallow treatment;Patient/family education
SLP Frequency	1-3x/week
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with
Assistance with Details	IADLS;Eating;Drinking
Supervision with Details	IADLS;Eating;Drinking
Goals	STG 1;STG - Education
Swallow Recommendations	
Diet Recommendations	Other *(Defer to interdisciplinary team pending GOC discussion: can consider 4/0 vs 5/0 given no NGT/PEG not within prior stated goals with careful hand feeding strategies and aspiration precautions)* Careful Hand Feeding Careful hand feeding means giving someone small amounts of food and drink when they are no longer able to feed themselves. Careful hand feeding can work as long as a person is comfortable and wants to be fed. Patients are never force fed food. General Precautions: • Only feed when awake, alert, and accepting of intake • Sit as upright as able during & 30 minutes after meal • Small bites/sips one at a time via spoon at a slow rate • Encourage independence (as able) by using handover-hand feeding: put a utensil in the person's hand, place your hand around theirs and lift both of your hands to the person's

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

	mouth for a bite • Reduce distractions at mealtimes • Make sure the patient swallows a bite or sip before giving the next bite or sip • Promote good oral hygiene, check for residue in the person's mouth after meals. If it's difficult to use a toothbrush, try oral swabs • Stop if person is declining (turning away, not willingly opening their mouth, spitting food out), there is significant residue in their mouth, or overt signs of coughing and choking leading to discomfort are present
Medication Administration Recommendations	Other *(Pending GOC: can consider IV vs crushed in puree)*
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating
Swallow Recovery	Medically Complex: unable to assess prognosis.
Short Term Goal	
Short Term Goal	Tolerate least restrictive diet
Estimated Completion Date	03/31/25
Goal Status	Updated
Short Term Goal - Education	
Patient/caregiver will participate in education regarding	Dysphagia
Estimated Completion Date	03/31/25
Goal Status	Updated

Megan E Voorhees, SLP
3/10/2025

Electronically signed by Voorhees, Megan Elizabeth, SLP at 3/10/2025 1:22 PM

Merel, Susan Eva, MD at 3/11/2025 1033

Clinical Notes (continued)

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: 100 yo woman recently unhoused, living in tent with her son on Bainbridge, at ML 1/9-3/8 after LAKA for acute limb ischemia, also recent R periprosthetic femur fracture

INTERVAL HISTORY:
Per RN, seems to calm somewhat iwith IV HM and liquid morphine concentrate, but got 10 mg of morphine just under 2 hours ago and is still agitated. Jeanne looks slightly calmer than yesterday and is not calling out, but still has open mouth, wide awake, furrowed brow, rhythmic movements.

Louis was at bedside. Did not mention that he had not planned to visit (told nurse he had an ophthalmology appt nearby). He was massaging her shoulders and using the mouth swab with water. When I said I though she looked uncomfortable and needed more medication, he vaguely disagreed with this but didn't argue with me about pain medications. He has heard she could go back to the SNF and is fine with this, wants her to ride in a wheelchair on the ferry.

SCHEDULED MEDICATIONS
buprenorphine, 1 patch, Transdermal, q7 days SCH
lidocaine, 1 patch, Topical, q24h

INFUSED MEDICATIONS

PRN MEDICATIONS
PRN medications: acetaminophen, [Held By Provider] atropine, bisacodyl, glycopyrrolate, haloperidol lactate, HYDROmorphone, morphine CONCENTRATED, petrolatum

PHYSICAL EXAM:

Vitals (Most recent in last 24 hrs)
T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: **(!) 22** (03/11/25 1032) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os: No intake or output data in the 24 hours ending 03/11/25 1035
Gen:
Resp:
Neuro:

LABS:
Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Clinical Notes (continued)

IMPRESSION AND RECOMMENDATIONS:
100 yo woman, recently unhoused, son who is LNOK with some fixed ideas about her care, recent discharge from UWMC after prolonged hospitalization, now on comfort-focused care.

Appearing calmer than yesterday - I do think agidation may be driving by pain.
Change morphine to 10-20 mg of the concentrated solution q 2 hours prn pain.
Ok to continue current PRN HM order, but try to avoid using it as she may be able to discharge back to SNF.
Primary team to do new POLST with Louis (DNR/comfort only/no transfer) but let us know if you need help with us.
Louis appears to plan to continue to be involved in his mother's care, despite what he said yesterday.

Goals of Care: comfort
Palliative Performance Score 20%
Estimated Prognosis: days to weeks

Advance Directives/POLST
1) SURROGATE DECISION MAKER:
Louis (son), ph# 206-780-6885

2) Advance Directives: none

3) CODE STATUS: DNAR/DNI

Disposition: inpatient end-of-life care with CMO order set

Code Status: DNR

Disposition: comfort care here, possible transfer back to SNF

[x_] patient discussed with nursing
[x_] discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 32 minutes for the patient's care on the date of the service.

Electronically signed by Merel, Susan Eva, MD at 3/11/2025 10:47 AM

Laframboise, Rhonda L, RN at 3/11/2025 1243

Discharge Planning Assessment

CM performed chart review as patient at end of life. Palliative following for CMO. Patient was discharged to Bainbridge Island Health and Rehab Center on 3/8. Her son, Louis, discharged her from the facility and presented to HMC ED.

Patient aroused to voice, does not follow commands. Per provider, likely imminent and needs comfort measure.

Clinical Notes (continued)

CCN completed chart review, engaged in multidisciplinary huddle, and screened this patient for care coordination needs. CCN will remain available should needs arise. Please consult CCN as indicated.

Visit Information:
Patient is a 100 yrs female admitted on 3/9/2025 for Failure to thrive in adult.
Discharge Planning Assessment Type: Discharge Planning Assessment (Chart Review)
Is an interpreter used:: No
Is this a planned admission: No, Admission Source: Admitted through ED
Did pt/family decline dc planning evaluation/assistance? No

Living Situation Prior to Admit:
Living Situation Prior to Admission: Skilled Nursing Facility
PTA-Name of Facility: (Bainbridge Island Health & Rehab)
Pt reports that they felt their needs were met in living situation: Unable to assess/deferred
Home Accessibility Concerns: Other (Comment) (SNF)
Primary Caregiver: Facility
Support System: Children
Physical/Cognitive/Functional History: Physical Limitations;Cognitive Limitations
Access to Healthcare Prior to Admit: No/minimal barriers to healthcare
Activities of Daily Living Prior to Admission:
PTA-Independent with ADLs?: No
PTA-Memory Adequate to Safely Complete Daily Activities: No
PTA- Adequate self-medication management: No
PTA-Patient Able to Express Needs/Desires: Unable to assess
PTA-Dressing: Dependent
PTA-Feeding: Dependent
PTA-Bathing: Dependent
PTA-Toileting: Dependent
PTA-In/Out Bed: Dependent
PTA-Walks in Home: Dependent
PTA-Assistive Devices: (SNF has DME; w/c and walker)

Verifications:
Home Address Verified with Patient/LNOK: No
321 High School Rd Ne
Ste D3 Pmb 292
Bainbridge Island WA 98110

SNF at Bainbridge Island Health and Rehab Center
835 Madison Ave N
Bainbridge Island, WA 98110
(206) 842-4765

Coverage Verified with Patient/LNOK: Primary verified

Insurance Information

MOLINA HEALTHCARE MEDICARE/MOLINA MEDICARE OPTIONS PLUS HMO SNP		**Phone:**	800-869-7175
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	80008802464 86
Group#:	QMXEM01571	**Precert#:**	--
Authorizat	--	**Effective**	02/01/23

ion#:		**Date:**	
WA MEDICAID/QMB-QUALIFIED MEDICARE BENEFICIARY		**Phone:**	800-562-3022
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	100675002WA
Group#:	S03	**Precert#:**	--
Authorization#:	--	**Effective Date:**	02/01/82

Financial Concerns/Information: Needs longterm care for placement

PCP Verified with Patient/LNOK: Unable to verify
Navalurkar, Reema, MD

Preferred Pharmacy Verified with Patient/LNOK: Unable to verify
Rubenstein Pharmacy

Emergency Contact Verified with Patient/LNOK: Yes
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin, Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son

Health Care Decision Making:
Code status: DNR
POLST: Received
Does the patient have a Healthcare DPOA? No

Discharge Plan:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Patient expects to be discharged to: TBD; imminent death
Post-discharge facility and service information was: N/A
Anticipated living situation post discharge: Skilled Nursing Facility
Anticipated Assistance Needed at discharge: Palliative care or hospice
Anticipated Resources/Services Needed at discharge: Hospice;Palliative care
Post Discharge Caregiver Confirmation: Other (Imminent death)
Post Discharge Caregiver Contact Information: TBD

Discharge Transportation:
Does the patient need dc transportation arranged? No (Imminent death)
Transportation Type: Ambulance, BLS

Discussed dc plan with bedside RN Shannon via SecureChat

Potential Barriers to Discharge: Other (CMO)
Discharge Complexity Level:3-Complex
Initial Discharge Planning Assessment Complete: Yes

Rhonda L LaFramboise, RN

Electronically signed by Laframboise, Rhonda L, RN at 3/11/2025 12:58 PM

Bann, Maralyssa Angelique, MD at 3/11/2025 1505

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 3/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with complex medical history who was recently admitted at Montlake, Med E medicine service from (1/9/2025 - 3/8/2025) for acute limb ischemia s/p L AKA, hospital course was complicated by postoperative bradycardia requiring PPM on 1/13, dysphagia, hospital related fall resulting in right periprosthetic femur fracture, and FTT, discharged to Bainbridge Island Health and Rehab SNF (on 3/8/25) and represents to HMC on 3/9/25, now CMO

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-Son Louis was at bedside this morning, he was teary when reporting that "She's at the end of her life"; he requested wheelchair to be able to take her in private transportation back to SNF because he would like to visit several meaningful places that she thinks he would like to visit before she passes
-I let Louis know we've reached out to the SNF to see if she can return but that for now she was also getting IV medications for some of her symptoms
-He asked if her organs are shutting down and I said I thought that is likely; he wondered about checking her labs but I told him that would not really be helpful because we can't fix those issues and would expose her to another poke/discomfort without much benefit
-Pt was quiet, noninteractive for much of the conversation, then became more agitated moaning and raising her arms towards the end of us talking at bedisde

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- glycopyrrolate, 0.2 mg, q4h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q4h PRN
- morphine CONCENTRATED, 10-20 mg, Q2 Hours PRN
- petrolatum, , BID PRN

Objective

OBJECTIVE

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Clinical Notes (continued)

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: 20 (03/11/25 1300) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)
Last weight: 46.8 kg (103 lb 2.8 oz) (03/09/25 2200)

I&Os: No intake or output data in the 24 hours ending 03/11/25 1505

Physical Exam

Mouth open. Very dry MM.
Eyes closed. Noninteractive. Did not track.
Occasionally moaned. Once cried out and raised her arms upwards. Otherwise minimal movements.
No work of breathing noted.
Thin extremities with temporal wasting. Cachectic.
RLE in splint. Dressing to L stump site.

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Hoffman is a 100 year old woman with recent prolonged hospitalization at UWML who was brought to HMC by son (LNOK). Pt has very poor swallow, unable to maintain nutrition/hydration, not a candidate for NGT or PEG.

- Comfort Measures Only: no vital signs, lab draws, focus on symptom management, DNR/DNI
- Palliative Care has consulted: appreciate management recommendations as well as support and assistance for care teams and patient/family

Pain:
- Butrans patch 5mcg/hr
- Concentrated morphine solution PO 10-20mg q2hrs for pain; hydromorphone IV PRN breakthrough
- Tylenol PR PRN for pain or fever

Agitation:
- Seems likely driven by pain or stimuli in the room; work on pain control first when appears agitated
- Haldol 0.5-2mg IV q4hrs PRN

Aspiration:
- Maintain NPO status here unless patient herself requests (seems unlikely); if Louis requests to try feeding her would only engage in this with direct supervision and stop if the patient seems distressed at any point

Mobility/ROM:
- NWB RLE, limit motion of leg as much as possible; abduction pillow, log rolls
- Hip-spica brace in place; remove if uncomfortable (not strictly recommended by Ortho)

Other Management:
- Note that pt has pacemaker in place (Boston Scientific RV single lead PPM); given son/LNOK difficulty in processing new information we have not yet discussed the possibility of turning off the pacemaker with him

See documentation 3/10 related to son/LNOK Louis' behaviors. I have had concerns about his understanding of his mother's medical condition and his ability to adhere to appropriate recommended care for her. He visited 3/11 and seems to be processing/grieving her impending death. Would maintain high vigilance for any inappropriate behaviors.

Problem List:
#Severe aspiration risk, ongoing
#Severe protein-calorie malnutrition POA
#Right hip fracture, managed non-operatively

Clinical Notes (continued)

#Acute limb ischemia s/p L AKA with superficial infection of left stump site
#s/p PPM placement for symptomatic bradycardia and 2nd degree AV block
#Chronic bilateral pleural effusions
#Mild parotitis

Electronically signed by Bann, Maralyssa Angelique, MD at 3/11/2025 4:01 PM

Logman, Slwan, MSW at 3/11/2025 1551

SOCIAL WORK PROGRESS NOTE
Service: MEDICINE HOSPITALIST OVERFLOW ADULT
Admit reason: This is a 100 year old old female admitted for Failure to thrive in adult [R62.7]
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S].

ADVANCED DIRECTIVE:
Does the patient have a Healthcare Advanced Directive: Yes
Location of Healthcare Advanced Directive: Patient has Healthcare Advanced Directive in the chart
Informed the team that there is a Healthcare Advanced Directive: Yes
Type of Advance Directive: Power of Attorney-Healthcare

HEALTHCARE DECISION MAKING INFORMATION: Pt as able. If unable, pt's son is listed as POA with documents in media tab.

Contact in Following Order for Legal Next of Kin Decision Making:

1. **Patient as able**
2. **Louis Charles Hoffmann Alloin, Son/POA, 206-780-6885**

Currently Active Insurance

Payor	Plan	Subscriber	Member ID
MOLINA HEALTHCARE MEDICARE	MOLINA MEDICARE OPTIONS PLUS HMO SNP	HOFFMAN,JEANNE LEONIE	8000880246486
WA MEDICAID	QMB-QUALIFIED MEDICARE BENEFICIARY	HOFFMAN,JEANNE LEONIE	100675002WA

INCOME INFORMATION:

DISCHARGE PLANNING SUMMARY:
EDD:3/14/2025
Patient Discharge Goals were/are: Uncertain
Functional Limitation Prior to Admit: Physical Limitations;Cognitive Limitations
Initial Discharge Planning Assessment Complete: Yes
Living Situation Prior to Admit: Skilled Nursing Facility

Clinical Notes (continued)

Anticipated Living Situation Post Discharge/Needs: Skilled Nursing Facility

MENTAL HEALTH SCREEN:
Current Mental Health Diagnosis:
Expected PASRR Positive: No

SUMMARY:
Assessment: Per chart, "100 year old female who was recently admitted to UWMC Montlake for acute limb ischemia s/p L AKA and a R inter-implant proximal femur fracture who was transferred to HMC for ongonig discussions of GOC in the setting of her multiple injuries."

Intervention: Pt was discussed in morning med huddle. She was recently at UW Montlake for an extended hospitalization and discharged to Bainbridge Island H&R on 3/8/25. Her son discharged her from the SNF shortly thereafter and they re-presented to HMC ED on 3/9/2025.

SW received message from Bainbridge Island H&R AC reporting that they will not be able to readmit pt.

Plan or Outcome: SW following pt to support and assist with discharge planning once medically ready.

Slwan Logman, MSW
Coverage Social Worker

Electronically signed by Logman, Slwan, MSW at 3/11/2025 3:57 PM

Bann, Maralyssa Angelique, MD at 3/11/2025 1741

Brief Telephone Update:

I received a page from Pathology/After Death Services team (206-598-4205) indicating that their medical director requests King County Medical Examiner review of this case.

I have made this request and communicated with KCME today:

Case Number 25-798
Investigator Nelson

Electronically signed by Bann, Maralyssa Angelique, MD at 3/13/2025 10:34 AM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Discontinued by: Asmeche, Habtam, MD 03/09/25 2054

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 2054	de Monnin, Karlee, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1354	de Monnin, Karlee, MD	—	de Monnin, Karlee, MD

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

CBC with Diff (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

CBC with Diff (Abnormal) Resulted: 03/09/25 1418, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1418
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.66	4.3 - 10.0 10*3/uL	H	HMC
RBC	2.72	3.80 - 5.00 10*6/uL	L	HMC
Hemoglobin	8.6	11.5 - 15.5 g/dL	L	HMC
Hematocrit	27	36.0 - 45.0 %	L	HMC
MCV	100	81 - 98 fL	H	HMC
MCH	31.6	27.3 - 33.6 pg	—	HMC
MCHC	31.6	32.2 - 36.5 g/dL	L	HMC
Platelet Count	423	150 - 400 10*3/uL	H	HMC
RDW-CV	16.3	11.0 - 14.5 %	H	HMC
% Neutrophils	84	%	—	HMC
% Lymphocytes	10	%	—	HMC

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

% Monocytes	4	%	—	HMC
% Eosinophils	1	%	—	HMC
% Basophils	0	%	—	HMC
% Immature Granulocytes	1	%	—	HMC
Neutrophils	10.71	1.80 - 7.00 10*3/uL	H	HMC
Absolute Lymphocyte Count	1.24	1.00 - 4.80 10*3/uL	—	HMC
Monocytes	0.52	0.00 - 0.80 10*3/uL	—	HMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	HMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	HMC
Immature Granulocytes	0.09	0.00 - 0.05 10*3/uL	H	HMC
Nucleated RBC	0.00	0.00 10*3/uL	—	HMC
% Nucleated RBC	0	%	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Comprehensive Metabolic Panel (Abnormal) Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1439 Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	147	135 - 145 meq/L	H	HMC
Potassium	3.6	3.6 - 5.2 meq/L	—	HMC
Chloride	104	98 - 108 meq/L	—	HMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	HMC
Anion Gap	18	4 - 12	H	HMC
Glucose	150	62 - 125 mg/dL	H	HMC

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Urea Nitrogen	13	8 - 21 mg/dL	—	HMC
Creatinine	0.65	0.38 - 1.02 mg/dL	—	HMC
Protein (Total)	6.0	6.0 - 8.2 g/dL	—	HMC
Albumin	2.9	3.5 - 5.2 g/dL	L	HMC
Bilirubin (Total)	0.9	0.2 - 1.3 mg/dL	—	HMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	HMC
AST (GOT)	15	9 - 38 U/L	—	HMC
Alkaline Phosphatase (Total)	113	49 - 199 U/L	—	HMC
ALT (GPT)	10	7 - 33 U/L	—	HMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

B-Type Natriuretic Peptide (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

B-Type Natriuretic Peptide (Abnormal) Resulted: 03/09/25 1442, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354 Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1442 Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
B_Type Natriuretic Peptide	311	<101 pg/mL	H	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Troponin-I (Now) (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Troponin-I (Now)

Resulted: 03/09/25 1444, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Order status: Completed
Filed by: Uw Lab Results Interface, User 03/09/25 1444
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	0.03	<0.04 ng/mL	—	HMC
Comment: 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				
Troponin_I Interpretation	Normal	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Lipase (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Lipase Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
Lipase	<3	<70 U/L	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Magnesium (Final result)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Magnesium Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Phosphate (Final result)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354
Authorized by: Lusk, John Charles, MD
Frequency: Routine STAT 03/09/25 1352 - 1 occurrence
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:54 PM
Ordering provider: de Monnin, Karlee, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2530768	Blood	—	Bautista, Jayna Cassidy A, RN 03/09/25 1401

Phosphate Resulted: 03/09/25 1438, Result status: Final result

Ordering provider: de Monnin, Karlee, MD 03/09/25 1354
Filed by: Uw Lab Results Interface, User 03/09/25 1439
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: Bautista, Jayna Cassidy A, RN 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.9	2.5 - 4.5 mg/dL	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

1st Extra Blue Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/09/25 1401** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/09/25 1401
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 1401 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 3/9/2025 2:10 PM
Ordering provider: Backlund, Brandon Heath, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 1458	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD
03/09/25 1410	Lusk, John Charles, MD	Lusk, John Charles, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
X2530768	Plasma	—	03/09/25 1401

1st Extra Blue Top Resulted: 03/09/25 1410, Result status: Final result

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1401
Filed by: Uw Lab Results Interface, User 03/09/25 1411
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: 03/09/25 1401

Components

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

1st Extra Gold Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 03/09/25 1401** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 03/09/25 1401
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 1401 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 3/9/2025 2:10 PM
Ordering provider: Backlund, Brandon Heath, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/09/25 1458	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD	Backlund, Brandon Heath, MD
03/09/25 1410	Lusk, John Charles, MD	Lusk, John Charles, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
X2530768	Serum	—	03/09/25 1401

1st Extra Gold Top Resulted: 03/09/25 1410, Result status: Final result

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1401
Filed by: Uw Lab Results Interface, User 03/09/25 1411
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED
Order status: Completed
Collected by: 03/09/25 1401

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	HMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

Candida auris screening qualitative PCR - Every 14 days (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Frequency: Routine q 14 days 03/23/25 0600 - Until Specified
Quantity: 1
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order
Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054

Questionnaire

Question	Answer
Surveillance Culture Code	GH9000029
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Swab	Axilla/Groin	—

Candida auris screening qualitative PCR - On Admit (Final result)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once (Next Routine) 03/09/25 2055 - 1 occurrence
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Status: **Completed**
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Surveillance Culture Code	GH9000029
Release Result to Patient	Immediate

Order comments: Swab Axilla/Groin upon Admission

Specimen Information

ID	Type	Source	Collected By
X2532502	Swab	Axilla/Groin	Westerman, Jordan M, RN 03/09/25 2311

Candida auris screening qualitative PCR - On Admit Resulted: 03/10/25 1119, Result status: Final result

Ordering provider: Asmeche, Habtam, MD 03/09/25 2054
Filed by: Uw Lab Results Interface, User 03/10/25 1120
Resulting lab: UW MEDICINE CENTRAL LAB - ANNEX
Order status: Completed
Collected by: Westerman, Jordan M, RN 03/09/25 2311

Components

Component	Value	Reference Range	Flag	Lab
Candida auris Qualitative PCR Specimen Comment: Axilla/Groin	Swab	—	—	HMC
Candida auris Qualitative PCR Result	None detected	NDET	—	CL
Candida auris Qualitative Interpretation Comment: This is a negative result. The assay utilizes target specific forward and reverse primers for the C. auris ITS2 gene. The lower limit of detection, LoD (the minimum CFU level that gives a positive result in 95% of replicates), confirmed at 30 CFU/mL. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. 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.	SEE NOTES	—	—	CL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present
94 - CL	UW MEDICINE CENTRAL LAB - ANNEX	Jerome, Keith Robert, MD	1602 Raymond Ave SW Renton WA 98057	10/25/24 1021 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine AM draw 03/10/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Uw Lab Results Interface, User 03/10/25 0825 [Other (Partial draw. Phlebotomy to return for another collection attempt.)]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3855163	Blood	—	03/10/25 0600

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Uw Lab Results Interface, User on 03/10/25 1000** Status: **Discontinued**
Ordering user: Uw Lab Results Interface, User 03/10/25 1000
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/10/25 1000 - 1 occurrence
Quantity: 1
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1049
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Normal
Instance released by: (auto-released) 3/10/2025 8:25 AM

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1049	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/10/25 0825	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
M3857896	—	—	—

Basic Metabolic Panel (Active)

Electronically signed by: **Uw Lab Results Interface, User on 03/10/25 1205** Status: **Active**
Ordering user: Uw Lab Results Interface, User 03/10/25 1205
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/10/25 1205 - 1 occurrence
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Normal
Instance released by: (auto-released) 3/10/2025 12:05 PM

Specimen Information

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Labs (continued)

ID	Type	Source	Collected By
M3857896	—	—	7420 03/10/25 1205

Imaging

Imaging

XR Hip Unilat W Pelvis 2-3 Vw Right (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1356** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1356
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1356 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 1:56 PM
Discontinued by: Woolley, Brian M, RT 03/09/25 1423 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known right hip fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

XR Pelvis 1-2 Vw (Discontinued)

Electronically signed by: **Woolley, Brian M, RT on 03/09/25 1356** Status: **Discontinued**
Ordering user: Woolley, Brian M, RT 03/09/25 1356
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 03/09/25 1356 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Woolley, Brian M, RT 3/9/2025 2:23 PM
Discontinued by: Mejilla, Kevin A, PSS/PSR 03/09/25 1909 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known right hip fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	de Monnin, Karlee, MD 206-744-8513	Lusk, John Charles, MD 206-598-4000	

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

XR Femur 2 Vw Right (Discontinued)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1422** Status: **Discontinued**
Ordering user: de Monnin, Karlee, MD 03/09/25 1422
Ordering provider: de Monnin, Karlee, MD
Authorized by: Lusk, John Charles, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1423 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: de Monnin, Karlee, MD (auto-released) 3/9/2025 2:22 PM
Discontinued by: Mejilla, Kevin A, PSS/PSR 03/09/25 1910 [Per Protocol]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	known femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	de Monnin, Karlee, MD 206-744-8513	Lusk, John Charles, MD 206-598-4000	

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 -	BOSTON SCIENTIFIC	7841	1549465	

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

LOG1625428

XR Chest 1 Vw (Final result)

Electronically signed by: **Barral, Ernest Neil, MD on 03/09/25 1823** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Barral, Ernest Neil, MD 03/09/25 1823
Ordering provider: Barral, Ernest Neil, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1823 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Barral, Ernest Neil, MD (auto-released) 3/9/2025 6:23 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	r/o infection
Should this exam be performed on a portable machine?	Yes

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Barral, Ernest Neil, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 6:25 PM HMEDXRPORT1 HMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 Vw Resulted: 03/09/25 1929, Result status: Final result

Ordering provider: Barral, Ernest Neil, MD 03/09/25 1823
Order status: Completed
Resulted by:
Medverd, Jonathan Russell, MD
Chen, Eric, MD
Filed by: Interface, Radiology Results In 03/09/25 1932
Performed: 03/09/25 1835 - 03/09/25 1835
Accession number: 48332311
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
r/o infection

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

COMPARISON:
2/23/2025.

FINDINGS AND
Impression:

Lines and tubes: Similar position of left chest wall pacemaker lead.

Lungs: Interval decrease in mild patchy bibasilar pulmonary opacities, which may represent edema, atelectasis, and not excluded aspiration, and/or pneumonia.

Pleura: Interval decrease in small to moderate right and small left pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Bones: No acute or suspicious abnormality.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 1929 PDT

XR Hip Unilat W Pelvis 2-3 Vw Right (Discontinued)

Electronically signed by: **Gerber, Caleb Dylan, MD on 03/09/25 2008** Status: **Discontinued**
Ordering user: Gerber, Caleb Dylan, MD 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Gerber, Caleb Dylan, MD (auto-released) 3/9/2025 8:08 PM
Discontinued by: Wallis, Kendra A, RT 03/09/25 2011 [Per Protocol]
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

XR Knee 1-2 Vw Right (Discontinued)

Electronically signed by: **Gerber, Caleb Dylan, MD on 03/09/25 2008** Status: **Discontinued**
Ordering user: Gerber, Caleb Dylan, MD 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Gerber, Caleb Dylan, MD (auto-released) 3/9/2025 8:08 PM
Discontinued by: Wallis, Kendra A, RT 03/09/25 2011 [Per Protocol]
Diagnoses

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

XR Femur 2 Vw Right (Final result)

Electronically signed by: **Backlund, Brandon Heath, MD on 03/09/25 1940** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Backlund, Brandon Heath, MD 03/09/25 1940
Ordering provider: Backlund, Brandon Heath, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Standard
Frequency: STAT Once 03/09/25 1939 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Backlund, Brandon Heath, MD (auto-released) 3/9/2025 7:40 PM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Known R hip fracture, has been intermittently adherent with leg brace, assess current alignment
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Backlund, Brandon Heath, MD 206-744-8332	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/09/25 2201, Result status: Final result

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Ordering provider: Backlund, Brandon Heath, MD 03/09/25 1940
Order status: Completed
Resulted by:
Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Filed by: Interface, Radiology Results In 03/09/25 2204
Performed: 03/09/25 1952 - 03/09/25 2028
Accession number: 48332752
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
Known R hip fracture, has been intermittently adherent with leg brace, assess current alignment

COMPARISON:
Femur radiograph 3/6/2025

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

Redemonstrated perimplant fracture of the subtrochanteric femur, with similar varus angulation and mildly increased anterior and lateral displacement now up to 10 mm. Alignment is otherwise unchanged. Vascular calcifications.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s).

-Slight differences in patient positioning may partially account for appearance of increased anterior lateral displacement described above.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2201 PDT

XR Pelvis 1-2 Vw (Final result)

Electronically signed by: **Wallis, Kendra A, RT on 03/09/25 2008**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wallis, Kendra A, RT 03/09/25 2008
Ordering provider: Gerber, Caleb Dylan, MD
Authorized by: Backlund, Brandon Heath, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Wallis, Kendra A, RT 3/9/2025 8:11 PM
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	Gerber, Caleb Dylan, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1-2 Vw

Resulted: 03/09/25 2203, Result status: Final result

Ordering provider: Gerber, Caleb Dylan, MD 03/09/25 2008
Resulted by:
Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Performed: 03/09/25 1952 - 03/09/25 2028
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 03/09/25 2206

Accession number: 48332824

Narrative:
EXAMINATION:
XR PELVIS 1-2 VW

CLINICAL INDICATION:
R femur fx

COMPARISON:
Pelvis radiograph 3/5/2025

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures. No acute pelvic fracture detected. Partially visualized right femur orthopedic hardware.

Alignment is unchanged.

No acute soft tissue abnormality. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2203 PDT

XR Knee 4+ Vw Right (Final result)

Electronically signed by: **Wallis, Kendra A, RT on 03/09/25 2008** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wallis, Kendra A, RT 03/09/25 2008
Authorized by: Backlund, Brandon Heath, MD
Frequency: Routine Once 03/09/25 2009 - 1 occurrence
Quantity: 1
Instance released by: Wallis, Kendra A, RT 3/9/2025 8:11 PM
Ordering provider: Gerber, Caleb Dylan, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Lab status: Final result
Diagnoses
Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	R femur fx
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR KNEE 4+ VW RIGHT	Gerber, Caleb Dylan, MD	Backlund, Brandon Heath, MD 206-744-8332	3/9/2025 7:50 PM HMEDXRRM1 HMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Knee 4+ Vw Right Resulted: 03/09/25 2205, Result status: Final result

Ordering provider: Gerber, Caleb Dylan, MD 03/09/25 2008
Resulted by:
Order status: Completed
Filed by: Interface, Radiology Results In 03/09/25 2208

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Imaging (continued)

Medverd, Jonathan Russell, MD
Venugopal, Nitin, MD
Performed: 03/09/25 1952 - 03/09/25 2028
Accession number: 48332825
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR KNEE 4+ VW RIGHT

CLINICAL INDICATION:
R femur fx

COMPARISON:
Knee radiograph 3/6/2025 and January 18, 2024.

FINDINGS AND
Impression:
The bones are diffusely demineralized, which limits radiographic detection of nondisplaced fractures.

No acute bone, joint, or soft tissue abnormality is seen. Similar appearance of right femur orthopedic hardware and healed fracture deformity of the distal metadiaphysis femur. There are no acute fractures or dislocations. Vascular calcifications are present.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Closed fracture of distal end of femur, unspecified fracture morphology, sequela [S72.409S (ICD-10-CM)]

Signed

Electronically signed by Medverd, Jonathan Russell, MD on 3/9/25 at 2205 PDT

Medication Administrations

acetaminophen (Ofirmev) IV 1,000 mg [372828142]

Ordering Provider: de Monnin, Karlee, MD
Status: Completed (Past End Date/Time)
Ordered On: 03/09/25 1354
Starts/Ends: 03/09/25 1355 - 03/09/25 1809
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Route: Intravenous
Frequency: Once
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes
Admin Instructions: Do NOT refrigerate.

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	One-time dose for use in the ED	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1441 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/09/25 1809 Documented: 03/09/25 1809	Stopped	0 mg 0 mL/hr 15 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1441 Documented: 03/09/25 1442	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [372866508]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2114
Ordered Dose (Remaining/Total): 1,000 mg (—/—)
Frequency: Every 8 hours
Admin Instructions: Do NOT refrigerate.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2145 - 03/10/25 0849
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 2232 by Westerman, Jordan M, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/10/25 0515 Documented: 03/10/25 0542	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-434-41
Performed 03/09/25 2232 Documented: 03/09/25 2234	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-434-41

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

atropine 1% sublingual solution 2 drop [372860268]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 2 drop (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Administer SUBLINGUALLY

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2054 - 03/11/25 1539
Route: Sublingual
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 03/11/25 1539 Documented: 03/11/25 1539	Unheld by provider	—	—	Performed by: Bann, Maralyssa Angelique, MD
Performed 03/09/25 2054 Documented: 03/09/25 2054	Held By Provider Other	—	—	Performed by: Asmeche, Habtam, MD Comments: Dry mucous membranes

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [372868671]

Ordering Provider: Arora, Pallavi Rajiv, MD
Ordered On: 03/09/25 2155
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/09/25 2226 - 03/11/25 2142
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.

Question	Answer	Comment
Butrans is a RESTRICTED medication. Which criteria does the patient meet?:	Continuation of home therapy	—

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/11/25 1741 Scheduled: 03/11/25 2142	Due (Medication Removed)	—	—	—
Performed 03/11/25 1700 Documented: 03/11/25 1739	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Bloom, Shannon K, RN Comments: removed and wasted in Pyxis with Alex, RN
Performed 03/09/25 2224 Documented: 03/09/25 2226	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Westerman, Jordan M, RN Scanned Package: 59011-750-04

enoxaparin (Lovenox) injection 40 mg [372860287]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2125 - 03/10/25 1808
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.

Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action	Dose	Route / Site	Other Information

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/09/25 2311 Documented: 03/09/25 2311	Given	40 mg	Subcutaneous Abdominal Tissue	Performed by: Westerman, Jordan M, RN Scanned Package: 63323-564-21

glycopyrrolate (Robinul) 0.2 mg [372980084]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1112
Ordered Dose (Remaining/Total): 0.2 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 1111 - 03/11/25 2142
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 03/10/25 1658 Documented: 03/10/25 1658	Unchart Other	—	Intravenous	Performed by: Baker, Cole D, RN

haloperidol lactate (Haldol) injection 0.5-2 mg [373139972]

Ordering Provider: Arora, Pallavi Rajiv, MD
Ordered On: 03/10/25 1856
Ordered Dose (Remaining/Total): 0.5-2 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: NOT to exceed 20 mg in 24 hours.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 1856 - 03/11/25 2142
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/11/25 0630 by Anderson, Noah R, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/11/25 0630 Documented: 03/11/25 0632	Given	0.5 mg	Intravenous	Performed by: Anderson, Noah R, RN Scanned Package: 67457-426-00

HYDROmorphone (Dilaudid) injection 0.1 mg [372855306]

Ordering Provider: de Monnin, Karlee, MD
Ordered On: 03/09/25 1803
Ordered Dose (Remaining/Total): 0.1 mg (0/3)
Frequency: Every 30 min PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Completed (Past End Date/Time)
Starts/Ends: 03/09/25 1803 - 03/09/25 1952
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1807 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/09/25 1952 Documented: 03/09/25 1954	Given	0.1 mg	Intravenous	Performed by: Lanphere, Tyler A, RN Scanned Package: 76045-009-96

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/09/25 1848 Documented: 03/09/25 1848	Given	0.1 mg	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1807 Documented: 03/09/25 1808	Given	0.1 mg	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 76045-009-96

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [372891407]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 0606
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 0606 - 03/11/25 1539
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/10/25 0800 by Rohr, Helen B, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/11/25 1100 Documented: 03/11/25 1102	Given	0.4 mg	Intravenous	Performed by: Bloom, Shannon K, RN Scanned Package: 0409-1283-03
Performed 03/11/25 0646 Documented: 03/11/25 0647	Given	0.4 mg	Intravenous	Performed by: Anderson, Noah R, RN Comments: CNPI 12. Yelling and thrashing Scanned Package: 0409-1283-03
Performed 03/10/25 2135 Documented: 03/10/25 2135	Given	0.4 mg	Intravenous	Performed by: Anderson, Noah R, RN Scanned Package: 0409-1283-03
Performed 03/10/25 1555 Documented: 03/10/25 1555	Given	0.4 mg	Intravenous	Performed by: Baker, Cole D, RN Scanned Package: 0409-1283-03
Performed 03/10/25 1118 Documented: 03/10/25 1118	Given	0.2 mg	Intravenous	Performed by: Rohr, Helen B, RN Scanned Package: 0409-1283-03
Performed 03/10/25 0800 Documented: 03/10/25 0859	Given	0.2 mg	Intravenous	Performed by: Rohr, Helen B, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [372884270]

Ordering Provider: Elsayed, Sarah Ibrahim Khamis, MD
Ordered On: 03/10/25 0211
Ordered Dose (Remaining/Total): 0.5 mg (-1/1)
Frequency: Once
Admin Instructions: Hold for sedation.

Status: Completed (Past End Date/Time)
Starts/Ends: 03/10/25 0242 - 03/10/25 0512
Route: Intravenous
Ordered Rate/Order Duration: — / —

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

If unable to tolerate PO or if there is a specific need for rapid onset.

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/10/25 0418 by Westerman, Jordan M, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 0512 Documented: 03/10/25 0513	Given	0.3 mg	Intravenous	Performed by: Westerman, Jordan M, RN Comments: pt still writhing inn pain gave other half of dose
Performed 03/10/25 0418 Documented: 03/10/25 0419	Given	0.2 mg	Intravenous	Performed by: Westerman, Jordan M, RN Scanned Package: 0409-1283-03

lactated ringers IV Bolus 500 mL [372828141]

Ordering Provider: de Monnin, Karlee, MD
Ordered On: 03/09/25 1354
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 03/09/25 1355 - 03/09/25 1809
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 03/09/25 20 G Left;Posterior Wrist	03/09/25 1407 by Bautista, Jayna Cassidy A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/09/25 1809 Documented: 03/09/25 1809	Stopped	0 mL 0 mL/hr 60 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN
Performed 03/09/25 1407 Documented: 03/09/25 1409	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Bautista, Jayna Cassidy A, RN Scanned Package: 0338-0117-04

lidocaine 4 % per patch 1 patch [372860269]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/10/25 0900 - 03/11/25 2142
Route: Topical
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to right hip. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/11/25 1741 Scheduled: 03/11/25 2142	Due (Medication Removed)	—	—	—
Performed 03/11/25 0842 Documented: 03/11/25 0844	Medication Applied	1 patch 12 Hours	Topical Right Hip	Performed by: Bloom, Shannon K, RN Scanned Package: 0536-1202-15

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/10/25 2021 Documented: 03/10/25 2021	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Anderson, Noah R, RN
Performed 03/10/25 0859 Documented: 03/10/25 0859	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Rohr, Helen B, RN Scanned Package: 0536-1202-15

morphine CONCENTRATED solution 5 mg [372980282]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1112
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1112 - 03/10/25 1409
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 1127 Documented: 03/10/25 1127	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5 mg [373052620]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1409
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 2 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1409 - 03/10/25 1445
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 1422 Documented: 03/10/25 1422	Given	5 mg	Oral	Performed by: Baker, Cole D, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5-10 mg [373065322]

Ordering Provider: Bann, Maralyssa Angelique, MD
Ordered On: 03/10/25 1445
Ordered Dose (Remaining/Total): 5-10 mg (—/—)
Frequency: Every 2 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/10/25 1445 - 03/11/25 1115
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/11/25 1036 Documented: 03/11/25 1036	Given	10 mg	Oral	Performed by: Bloom, Shannon K, RN
Performed 03/11/25 0842 Documented: 03/11/25 0844	Given	10 mg	Oral	Performed by: Bloom, Shannon K, RN Scanned Package: 68094-045-01

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Medication Administrations (continued)

Performed 03/11/25 0522 Documented: 03/11/25 0523	Given	10 mg	Oral	Performed by: Anderson, Noah R, RN Comments: see CNPI 12 Scanned Package: 68094-045-01
Performed 03/10/25 2126 Documented: 03/10/25 2128	Not Given See Comments	10 mg	Oral	Performed by: Anderson, Noah R, RN Comments: see CNPI Pt refusing to allow syringe near mouth
Performed 03/10/25 1858 Documented: 03/10/25 1858	Given	10 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 68094-045-01
Performed 03/10/25 1653 Documented: 03/10/25 1653	Given	10 mg	Oral	Performed by: Baker, Cole D, RN Scanned Package: 68094-045-01
Performed 03/10/25 1548 Documented: 03/10/25 1608	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Comments: most came out of mouth onto patient's cheek because she was thrashing, gave IV dilaudid after so patient has pain relief.

oxyCODONE CONCENTRATED solution 2.6-5 mg [372860270]

Ordering Provider: Asmeche, Habtam, MD
Ordered On: 03/09/25 2054
Ordered Dose (Remaining/Total): 2.6-5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Hold for sedation, RR<12 and SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/09/25 2054 - 03/10/25 1112
Route: Oral
Ordered Rate/Order Duration: — / —
Med loaded in 7e med pyxis. Go to override, then search "patient" and look for "patient controlled med (rx/extemp)" pocket.

Timestamps	Action	Dose	Route	Other Information
Performed 03/10/25 0937 Documented: 03/10/25 0937	Given	5 mg	Oral	Performed by: Rohr, Helen B, RN Scanned Package: 0406-8557-30
Performed 03/10/25 0157 Documented: 03/10/25 0158	Given	5 mg	Oral	Performed by: Westerman, Jordan M, RN Scanned Package: 0406-8557-30

Other Orders (group 1 of 2)

Admission

Admit to Inpatient (Completed)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Completed**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Once 03/09/25 1908 - 1 occurrence
Quantity: 1

Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Asmeche, Habtam, MD (auto-released) 3/9/2025 7:13 PM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Questionnaire

Question	Answer
Level of Care	Acute Care
Provider Care Team	H HOSPITAL MEDICINE 6
ADT SERVICE	MEDICINE HOSPITALIST OVERFLOW ADULT
Are they the primary team?	Yes
Remove all existing teams?	No

Updates

Admitting provider: Asmeche, Habtam, MD
Attending provider: Asmeche, Habtam, MD
Diagnosis: Failure to thrive in adult [R62.7]
Patient class: Inpatient

Consult

Inpatient Consult to Palliative Care (Completed)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 0745**
Status: **Completed**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 0745
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Once 03/10/25 0745 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 7:45 AM

Questionnaire

Question	Answer
Provider Care Team	H PALLIATIVE CARE
Requestors Pager/Contact:	Bann x48614
Reason for Consult?	complicated goals of care discussions, long course at UWMC, discharged on comfort measures, family brought pt here
Psychosocial & Spiritual Support	Goals of Care Family support

CORE MEASURES

Comfort Measures Only (Completed)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Completed**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Once 03/10/25 1108 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM

IV

IV Line - Saline lock (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913**
Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
IV Manage:	Saline lock

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Medications

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
Frequency: STAT Once 03/09/25 1355 - 1 occurrence Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1400 for Placing Order
Package: 0338-0117-04

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1354** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1354 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
Frequency: Routine Once 03/09/25 1355 - 1 occurrence Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1400 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	One-time dose for use in the ED
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

HYDROmorphone (Dilaudid) injection 0.1 mg (Completed)

Electronically signed by: **de Monnin, Karlee, MD on 03/09/25 1803** Status: **Completed**
Ordering user: de Monnin, Karlee, MD 03/09/25 1803 Ordering provider: de Monnin, Karlee, MD
Authorized by: de Monnin, Karlee, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: STAT q30 min PRN 03/09/25 1803 - 3 occurrences Class: Normal
Acknowledged: Bautista, Jayna Cassidy A, RN 03/09/25 1809 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-4264-01

HYDROmorphone (Dilaudid) 1 MG/ML injection ADS Override Pull (Completed)

Electronically signed by: **Bautista, Jayna Cassidy A, RN on 03/09/25 1804** Status: **Completed**
Ordering user: Bautista, Jayna Cassidy A, RN 03/09/25 1804 Ordering mode: Standard
Frequency: 03/09/25 1804 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 76045-009-96

atropine 1% sublingual solution 2 drop (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/09/25 2054 - 03/11/25 1539 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1539
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Bloom, Shannon K, RN 03/11/25 1540 for D/C Order
Admin instructions: Administer SUBLINGUALLY
Package: 9999-0018-12
Reordered from: atropine 1% ophthalmic solution (for oral use)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/11/25 1539	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

lidocaine 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q24h 03/10/25 0900 - 03/11/25 2142 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order
Admin instructions: Apply to right hip. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 0536-1202-15
Status
Kim, Daniel, PharmD 03/09/25 2055 (Start: 03/09/25 2125 to 03/10/25 0900)
Reordered from: lidocaine 4 % patch

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 03/09/25 2054 - 03/10/25 1112 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1112
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Westerman, Jordan M, RN 03/09/25 2118 for Modifying Order Rohr, Helen B, RN 03/10/25 1112 for D/C Order
Admin instructions: Hold for sedation, RR<12 and SBP <90
Med loaded in 7e med pyxis. Go to override, then search "patient" and look
for "patient controlled med (rx/extemp)" pocket.
Package: 0406-8557-30
Status
Asmeche, Habtam, MD 03/09/25 2116 (Admin Instructions edited)
Hossler, Jasmine M, PharmD 03/09/25 2333 (Admin Instructions edited)
Reordered from: oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1112	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2116	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q8h PRN 03/09/25 2054 - 03/09/25 2114 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Asmeche, Habtam, MD 03/09/25 2114
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Westerman, Jordan M, RN 03/09/25 2114 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity	Yes

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 0781-3156-06
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q HS 03/09/25 2125 - 03/10/25 1808 Class: Normal
Released by: Westerman, Jordan M, RN 03/09/25 2054 Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1808
Acknowledged: Westerman, Jordan M, RN 03/09/25 2055 for Placing Order Rohr, Helen B, RN 03/10/25 1813 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-564-21

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1808	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2054	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Westerman, Jordan M, RN
03/09/25 1913	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 2114** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 2114 Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD Ordering mode: Standard
Frequency: Routine q8h 03/09/25 2145 - 03/10/25 0849 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 0849
Acknowledged: Westerman, Jordan M, RN 03/09/25 2114 for Placing Order Rohr, Helen B, RN 03/10/25 0851 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Package: 63323-434-41
Modified from: acetaminophen (Ofirmev) IV 1,000 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 0849	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/09/25 2114	Asmeche, Habtam, MD	Asmeche, Habtam, MD	Asmeche, Habtam, MD

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Arora, Pallavi Rajiv, MD on 03/09/25 2155** Status: **Discontinued**
Ordering user: Arora, Pallavi Rajiv, MD 03/09/25 2155 Ordering provider: Arora, Pallavi Rajiv, MD
Authorized by: Arora, Pallavi Rajiv, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 03/09/25 2226 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Westerman, Jordan M, RN 03/09/25 2236 for Placing Order

Questionnaire

Question	Answer
Butrans is a RESTRICTED medication. Which criteria does the patient meet?	Continuation of home therapy

Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 59011-750-04
Reordered from: buprenorphine 5 MCG/HR patch

HYDROmorphone (Dilaudid) injection 0.5 mg (Completed)

Electronically signed by: **Elsayed, Sarah Ibrahim Khamis, MD on 03/10/25 0211** Status: **Completed**
Ordering user: Elsayed, Sarah Ibrahim Khamis, MD 03/10/25 0211 Ordering provider: Elsayed, Sarah Ibrahim Khamis, MD
Authorized by: Elsayed, Sarah Ibrahim Khamis, MD Ordering mode: Standard
Frequency: Routine Once 03/10/25 0242 - 1 occurrence Class: Normal
Acknowledged: Westerman, Jordan M, RN 03/10/25 0214 for Placing Order
Admin instructions: Hold for sedation.

If unable to tolerate PO or if there is a specific need for rapid onset.
Package: 0409-1283-31

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Elsayed, Sarah Ibrahim Khamis, MD on 03/10/25 0606** Status: **Discontinued**
Ordering user: Elsayed, Sarah Ibrahim Khamis, MD 03/10/25 0606 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: severe pain breakthrough pain
PRN Comment: if oral options ineffective or unable to tolerate PO
Frequency: Routine q4h PRN 03/10/25 0606 - 03/11/25 1539 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1539
Acknowledged: Westerman, Jordan M, RN 03/10/25 0608 for Placing Order Rohr, Helen B, RN 03/10/25 1813 for Modifying Order Bloom, Shannon K, RN 03/11/25 1540 for D/C Order
Admin instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication
Package: 0409-1283-03
Status
Bann, Maralyssa Angelique, MD 03/10/25 1808 (Admin Instructions edited)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/10/25 1808	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD	Bann, Maralyssa Angelique, MD
03/10/25 0606	Elsayed, Sarah Ibrahim Khamis, MD	Elsayed, Sarah Ibrahim Khamis, MD	Elsayed, Sarah Ibrahim Khamis, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 03/10/25 1107 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: Use first.
Package: 0536-1355-01

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain fever
Frequency: Routine q4h PRN 03/10/25 1108 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen or for fever
Package: 45802-730-30

petrolatum topical ointment (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: dry skin
Frequency: Routine BID PRN 03/10/25 1108 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Admin instructions: Apply to dry skin
Package: 0536-1143-98

morphine CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q3h PRN 03/10/25 1110 - 03/10/25 1112 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1112
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order Rohr, Helen B, RN 03/10/25 1118 for D/C Order
Admin instructions: Start with lowest effective dose.

glycopyrrolate (Robinul) 0.2 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/10/25 1111 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Package: 0143-9587-25

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q3h PRN 03/10/25 1112 - 03/10/25 1409 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1409
Acknowledged: Rohr, Helen B, RN 03/10/25 1118 for Placing Order Baker, Cole D, RN 03/10/25 1426 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 2.6-5 mg

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1409** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1409 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/10/25 1409 - 03/10/25 1445 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1445
Acknowledged: Baker, Cole D, RN 03/10/25 1426 for Placing Order Rohr, Helen B, RN 03/10/25 1459 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 5-10 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1445** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1445 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/10/25 1445 - 03/11/25 1115 Class: Normal
Discontinued by: Bann, Maralyssa Angelique, MD 03/11/25 1115
Acknowledged: Rohr, Helen B, RN 03/10/25 1459 for Placing Order Bloom, Shannon K, RN 03/11/25 1201 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01
Modified from: morphine CONCENTRATED solution 5 mg

haloperidol lactate (Haldol) injection 0.5-2 mg (Discontinued)

Electronically signed by: **Arora, Pallavi Rajiv, MD on 03/10/25 1856** Status: **Discontinued**
Ordering user: Arora, Pallavi Rajiv, MD 03/10/25 1856 Ordering provider: Arora, Pallavi Rajiv, MD
Authorized by: Arora, Pallavi Rajiv, MD Ordering mode: Standard
PRN reasons: agitation anxiety
Frequency: Routine q4h PRN 03/10/25 1856 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1857 for Placing Order
Admin instructions: NOT to exceed 20 mg in 24 hours.
Package: 67457-426-00

morphine CONCENTRATED solution 10-20 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/11/25 1115** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/11/25 1115 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine Q2 Hours PRN 03/11/25 1115 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Bloom, Shannon K, RN 03/11/25 1201 for Placing Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Status
Stauch, Katherine Grace McKay, PharmD 03/11/25 1134 (Start: 03/11/25 1115 to 03/11/25 1115)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 1 of 2) (continued)

Modified from: morphine CONCENTRATED solution 5-10 mg

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/11/25 1539** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/11/25 1539 Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD Ordering mode: Standard
PRN reasons: severe pain breakthrough pain
PRN Comment: if oral options ineffective or unable to tolerate PO
Frequency: Routine Q2 Hours PRN 03/11/25 1539 - 03/11/25 2142 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient discharge]
Acknowledged: Bloom, Shannon K, RN 03/11/25 1540 for Placing Order
Admin instructions: Prioritize oral morphine solution first; if pt appears to be in severe pain after administration may given IV medication
Package: 0409-1283-17
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2)

Nursing

Vital Signs (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine q8h 03/10/25 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1113

Intake and Output (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine q shift 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Notify Provider for the Following Vital Signs (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Temperature greater than	38.3
Systolic blood pressure greater than	170
Systolic blood pressure less than	90
Diastolic blood pressure greater than	110
Diastolic blood pressure less than	60
Heart rate greater than	125
Heart rate less than	55
Respiratory rate greater than	25
Respiratory rate less than	12
SpO2 less than	92

Initiate Sepsis Order Set (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Bann, Maralyssa Angelique, MD 03/10/25 1113
Order comments: - If pt meets SIRS > = 2 AND concern for new or worsening infection, RN to: 1) Complete Sepsis screen, 2) Notify Primary Provider, 3) Initiate SOS Sepsis Order Set. - SIRS Criteria: HR > 90, RR > 20, T < 36 or > 38, WBC < 4000 or > 12000.

If Pt Smoker / Tobacco User, Initiate NRT (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Once 03/09/25 2055 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Reference Link 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Reference Link 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Activity: Bed rest; Frailty, suspected EOL (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Authorized by: Asmeche, Habtam, MD
Frequency: Routine Until discontinued 03/09/25 2055 - Until Specified
Quantity: 1
Ordering provider: Asmeche, Habtam, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Activity Level:	Bed rest
Clinical Indication and End Point:	Frailty, suspected EOL

External Urinary/Condom Catheter (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine PRN 03/10/25 1107 - Until Specified
Quantity: 1
Ordering provider: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Class: Hospital Performed
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Acknowledged: Rohr, Helen B, RN 03/10/25 1112 for Placing Order
Order comments: PRN for incontinence.

Notify Provider of Inadequate Pain and/or Symptom Relief (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Quantity: 1
Ordering provider: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Comfort Measures Only (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Authorized by: Bann, Maralyssa Angelique, MD
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Pain Assessment (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Order comments: Assess for pain & symptoms and document Q4 hours. Assess patient more or less frequently per family/patient preference. In addition, document assessment before and after bolus doses and/or infusion rate changes.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]
Order comments: Complete Nursing Checklist (see evidence link) Utilize available resources for the patient and/or family: bereavement packet, comfort care cart for legacy supplies & other material, comfort tray from nutrition. Skin care: offer skin care and repositioning every 2 hours and prn; adjust schedule per family/patient preference, with comfort being the goal. Oral care: offer oral care every 4 hours and prn, including mouth moistening, cleaning/brushing and lip balm. Adjust schedule per family/patient preference with comfort being the goal. Suction as needed for comfort. Avoid deep suctioning when possible.

REF LINK: Comfort Care Links (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Reference Link 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

REF LINK: Comfort Care Opioid Decision Tree (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Reference Link 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112**
Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 1109 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
WHEN:	treatment/procedure complete

Order comments: Comfort care opioids and benzodiazepines for NON/POST respiratory support withdrawal panels

Precaution

Aspiration Precautions (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 0837** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 0837
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/10/25 0837 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 8:37 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Respiratory Care

Oxygen Therapy Nasal Cannula; Other (Specify); for comfort; Oxygen 2 L/min (Discontinued)

Electronically signed by: **Bann, Maralyssa Angelique, MD on 03/10/25 1112** Status: **Discontinued**
Ordering user: Bann, Maralyssa Angelique, MD 03/10/25 1112
Ordering provider: Bann, Maralyssa Angelique, MD
Authorized by: Bann, Maralyssa Angelique, MD
Ordering mode: Standard
Frequency: Routine Continuous 03/10/25 1108 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bann, Maralyssa Angelique, MD (auto-released) 3/10/2025 11:12 AM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Oxygen Delivery Route	Nasal Cannula
Titrate Oxygen	Other (Specify)
Special Instructions	for comfort
Initial Oxygen Amount	Oxygen 2 L/min

Order comments: Apply PRN SOB/dyspnea if opioids are ineffective. Start at 2L/min via nasal cannula & adjust to patient comfort. Discontinue if causing discomfort.

SLP

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Asmeche, Habtam, MD on 03/09/25 1913** Status: **Discontinued**
Ordering user: Asmeche, Habtam, MD 03/09/25 1913
Ordering provider: Asmeche, Habtam, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 03/09/25 2055 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Westerman, Jordan M, RN (auto-released) 3/9/2025 8:54 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	HMC INPATIENT 20
Reason for Consult	Swallow evaluation and treat

Supplies

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Other Orders (group 2 of 2) (continued)

Knee immobilizer (Discontinued)

Electronically signed by: **Sliepka, Joseph Michael, MD on 03/09/25 2111** Status: **Discontinued**
Ordering user: Sliepka, Joseph Michael, MD 03/09/25 2111
Ordering provider: Sliepka, Joseph Michael, MD
Authorized by: Asmeche, Habtam, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/09/25 2111 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Sliepka, Joseph Michael, MD (auto-released) 3/9/2025 9:11 PM
Discontinued by: Discharge Provider, Automatic 03/11/25 2142 [Patient Discharge]

Questionnaire

Question	Answer
Laterality:	Right
Wearing Schedule (right):	At all time
Allow removal for skin check?	Yes

Flowsheets

Abuse Indicators

Row Name	03/09/25 1253
Have there been threats or direct abuse of you or your children?	Unable to assess
Is someone forcing you to have sex?	Unable to assess
Is anyone keeping you from your family?	Unable to assess
Unable to assess? Indicate reason:	Clinical condition

Acuity/Destination

Row Name	03/09/25 1254
Patient Acuity	Urgent
Triage Complete	Triage complete

Arrival Documentation

Row Name	03/09/25 1249
Triage Start	Start
Prehospital Treatment	Yes
Transport Service	bainbridge
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist

Attending Physician Notification

Row Name	03/11/25 1702
Attending Provider Notified	Yes
Attending	Maralyssa Bann

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Providers Name	
Attending Notification Route	At Bedside

Basic Assessment

Row Name	03/09/25 1415
Neuro (WDL)	Exceptions to WDL
Best Eye Response	Spontaneous
Best Verbal Response	Incomprehensible sounds
Best Motor Response	Localizes pain
Glasgow Coma Scale Score	11
Orientation Level	Disoriented to place;Disoriented to time;Disoriented to situation;Disoriented to person
Cognition	Unable to follow commands;Poor attention/concentration
Speech	**Incomprehensible**
HEENT (WDL)	Exceptions to WDL
Mucous Membrane(s)	**Dry**
Teeth	Dentures removed
Respiratory (WDL)	Exceptions to WDL
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Regular
Heart Sounds	S1, S2
Peripheral Vascular (WDL)	Exceptions to WDL
Capillary Refill	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;L femoral;R dorsalis pedis
R Radial Pulse	Moderate
L Radial Pulse	Moderate
L Femoral Pulse	Moderate
R Dorsalis Pedis Pulse	Moderate
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Skin Condition/Temp	Warm;Dry
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Musculoskeletal (WDL)	Exceptions to WDL
RLE	**Injury/trauma**
LLE	**Amputation**
Gastrointestinal (WDL)	Within Defined Limits
Genitourinary (WDL)	Within Defined Limits
Psychosocial (WDL)	Within Defined Limits
Charting Type	Shift assessment

Basic Assessment

Row Name	03/11/25 1530	03/11/25 0730	03/10/25 2020	03/10/25 0930	03/10/25 0300
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	—	—	Responds to pain	Responds to pain	—
Orientation Level	—	—	Unable to assess	Unable to assess	—
Cognition	—	—	Unable to follow commands	Unable to follow commands	—
Speech	—	—	Incomprehensible	Incomprehensible	—
Swallow	—	—	Chokes on solids;Chokes on liquids	Chokes on solids;Chokes on liquids	—
Pupil Assessment	—	—	No	—	—
R Hand Grasp	—	—	Strong	Strong	—
L Hand Grasp	—	—	Strong	Strong	—
RUE Motor Response	—	—	Normal extension	Normal extension	—
RUE Sensation	—	—	Unable to assess	Unable to assess	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	Unable to assess	Unable to assess	—
LUE Sensation	—	—	Unable to assess	Unable to assess	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	Movement to painful stimulus	Movement to painful stimulus	—
RLE Sensation	—	—	Pain	Pain	—
RLE Motor Strength	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—
LLE Motor Response	—	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

LLE Sensation	—	—	Unable to assess	Unable to assess	—
Neuro Symptoms	—	—	Agitation;Anxiety	Agitation;Anxiety	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Incomprehensible sounds	—
Best Motor Response	—	—	—	Withdraws to pain	—
Glasgow Coma Scale Score	—	—	—	10	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	—	—	Severely impaired vision	Severely impaired vision	—
L Eye	—	—	Severely impaired vision	Severely impaired vision	—
R Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	—	Dry	Dry	—
Throat	—	—	Dry	Dry	—
Tongue	—	—	Dry	Dry	—
Voice	—	—	Hoarse	Hoarse	—
Mucous Membrane(s)	—	—	Dry;Lesions	Dry;Lesions	—
Teeth	—	—	—	Dentures removed	—
Respiratory (WDL)	—	Exceptions to WDL	Within Defined Limits	Within Defined Limits	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	Irregular	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Cardiac (WDL)	—	Exceptions to WDL	Within Defined Limits	Within Defined Limits	—
Cardiac Regularity	—	—	Regular	—	—
Peripheral Vascular (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Radial Pulse	—	—	Weak	Weak	—
L Radial Pulse	—	—	Weak	Weak	—
R Dorsalis Pedis Pulse	—	—	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Unable to assess	—
RLE Edema	—	—	—	Mild	—
RLE Capillary Refill	—	—	Greater than 2 seconds	Greater than 2 seconds	—
RLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
RLE Temperature/Moisture	—	—	Warm	Warm	—
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
Skin Condition/Temp	—	—	Warm;Dry	Warm;Dry	—
Skin Integrity	—	—	See Wound/Burn LDA(s);Other	See Wound/Burn LDA(s);Other	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

			(Comment)	(Comment)	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	—	—	Limited movement	Limited movement	—
LUE	—	—	Limited movement	Limited movement	—
RLE	—	—	Limited movement;Immobilizer;Injury/trauma	Limited movement;Immobilizer;Injury/trauma	—
LLE	—	—	Amputation	Amputation	—
Gastrointestinal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
GI Symptoms	—	—	—	Loss of appetite;Other (Comment)	—
Genitourinary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	—	Restless;Agitated;Nonverbal	Restless;Agitated;Nonverbal	Restless;Agitated	—
Ability to Express Feelings	—	—	Unable to express	—	—
Ability to Express Needs	—	—	Unable to express	—	—
Ability to Express Thoughts	—	—	Unable to express	—	—
Ability to Understand Others	—	—	Sometimes understands	—	—
Charting Type	—	—	Shift assessment	—	—
Nursing Annotation	—	—	—	—	pt son states "If she doesnt get this surgery, she' wont last long. If she gets this surgery, she could live indefinitly."

Row Name	03/09/25 2100
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Responds to voice
Orientation Level	Disoriented x4
Cognition	Unable to follow commands;Poor attention/concentration
Speech	Incomprehensible
R Hand Grasp	Moderate
L Hand Grasp	Moderate
R Foot	2-Can move on bed

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Dorsiflexion	but unable to lift
L Foot Dorsiflexion	Not tested
R Foot Plantar Flexion	2-Can move on bed but unable to lift
L Foot Plantar Flexion	Not tested
RUE Motor Response	Normal extension
RUE Sensation	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	Unable to assess
LUE Sensation	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	Movement to painful stimulus
RLE Sensation	Pain
RLE Motor Strength	2-Can move on bed but unable to lift
LLE Motor Response	Unable to assess;Other (Comment)
LLE Sensation	Unable to assess
HEENT (WDL)	Exceptions to WDL
R Eye	Moderately impaired vision
L Eye	Moderately impaired vision
R Ear	Moderate hearing loss
L Ear	Moderate hearing loss
Lips	Dry
Throat	Dry
Tongue	Dry
Voice	Hoarse
Mucous Membrane(s)	Dry;Lesions
Teeth	Dentures removed
Respiratory (WDL)	Exceptions to WDL
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear;Expiratory wheezes
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Regular
Pacemaker Type	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

R Radial Pulse	Moderate
L Radial Pulse	Moderate
R Dorsalis Pedis Pulse	Moderate
L Dorsalis Pedis Pulse	Unable to assess
RLE Edema	Mild
RLE Capillary Refill	Greater than 2 seconds
RLE Color	Appropriate for ethnicity
RLE Temperature/Moisture	Warm
LLE Capillary Refill	Greater than 2 seconds
LLE Color	Appropriate for ethnicity
LLE Temperature/Moisture	Warm
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Other (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow
Peri-Wound Assessment	Dry;Intact
Closure	None
Dressing	Mepilex Border
Dressing Changed	Changed
Dressing Status	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Musculoskeletal (WDL)	Exceptions to WDL
RUE	Limited movement
LUE	Limited movement
RLE	Limited movement;Immobilizer;Injury/trauma
LLE	Amputation
Gastrointestinal (WDL)	Exceptions to WDL
Last BM Date	03/08/25
Genitourinary (WDL)	Exceptions to WDL
Psychosocial (WDL)	Exceptions to WDL

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Patient Behaviors/Mood	Restless
Ability to Express Feelings	Needs assistance
Ability to Express Needs	Needs assistance
Ability to Express Thoughts	Needs assistance

Complex Vitals

Row Name	03/09/25 1930
Pulse	95
Resp	20
BP	**156/67** !
MAP (mmHg)	112
SpO2	100 %

Custom Formula Data

Row Name	03/11/25 1100	03/11/25 0840	03/11/25 0800	03/10/25 2135	03/10/25 2126
Braden / Braden Q Calculated Score	—	—	11	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	5	—	—
Communication/Sensory Score	—	—	2	—	—
Behavior Score	—	—	3	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	Positive	Positive

Row Name	03/10/25 2023	03/10/25 1653	03/10/25 1555	03/10/25 1300	03/10/25 1223
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	3	—	—	—	3
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	4	—	—	—	4
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	5	—	—	—	5
Communication/Sensory Score	3	—	—	—	3
Behavior Score	3	—	—	—	3
Fall Risk	26 (Hester Davis)	—	—	—	26 (Hester Davis)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Calculated Score					
Feature 3: Altered Level of Consciousness	—	Positive	Positive	Positive	—
Row Name	**03/10/25 0930**	**03/10/25 0836**	**03/10/25 0800**	**03/10/25 0418**	**03/09/25 2200**
Temp (in Celsius) for APACHE IV	—	36.9	—	—	—
Glasgow Coma Scale Numeric	10	—	—	—	—
BMI (Calculated)	—	—	—	—	20.19
BSA (Calculated - sq m)	—	—	—	—	1.41 sq meters
BMI (Calculated)	—	—	—	—	20.2
IBW/kg (Calculated) Female	—	—	—	—	45.5 kg
Admission Weight (kg)	—	—	—	—	46.8
Dubois BSA	—	—	—	—	1.41 (m^2)
Weight taken by scale (kg)	—	—	—	—	46.8 kilograms
Weight kg (view-only)	—	—	—	—	46.8
BMI (Calculated)	—	—	—	—	20.19
IBW (Calculated, kg)	—	—	—	—	45.5
Proposed Low Range Vt 6mL/kg	—	—	—	—	273 mL/kg
Proposed Moderate Range Vt 8mL/kg	—	—	—	—	364 mL/kg
Proposed High Range Vt 10mL/kg	—	—	—	—	455 mL/kg
Hamwi IBW/kg (Calculated) Female	—	—	—	—	45.36
Body Surface Area (Calculated)	—	—	—	—	1.41
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1650.8 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	46.8 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1650.8 ounces
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	—
Percentage of IBW (Female)	—	—	—	—	103.17
Weight in (lb) to have BMI = 25	—	—	—	—	127.7
Row Name	**03/09/25 2114**	**03/09/25 2113**	**03/09/25 2053**	**03/09/25 1415**	**03/09/25 1324**
Temp (in Celsius) for APACHE IV	—	—	36.6	—	36.5
Glasgow Coma Scale Numeric	—	—	—	11	—
Braden / Braden Q Calculated	—	11	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Score					
Received flu vaccine	—	Yes	—	—	—
Mobility Score	5	—	—	—	—
Medications Score	1	—	—	—	—
Mental Status/LOC/Awareness Score	9	—	—	—	—
Toileting Needs Score	6	—	—	—	—
Volume/Electrolyte Status Score	5	—	—	—	—
Communication/Sensory Score	3	—	—	—	—
Behavior Score	6	—	—	—	—
Fall Risk Calculated Score	41 (Hester Davis)	—	—	—	—
Row Name	**03/09/25 1253**				
Temp (in Celsius) for APACHE IV	36.3				

Daily Cares/Safety

Row Name	**03/11/25 1530**	**03/11/25 1500**	**03/11/25 1355**	**03/11/25 1200**	**03/11/25 1000**
Family/Significant Other Update	—	Visiting	—	Visiting	—
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Repositioned	Lying left side;Pillow support	—	Lying left side	Refused by patient	Refused by patient
Preventative Border Silicone Dressing Location	Sacrum	—	—	—	—
Skin Under Sacrum Dressing Assessed?	Yes	—	—	—	—
Sacrum Dressing Status	Clean	—	—	—	—
Hygiene	Peri care;Partial linen change	—	—	—	—
Row Name	**03/11/25 0800**	**03/10/25 2113**	**03/10/25 1913**	**03/10/25 1628**	**03/10/25 1444**
Repositioned	Supine	Refused by patient	Semi Fowler's;Pillow support	Supine;Pillow support	Lying right side
Positioning Devices	—	Turn & Position Device	Turn & Position Device	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	—
Pressure Redistribution	—	Pillows	Pillows	—	—
Row Name	**03/10/25 1229**	**03/10/25 1113**	**03/10/25 0913**	**03/10/25 0713**	**03/10/25 0550**
Repositioned	Supine;Pillow support	Lying left side	Lying right side	Supine	—
Oral Care	—	—	—	—	Suction toothette toothbrush
Row Name	**03/10/25 0513**	**03/10/25 0313**	**03/10/25 0200**	**03/09/25 2307**	**03/09/25 2200**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Repositioned	Lying right side	Supine	Lying left side	Supine	—
Oral Care	—	—	—	—	Suction toothette toothbrush;with half strength hydrogen peroxide

Row Name	03/09/25 2113
Repositioned	Lying right side

Disability/ADL Screening

Row Name	03/09/25 2100
Do you have any physical, mental or emotional impairments your care team should be aware of?	Deaf, d/Deaf, or hard of hearing
How do any of the identified impairments affect your ability to perform daily activities?	Hearing
Assistive Devices	Dentures upper;Dentures lower

Discharge Planning

Row Name	03/11/25 1200	03/10/25 0800
Assessment Need	Discharge planning	—
Discharge Planning Assessment Type	Discharge Planning Assessment (Chart Review)	—
Is an interpreter used?	No	—
Is this a planned admission?	No	—
Admission Source	Admitted through ED	—
Patient declined discharge planning evaluation/assistance	No	—
Living situation prior to admit	Skilled Nursing Facility	—
PTA-Name of Facility	—	—
Prior to Admit Patient felt needs were met in living situation	Unable to assess/deferred	—
Home Accessibility Barriers	Other (Comment)	—
Primary Caregiver	Facility	—
Support Systems	Children	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Functional Limitations Prior to Admit	Physical Limitations;Cognitive Limitations	Physical Limitations
Access to Healthcare Prior to Admit	No/minimal barriers to healthcare	—
PTA-Independent with ADLs?	No	—
PTA-Memory Adequate to Safely Complete Daily Activities	No	—
PTA- Adequate self-medication management	No	—
PTA-Patient Able to Express Needs/Desires	Unable to assess	—
PTA-Dressing	Dependent	—
PTA-Feeding	Dependent	—
PTA-Bathing	Dependent	—
PTA-Toileting	Dependent	—
PTA-In/Out Bed	Dependent	—
PTA-Walks in Home	Dependent	—
PTA-Assistive Devices	—	—
Address/Phone in Demographics Verified?	No	—
Payor Verified?	Primary verified	—
Financial Issues/Information	Needs longterm care for placement	—
PCP Verified?	Unable to verify	—
Pharmacy Verified?	Unable to verify	—
Emergency Contact Verified?	Yes	—
Initial Discharge Planning Assessment Complete	—	Yes
Patient Discharge Goals	—	Uncertain
Discharge complexity	3-Complex	3-Complex
Patient provided information on post-discharge facilities,services/vendors	N/A	—
Anticipated Resources/Services Needed Upon Discharge	Hospice;Palliative care	—
Living situation post discharge	Skilled Nursing Facility	—
Potential barriers to Discharge	Other	—
Patient expects to be discharged	TBD; imminent death	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

to:		
Substance Use History Indicated?	Unable to Assess/Deferred	—
Post Discharge Caregiver Contact Information	TBD	—
Post Discharge Caregiver Confirmation	Other	—
Post Discharge Caregiver Level of Assistance	24hrs, total physical care	—
Assistance Needed at Discharge	Palliative care or hospice	—
Does the patient need discharge transport arranged?	No	—
Has discharge transport been arranged?	No	—
Transportation Funding Method	DSHS/Hopelink	—
Transportation Type	Ambulance, BLS	—

ED Fall Risk Assessment

Row Name	03/09/25 1254
Altered Mental Status?	yes
Present to ED Due To Fall?	No
Age greater than 70?	Yes
Impaired Mobility?	Yes
Nursing Judgement	Yes
Intervention Score	4
Safety Interventions	**Defer to bedside nurse** !

ED Quick Updates

Row Name	03/09/25 1939	03/09/25 1826	03/09/25 1809
Updates	**Family updated**	—	—
Quick Updates - Free Text	**patient cleaned up and changed**	**Medicine team at bedside**	**Per EM resident, awaiting ortho reccs if we need new xrays or not. Pain medicine ordered for pt, pt continuinally moaning out. Not following**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

commands.

ESET(Emergency Safety Evaluation Tool)

Row Name	03/09/25 1254
ESET (Emergency Safety Evaluation Tool) Safety Screening Complete	Yes

Family Notification

Row Name	03/11/25 1701
Was the family notified?	Yes
Date Notified	03/11/25
Notified by	Present at bedside
Name of Family Notified of Death	Louis Charles Hoffmann Alloin
Contact Person Relationship to Patient	Son

Geriatric Screening

Row Name	03/09/25 2113
Unable to Assess	Yes

Healthcare Advanced Directive

Row Name	03/10/25 1253
Informed the team that there is a Healthcare Advanced Directive	Yes
Type of Advance Directive	Power of Attorney-Healthcare

Homicidal Ideation

Row Name	03/09/25 1254
Homicidal Assessment	Assessment Deferred

Hospital Autopsy Request

Row Name	03/11/25 1702
Hospital Autopsy Request	Unable to contact legal next of kin at time of death
Autopsy consent completed?	After Death Service to call next of kin

I/O

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Row Name	03/11/25 1533	03/11/25 1530	03/11/25 1341	03/11/25 1000	03/10/25 0515
Dose	—	—	—	—	*1000 mg
Volume (mL)	—	—	—	—	200
Unmeasured Urine Occurrence	—	1	0	0	—
Urinary Incontinence	—	Yes	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
External Urinary Device Properties	Placement Date: 03/11/25 Placement Time: 1530				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Clean	—	—	—	—

Row Name	03/10/25 0300	03/09/25 2232	03/09/25 1809	03/09/25 1441	03/09/25 1407
Dose	—	—	*0 mL	—	*500 mL
Rate	—	—	0 mL/hr	—	500 mL/hr
Dose	—	—	*0 mg	*1000 mg	—
Dose	—	*1000 mg	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Amount	Medium	—	—	—	—
Urine Color	Yellow/straw	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

IV Assessment

Row Name	03/10/25 2021	03/10/25 0900	03/09/25 2101	03/09/25 2100
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist			
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Saline locked;Flushed without resistance;Disinfecting cap(s) present	Saline locked;Flushed without resistance	Saline locked	Saline locked
Dressing Type	Transparent;Securement device	Transparent;Securement device	Other (Comment)	Other (Comment)
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

LACE+ Score

Row Name	03/11/25 1742
LACE+ Score	21

Lines/Drains/Airways

Row Name	03/11/25 0730	03/10/25 0900	03/09/25 2305	03/09/25 2302
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25			
External Urinary Device Properties	Placement Date: 03/11/25 Placement Time: 1530			
IV Properties	Placement Date: 03/09/25 Placement Time: 1400 Inserted by: JB Insertion attempts: 1 Site Prep: Chlorhexidine Technique: Anatomical landmarks Size (Gauge): 20 G Orientation: Left;Posterior Location: Wrist			
Site Assessment	Clean;Dry;Intact	—	—	—
Line Status	Saline locked;Flushed	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	without resistance;Disinfecting cap(s) present			
Dressing Type	Transparent;Securement device	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated			
Wound Bed/Base Assessment	—	Unable to assess	—	Clean;Dehisced;Pink;Yellow
Dressing	—	Mepilex Border	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	Other (Comment)	—
Dressing	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)			

Medical Examiner Case Assessment

Row Name	03/11/25 1700
Applicable Patient Criteria for Medical Examiner. Call King County Medical Examiner at 206-731-3232 24x7 with any questions.	Does not meet any of the listed criteria

Musculoskeletal

Row Name	03/09/25 2027
Musculoskeletal (WDL)	Exceptions to WDL
RLE	Limited movement;Immobilizer;Injury/trauma
LLE	Amputation

Pain Assessment

Row Name	03/11/25 1500	03/11/25 1300	03/11/25 1130	03/11/25 1032	03/11/25 0942
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/11/25 0840**	**03/11/25 0730**	**03/11/25 0646**	**03/11/25 0500**	**03/10/25 2202**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/10/25 2126**	**03/10/25 1958**	**03/10/25 1653**	**03/10/25 1625**	**03/10/25 1300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/10/25 1037**	**03/10/25 0830**	**03/10/25 0542**	**03/10/25 0447**	**03/10/25 0257**

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

Row Name	03/09/25 2324	03/09/25 2300	03/09/25 2053
Restart Pain Assessment Timer	Yes	Yes	Yes

Pain Assessment

Row Name	03/11/25 1130	03/11/25 0942	03/11/25 0716	03/11/25 0622	03/10/25 2202
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	—	—	Patient UNavailable for reassessment
Row Name	**03/10/25 1958**	**03/10/25 1736**	**03/10/25 1628**	**03/10/25 1625**	**03/10/25 1504**
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	Pain Descriptor Scale
CNPI	CNPI	—	CNPI	CNPI	—
Pain Descriptor Scale	—	Patient sleeping	—	—	Mild
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Bracing with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Restlessness with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Rubbing with Movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	Behavior not observed	—
Subtotal Score with Movement	6	—	—	0	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	—	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	Behavior not observed	—	—	Behavior not observed	—
Bracing at Rest	Behavior not observed	—	—	Behavior not observed	—
Restlessness at Rest	Behavior not observed	—	—	Behavior not observed	—
Rubbing at Rest	Behavior not observed	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	Behavior not observed	—
Subtotal Score at Rest	0	—	—	0	—
CNPI Total Score	6	—	—	0	—
Row Name	**03/10/25 1209**	**03/10/25 1148**	**03/10/25 1037**	**03/10/25 0830**	**03/10/25 0542**
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—	—
CNPI	—	—	CNPI	CNPI	CNPI

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Pain Descriptor Scale	Patient sleeping	Patient sleeping	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Restlessness with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior not observed
Rubbing with Movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Subtotal Score with Movement	—	—	2	6	2
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly
Bracing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Restlessness at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Rubbing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	Behavior occurred even briefly	Behavior not observed
Subtotal Score at Rest	—	—	0	6	1
CNPI Total Score	—	—	2	12	3
Row Name	**03/10/25 0447**	**03/10/25 0257**	**03/09/25 2324**	**03/09/25 2302**	**03/09/25 2300**
CNPI	CNPI	CNPI	CNPI	CNPI	—
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Bracing with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Restlessness with Movement	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Rubbing with Movement	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly
Subtotal Score with Movement	2	4	4	—	4
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly
Bracing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Restlessness at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Rubbing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	Behavior not observed
Subtotal Score at Rest	1	1	2	—	2
CNPI Total Score	3	5	6	—	6

Patient Expiration

Row Name	03/11/25 1702
Pronounced by	Maralyssa Bann
Did the patient's death occur in the ED?	No
Did the patient's death occur in the OR?	No
Did the patient's death occur less than 10 days post-op?	No
Did the patient's death occur within 24 hours of admission?	No
Was code status DNR at the time of death?	Yes
LCNW Notified? (888-543-3287)	Yes
Name of Coordinator	Virginia
Organ Donor Network Notification Date	03/11/25
Organ Donor Network Notification Time	1704
Referral Number	13646554

Screenings

Row Name	03/11/25 0800	03/10/25 2023	03/10/25 2021	03/10/25 1223	03/09/25 2200
Does the patient have a Healthcare Advanced Directive	—	—	—	—	Yes
Location of Healthcare Advanced	—	—	—	—	Patient has Healthcare Advanced Directive

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Directive					in the chart
Unable to Assess	Yes	Yes	—	—	—
Sensory Perceptions	Very limited	—	—	Very limited	—
Moisture	Occasionally moist	—	—	Occasionally moist	—
Activity	Bedfast	—	—	Bedfast	—
Mobility	Very limited	—	—	Very limited	—
Nutrition	Very poor	—	—	Very poor	—
Friction and Shear	Potential problem	—	—	Potential problem	—
Braden Scale Score	11	—	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	—	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	**Yes** !	—
Skull Bone Missing	No	No	—	No	—
Coagulopathy (bleeding risk)	No	No	—	No	—
Surgery in the last 24hrs	No	No	—	No	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	High Risk for Injury	—
Last Known Fall	**Within the last month** !	**Within the last month** !	—	**Within the last month** !	—
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	—	**Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	—	**Unresponsive/non compliance with instruction** !	—
Toileting Needs	**Incontinence** !	Use of catheters or diversion devices	—	Use of catheters or diversion devices	—
Volume/Electrolyte Status	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—
Behavior	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Depression/anxiety** !	—	**Behavioral noncompliance with instruction;Depression/anxiety** !	—
Age Adjustment	3	3	—	3	—
Hester Davis Fall Risk Total	27	26	—	26	—
Hester Davis Fall	High Risk	High Risk	—	High Risk	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Risk Category					
Universal Fall Precautions In Place?	Yes	Yes	—	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Toileting needs	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Unable to Assess	Yes	—	Yes	—	—
Unable to Assess	Yes	Yes	—	—	—
Unable to Assess	Yes	—	Yes	—	—

Row Name	**03/09/25 2114**	**03/09/25 2113**	**03/09/25 2112**
In the past 3 months, have you had unintentional weight loss?	—	Yes, less than 7kg or 15 lbs	—
Are you currently receiving TPN or tube feeds?	—	No	—
Have you been eating poorly for at least 7 days because of decreased appetite?	—	Yes	—
Unable to Assess	—	Yes	—
How often do you have a drink containing alcohol?	—	—	Never
How often do you have six or more drinks on one occasion?	—	—	Never
Audit-C Score	—	—	0
Unable to Assess	—	Yes	—
Pressure Injury	—	No	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

on Admission			
Sensory Perceptions	—	Slightly limited	—
Moisture	—	Occasionally moist	—
Activity	—	Bedfast	—
Mobility	—	Very limited	—
Nutrition	—	Very poor	—
Friction and Shear	—	Problem	—
Braden Scale Score	—	11	—
Age (greater than 85)	**Yes** !	—	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	—
Skull Bone Missing	No	—	—
Coagulopathy (bleeding risk)	**Yes** !	—	—
Surgery in the last 24hrs	**Yes** !	—	—
Injury Risk Assessment Score	High Risk for Injury	—	—
Last Known Fall	**Within the last month** !	—	—
Mobility	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	—	—
Medications	Cardiovascular or central nervous system meds	—	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction;Memory loss/confusion and requires reorienting;Lethargic/oriented to person only** !	—	—
Toileting Needs	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal);Use of catheters or diversion devices** !	—	—
Volume/Electrolyte Status	**NPO greater than 24 hours;Low blood sugar/electrolyte imbalances** !	—	—
Communication/Sensory	**Visual (Glasses)/hearing**	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	deficit;Non-English patient/unable to speak/slurred speech !		
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	—	—
Age Adjustment	3	—	—
Hester Davis Fall Risk Total	41	—	—
Hester Davis Fall Risk Category	High Risk	—	—
Universal Fall Precautions In Place?	Yes	—	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	—
Mobility	Bed/chair alarm on and plugged into wall	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	—
Toileting needs	BSC/urinal ready and within reach	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	—
Behavior	Bed/chair alarm on and plugged into wall	—	—
Unable to Assess	Yes	—	—
Unable to Assess	Yes	—	—
INFLUENZA Vaccine Screening (Check all that apply)	—	Received influenza vaccine this season (September through March)	—

SDOH Focused Screener

Row Name	03/09/25 2114
In the past 12 months, has lack of transportation kept you from medical appointments or from getting	No

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

medications?	
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes
At any time in the past 12 months, were you homeless or living in a shelter (including now)?	Patient unable to answer
Within the last year, have you been afraid of your partner or ex-partner?	Patient unable to answer

Sepsis Documentation

Row Name	03/10/25 1208	03/10/25 1207	03/09/25 2112	03/09/25 2111
Do you suspect this patient may have a new or worsening infection?	No	No	No	No
Are two or more sepsis screening criteria present, and new or worsening? (HR >90, RR 20, WBC <4k or >12k, Temp < 36 or < 38, altered mental status)	No	No	No	No

SLP Eval/Tx

Row Name	03/10/25 0900
SLP Received On	03/10/25 [N1]
SLP Document Type	Eval;Progress [N1]
SLP Treatment Start Time	0900 [N1]
SLP Total Treatment Time in Minutes	45 Minutes [N1]
Visual Acuity	Corrective lenses not available [N1]
Auditory Acuity	Other [N1]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Family/Caregiver Comments	Son present at bedside [N1]
Is an interpreter used?	No [N1]
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials. [N1]
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for nutrition/hydration status expressed by son as well. [N1]
IADLs	Requires assist [N1]
Dentition	Edentulous [N1]
Oral mucosa	Dry;Other [N1]
Volitional cough	Other [N1]
Volitional swallow	Unable to initiate [N1]
Labial ROM	Impaired [N1]
Lingual ROM	Uncoordinated [N1]
Vocal Quality	Within Functional Limits [N1]
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam. [N1]
Temperature	Afebrile [N1]
Respiratory Status	Room air [N1]
Behavior/Cognition	Agitated;No command following [N1]
Patient Positioning	Upright in bed [N1]
Consistencies Assessed	0-Thin Liquids;4-Pureed [N1]
0-Thin Liquids - Presentation	Spoon;Straw [N1]

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

4 Pureed - Presentation	Spoon [N1]
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Small volume PO suctioned from oral cavity. [N1]
Signs/Symptoms of Penetration/Aspiration	None [N1]
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in regards to pillars of aspiration PNA development: *** [N1]
Assessment	Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility,

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture, will defer diet recommendations to pt, family, and interdisciplinary team. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC. [N1]
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation [N1]
SLP Plan	Skilled SLP [N1]
Treatment/Interventions	Swallow treatment;Patient/family education [N1]
SLP Frequency	1-3x/week [N1]
Priority	3/13 copper [N1]
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with [N1]
Assistance with Details	IADLS;Eating;Drinking [N1]
Supervision with Details	IADLS;Eating;Drinking [N1]
SLP Summary for Next Shift	SWE: defer to team (4/0 vs 5/0) pending GOC; no NGT/PEG not within GOC per last admit/ contraindicated for advanced age/overall picture; FTT, prior admit for L AKA, R femure fracture). complex

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	family case. ethics involved. [N1]
Goals	STG 1;STG - Education [N1]
Diet Recommendations	Other [N1]
Medication Administration Recommendations	Other [N1]
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette [N1]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating [N1]
Swallow Recovery	Medically Complex: unable to assess prognosis. [N1]
Short Term Goal	Tolerate least restrictive diet [N1]
Estimated Completion Date	03/31/25 [N1]
Goal Status	Updated [N1]
Patient/caregiver will participate in education regarding	Dysphagia [N1]
Estimated Completion Date	03/31/25 [N1]
Goal Status	Updated [N1]

Spiritual Care Interventions

Row Name	03/10/25 1506
Contact Type	In person
Present at encounter	Patient and caregivers
Visit type	Initial
Specialized Visit	Comfort care
Location	HMC
HMC Units	7E
Spiritual Care Interventions	Spiritual Care Assessment;Spiritual Support;Grief Support
Continue Visiting	No further needs at this time
No further needs at this time	Will request spirtual care as desired

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Direct Time	40
Indirect Time	15
Total Time	55

Suicide Risk Screening

Row Name	03/09/25 1254
Suicide assessment:	Deferred, unable to assess at this time
Unable to assess at this time due to:	Altered mental status
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No

SW Psychosocial Assessment

Row Name	03/09/25 1900
Assessment Need	Counseling / Support / Adjustment to illness
Is an interpreter used?	No
Information Obtained From	Children
Living situation prior to admit	Skilled Nursing Facility
PTA-Name of Facility	Bainbridge Island Health and Rehab
Primary Caregiver	Family
Support Systems	Children;Case manager/social worker
SW Emergency department services (minutes)	45
ED Mission Population	From SNF/ALF/AFH;General Medical Event
ED Outcomes	Pt / Family Support / Coord;Hospital Admission
ED Referral Source	Self referral (case-finding)

Vital Signs

Row Name	03/09/25 1615	03/09/25 1545	03/09/25 1253
Temp	—	—	36.3 °C
Temp src	—	—	Temporal
Pulse	92	92	78
Resp	19	15	**24** !
BP	139/72	**144/63** !	**102/42** !

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

MAP (mmHg)	84	94	—
SpO2	96 %	92 %	95 %
Restart Vitals Timer	Yes	Yes	Yes
Oxygen Therapy	—	—	None (Room air)
Pain Score	—	—	—

Vitals

Row Name	03/11/25 1635	03/11/25 1530	03/11/25 1500	03/11/25 1341	03/11/25 1300
Resp	**0** !	18	18	—	20
Patient Activity	—	—	Sleeping	—	Sleeping
Pain Score	—	—	Patient sleeping	—	Patient sleeping
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	Behavior not observed	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	Behavior not observed	—	—
Bracing at Rest	—	Behavior not observed	Behavior not observed	—	—
Restlessness at Rest	—	Behavior not observed	Behavior not observed	—	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	Behavior not observed	—	—
Subtotal Score at Rest	—	0	0	—	—
Reason for Communication	—	—	—	Family request	—
Provider Name	Bann, Maralyssa Angelique, MD	—	—	Bann, Maralyssa Angelique, MD - Merel, Susan Eva, MD	—
Provider Role	Attending physician	—	—	Attending physician	—
Method of Communication	Page	—	—	Secure Chat	—
Response	—	—	—	Waiting for response	—

Row Name	03/11/25 1032	03/11/25 0840	03/11/25 0730	03/11/25 0646	03/11/25 0500
Resp	**22** !	**22** !	20	**24** !	—
Patient Activity	—	—	Sleeping	—	—
Pain Assessment	CNPI	CNPI	—	—	—
Pain Score	—	—	Patient sleeping	—	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing with Movement	Behavior occurred even briefly	Behavior not observed	—	Behavior occurred even briefly	Behavior occurred even briefly
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Verbal with movement					
Subtotal Score with Movement	4	5	—	6	6
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	Behavior occurred even briefly	Behavior occurred even briefly
Subtotal Score at Rest	6	6	—	6	6
CNPI Total Score	10	11	—	12	12
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Restless	—	—	—

Row Name	**03/10/25 2312**	**03/10/25 2126**	**03/10/25 1653**	**03/10/25 1300**	**03/10/25 0836**
Temp	—	—	—	—	36.9 °C
Temp src	—	—	—	—	Temporal
Pulse	—	—	—	—	98
Heart Rate Source	—	—	—	—	Monitor
Resp	16	—	—	—	**22** !
BP	—	—	—	—	**145/61** !
MAP (mmHg)	—	—	—	—	89
BP Site	—	—	—	—	Right Arm
BP Method	—	—	—	—	Automatic
Patient Position	—	—	—	—	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	—	—	—	—	95 %
Oxygen Therapy	—	—	—	—	None (Room air)
Pain Assessment	—	—	CNPI	FLACC	—
Pain Score	—	—	9	8	—
Pain Descriptor Scale	—	—	—	Severe	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	—	Behavior occurred even briefly	Behavior not observed	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	6	5	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing at Rest	—	Behavior occurred even briefly	Behavior not observed	—	—
Restlessness at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	—	Behavior occurred even briefly	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score at Rest	—	6	4	—	—
CNPI Total Score	—	12	9	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Arched, rigid or jerking	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Difficult to console or comfort	—
Score: FLACC (Rest)	—	—	—	8	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Very agitated	Agitated	Very agitated	—
Nursing Annotation	—	throwing face around when attempting to provide oral morphine	—	—	—

Row Name	**03/10/25 0500**	**03/10/25 0447**	**03/10/25 0418**	**03/09/25 2324**	**03/09/25 2200**
Resp	**22** !	18	**22** !	20	—
Height	—	—	—	—	5' (1.524 m)
Weight	—	—	—	—	46.8 kg (103 lb 2.8 oz)
Weight Method	—	—	—	—	Bed scale

Row Name	**03/09/25 2053**	**03/09/25 1800**	**03/09/25 1700**	**03/09/25 1500**	**03/09/25 1400**
Temp	36.6 °C	—	—	—	—
Temp src	Temporal	—	—	—	—

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Pulse	**102** !	97	86	90	85
Heart Rate Source	Monitor	—	—	—	—
Resp	20	20	**13** !	**28** !	**9** !
BP	138/67	131/81	**134/51** !	**144/68** !	**118/53** !
MAP (mmHg)	—	94	82	120	79
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	92 %	99 %	95 %	99 %	95 %
Oxygen Therapy	None (Room air)	None (Room air) (P)	None (Room air)	None (Room air)	None (Room air)
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior not observed	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	4	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior not observed	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	—	—
Subtotal Score at Rest	3	—	—	—	—
CNPI Total Score	7	—	—	—	—
Nursing Annotation	Admit to 7E	—	—	—	—

Row Name	**03/09/25 1324**
Temp	36.5 °C
Pulse	91
Resp	20
BP	139/71
MAP (mmHg)	100
SpO2	93 %
Oxygen Therapy	None (Room air)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

Vitals Data

Row Name	03/11/25 1100	03/11/25 0646	03/10/25 2135	03/10/25 2126	03/10/25 1555
Richmond Agitation Sedation Scale (RASS)	Agitated	—	Very agitated	—	Very agitated
Pain Score	—	10	—	10	—
Pain Descriptor Scale	—	—	—	Severe	—

Row Name	03/10/25 0800	03/10/25 0418
Richmond Agitation Sedation Scale (RASS)	Very agitated	Agitated

Vitals Reassessment

Row Name	03/10/25 0836	03/09/25 2053	03/09/25 1930	03/09/25 1800	03/09/25 1700
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

Row Name	03/09/25 1500	03/09/25 1400	03/09/25 1324
Restart Vitals Timer	Yes	Yes	Yes

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Voorhees, Megan Elizabeth, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	03/10/25 1322

Note Text

SLP Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Today's Date: 3/10/2025

Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome

- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain
- Failure to thrive in adult

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture	12/13/2012

Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed

- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

- PR TOTAL
  ABDOMINAL
  HYSTERECT W/WO
  RMVL TUBE OVARY

	03/10/25 0900
SLP Last Visit	
SLP Received On	03/10/25
General	
SLP Document Type	Eval
SLP Treatment Start Time	0900
SLP Total Treatment Time in Minutes	45 Minutes
Visual Acuity	Corrective lenses not available
Auditory Acuity	Other *(unable to assess, reports of hearing impariment noted in chart review, no hearing aides, family reports she can hear w/ projected voice)*
Family/Caregiver Comments	Son present at bedside. Endorsed success w/ PO intake using the following strategies: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow.
Interpreter Services	
Is an interpreter used?	No
Subjective	
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt awake, audibly moaning, turning away from clinician upon verbal/tactile cues to optimize positioning for PO trials.
Prior Function	
Prior Function	Pt seen by SLP at UWMC 2/7/25 with recommendations for IDDSI 5/0 diet w/ 1:1 feeding assistance, emphasis on oral care. Per last SLP, Family did not want to pursue alternative means of nutrition/hydration at that time. Son reports upon DC to SNF, Pt was put on a regular diet/thin liquids. Limited oral intake and concerns for nutrition/hydration status expressed by son as well.
IADLs	Requires assist
Oral Mechanism Examination	
Dentition	Edentulous
Oral mucosa	Dry;Other

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	(patches of black, dried mucosa noted throughout hard palate, soft palate, and lateral lingual surface. pt w/ limited reception to oral care.)
Volitional cough	Other *(unable to initiate)*
Volitional swallow	Unable to initiate
Labial ROM	Impaired
Lingual ROM	Uncoordinated
Vocal Quality	WFL
Observations	Pt w/ open mouth posture, frequent moaning, no command following during oral mech exam.
Patient Information	
Temperature	Afebrile *(WBC: 12.66 (elevated))*
Respiratory Status	Room air
Behavior/Cognition	Agitated;No command following
Patient Positioning	Upright in bed
Objective	
Consistencies Assessed	0-Thin Liquids;4-Pureed
0-Thin Liquids - Presentation	Spoon;Straw
4 Pureed - Presentation	Spoon
Consistencies Assessed Comment	Pt fed by SLP or son given reduced ability to hold utensils independently. Pt w/ limited reception frequently averting mouth away from utensil despite gentle modes of PO presentation. Puree placed in oral cavity by family, no palpable swallow by this writer. Pt w/ expectoration attempts. Small volume PO suctioned from oral cavity.
Signs/Symptoms of Penetration/Aspiration	None *(No palpable swallow.)*
Swallowing Treatment	
Patient/Caregiver Training	SLP provided edu regarding role of SLP, aspiration risks given advanced age, AMS, FTT, reduced oral care, need for assistance w/ feeding/oral care/iADLS, emphasis on ongoing GOC discussions between Pt, family, interdisciplinary team given complex bioethical decision regarding nutrition/hydration plan in this pt population. Emphasis on oral care and 1:1 careful hand feeding provided. Please see the following factors in regards to pillars of aspiration PNA development:

Scenario	Health/Immune System	+	Oral Health Status	+	Laryngeal Valve Protection	=	Predicted Outcome

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	Status				Status		
1	Normal	+	Healthy	+	No Aspiration	=	No Pneumonia
2	Normal	+	Poor	+	No Aspiration	=	No Pneumonia
3	Normal	+	Poor	+	Aspiration	=	No Pneumonia
4	Normal	+	Healthy	+	Aspiration	=	No Pneumonia
5	Compromised	+	Healthy	+	No Aspiration	=	No Pneumonia
6	Compromised	+	Poor	+	No Aspiration	=	No Pneumonia
7	Compromised	+	Healthy	+	Aspiration	=	Lower Risk-Pneumonia
8	Compromised	+	Poor	+	Aspiration	=	High Risk-Pneumonia

Ashford, J. R. (2024). *Pneumonia "risk" predictor.* SA Swallowing Services, PLLC. https://www.sasspllc.com/pneumonia-risk-predictor

SLP Assessment

Assessment	Pt presents w/ increased risk for aspiration related complication given advanced age, failure to thrive, dependence on others for oral feeding/oral care, reduced mobility, and alterted mental status. On this date, Pt demonstrated limited reception to PO, reduced oral manipulation, and no palpable swallow despite use of family-reported strategies w/ family assist to trial 1:1 feeding w/ upright position, verbal/visual cues, and max encouragement. Given overall clinical picture and ongoing GOC discussions, will defer diet recommendations to pt, family, and interdisciplinary team. May consider family endorsed

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	strategies to optimize PO intake/reception including: use of familiar items (ensure, apple sauce, mashed potatoes), use of lid cup + straw, use of whiteboard to label items and include written visual cues to swallow. Nutrition/dietary, palliative, and spiritual care consults would be appreciate. Acute SLP will continue to follow for Pt/family education, re-assessment, as needed and if service remains within GOC.
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation
Plan	
SLP Plan	Skilled SLP
Treatment/Interventions	Swallow treatment;Patient/family education
SLP Frequency	1-3x/week
SLP Discharge Recommendations	Follow up with SLP at next level of care;Assistance with;Supervision with
Assistance with Details	IADLS;Eating;Drinking
Supervision with Details	IADLS;Eating;Drinking
Goals	STG 1;STG - Education
Swallow Recommendations	
Diet Recommendations	Other *(Defer to interdisciplinary team pending GOC discussion: can consider 4/0 vs 5/0 given no NGT/PEG not within prior stated goals with careful hand feeding strategies and aspiration precautions)* Careful Hand Feeding Careful hand feeding means giving someone small amounts of food and drink when they are no longer able to feed themselves. Careful hand feeding can work as long as a person is comfortable and wants to be fed. Patients are never force fed food. General Precautions: • Only feed when awake, alert, and accepting of intake • Sit as upright as able during & 30 minutes after meal • Small bites/sips one at a time via spoon at a slow rate • Encourage independence (as able) by using handover-hand feeding: put a utensil in the person's hand, place your hand around theirs and lift both of your hands to the person's mouth for a bite • Reduce distractions at mealtimes • Make sure the patient swallows a bite or sip before giving the next bite or sip • Promote good oral hygiene, check for residue in the

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Flowsheets (continued)

	person's mouth after meals. If it's difficult to use a toothbrush, try oral swabs • Stop if person is declining (turning away, not willingly opening their mouth, spitting food out), there is significant residue in their mouth, or overt signs of coughing and choking leading to discomfort are present
Medication Administration Recommendations	Other *(Pending GOC: can consider IV vs crushed in puree)*
Oral care	Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating
Swallow Recovery	Medically Complex: unable to assess prognosis.
Short Term Goal	
Short Term Goal	Tolerate least restrictive diet
Estimated Completion Date	03/31/25
Goal Status	Updated
Short Term Goal - Education	
Patient/caregiver will participate in education regarding	Dysphagia
Estimated Completion Date	03/31/25
Goal Status	Updated

Megan E Voorhees, SLP
3/10/2025

Care Plan

Resolved

Problem: Free from Fall Injury

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of injury from fall (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: Refer to interventions and risk for injury documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Friction/Shear

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Impaired Nutrition

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1318	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

Problem: Moisture/Incontinence

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Palliative care

Dates: Start: 03/11/25 Resolved: 03/11/25
Disciplines: Nurse, Interdisciplinary

Goal: Death with dignity and comfort (Resolved)

Dates: Start: 03/11/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: INTERVENTIONS:
1. Assist/support family w/end of life decision making/support
2. Manage symptoms and pain relief

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1319	Bloom, Shannon K, RN	Progressing

Problem: Patient/Family Stated Goals

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient/Family Stated Goal For Shift (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Goal: Patient/Family Stated Goal For Admission (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/10/25 2023	Anderson, Noah R, RN	Progressing

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Care Plan (continued)

03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Problem: Universal Fall Precautions

Dates: Start: 03/09/25 Resolved: 03/11/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of falls (Resolved)

Dates: Start: 03/09/25 Expected End: 03/14/25 Resolved: 03/11/25
Description: Refer to Fall Intervention documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/11/25 1742	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/11/25 1318	Bloom, Shannon K, RN	Progressing
03/11/25 1317	Bloom, Shannon K, RN	Progressing
03/10/25 2023	Anderson, Noah R, RN	Progressing
03/10/25 1223	Rohr, Helen B, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Not Progressing
03/10/25 0543	Westerman, Jordan M, RN	Progressing

Patient Education

Title: General Nursing ()

Topic: Core Nursing (In Progress)

Point: Orientation to Unit (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Equipment (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Fall Precaution Interventions per Individualized Level of Risk (In Progress)

Description:
Personal risk factors may include mobility, medications, mental status, toileting needs, volume/electrolyte status, communication/sensory, and behavior.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Medications (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Nutrition/Diet (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Pain Management (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Disease/Condition (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Procedures (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Test/Results (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: PIV/CVAD (In Progress)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

3/11/2025 1318
Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: VTE Prevention (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Point: Pressure Injury Prevention (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Topic: Misc Nursing (Not Started)

Point: Skin Care/Pressure Ulcer Prevention (In Progress)

Description:
Instruct learner(s) on the need to keep skin clean and dry, the use of film barriers to prevent injury from urine and/or stool (if indicated), and the need to moisturize skin if dry or to prevent dryness.
For pressure ulcer prevention, instruct learner(s) on the need to change position at least every two hours and to request assistance as needed.

Patient Friendly Description: When you're in a hospital bed all day, it can be hard to keep your skin healthy, but it's very important. We'll work with you to keep your skin clean and dry, but if your skin gets too dry, let us know.
Also, if you lie in one position for too long, sores can form. Try to change your position at least every two hours, and ask us for help if you need it.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021
	Acceptance, Explanation, Needs further instruction by JW at 3/10/2025 0543
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by SB at 3/11/2025 1318
	Nonacceptance, Explanation, Needs further instruction by HR at 3/10/2025 1225

Title: Diabetes Mellitus ()

Topic: Diabetes (In Progress)

Point: Understanding Diabetes (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Blood Glucose Monitoring (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Meal Planning (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Medication (Oral Agents) (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Medication (Insulin) (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Low Blood Glucose Management (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: High Blood Glucose Management (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Foot Care (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Follow-up after Discharge (In Progress)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Title: First-Dose Education ()

Points For This Title

Point: Cefuroxime Axetil (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: cefTRIAXone Sodium in Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Moxifloxacin HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Insulin Lispro (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Insulin Regular Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: guanFACINE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Furosemide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: guaiFENesin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Isoproterenol HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ipratropium-Albuterol (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Hydroxide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Bisacodyl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sennosides (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Psyllium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Polyethylene Glycol 3350 (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Calcium Carbonate Antacid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Glycopyrrolate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Omeprazole (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Pantoprazole Sodium (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Scopolamine Base (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: LORazepam (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Haloperidol Lactate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: QUEtiapine Fumarate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: OLANZapine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Aspirin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Acetaminophen (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: HYDROmorphone HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Morphine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: oxyCODONE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Nalbuphine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: ROPivacaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Thiamine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Thiamine Mononitrate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ascorbic Acid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Prenatal Vit-Fe Fumarate-FA (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Oxide (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Magnesium Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: Potassium & Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: K Phos Mono-Sod Phos Di & Mono (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Chloride Crys ER (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Zinc Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lactated Ringers (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose-Sodium Chloride (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose in Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: KCl in Dextrose-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Cyanocobalamin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Heparin Sodium (Porcine) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Enoxaparin Sodium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Albumin Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Carboxymethylcellulose Sodium (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Mouthwashes (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Camphor-Menthol (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Lidocaine-Prilocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Perflutren Lipid Microsphere (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Melatonin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Petrolatum (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Point: White Petrolatum (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Hyaluronidase Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Ondansetron HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Misc. Devices (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Buprenorphine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: dexmedeTOMIDine HCl in NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Potassium Phosphates (In Progress)

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Glucagon HCl (Diagnostic) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Calcium Gluconate-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: DOPamine in D5W (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: EMPTY BAG (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: PERIPHERAL NERVE CATHETER CLINICIAN BOLUS (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Title: PT OT SLP Therapies ()

Topic: Speech Therapy (In Progress)

Point: Swallow Training (In Progress)

Description:
Instructed learner(s) on diet texture/liquid modification and the established safe swallow guidelines.

Patient Friendly Description: With a new diet and careful eating habits, you'll be able to swallow safely.

1. Follow your instructions about your new diet carefully.

2. Eat very small bites - smaller than you think you need to.

3. Eat slowly.

4. If one side of your mouth is weaker than the other, put the food on the strong side of your mouth.

5. Don't talk while you are eating

6. After you eat, sit upright for at least 30 minutes. If your doctor says it is okay, go for a short walk.

7. Don't use a straw unless your therapist says it's okay.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Cognition (In Progress)

Description:
Instruct learner(s) on cognitive aspects of communication (e.g. attention, memory, problem-solving, and executive function).

Patient Friendly Description: Our brains have a big effect on how we can communicate with others. The brain is responsible for taking thoughts and turning them into meaningful speech, words, and gestures.
For example, you might find it hard to say words correctly, even though you know the words. Some words might come out more loudly than others, or you might have trouble putting all the sounds together the way you know they should go.

Sometimes, a stroke can affect the part of your brain that is responsible for language and speech.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Speech/Language (In Progress)

Description:
Instruct learner(s) on functional aspects of communication (verbal/written expression, auditory/reading comprehension)

Patient Friendly Description: Understanding speech and language has many different parts. There's the way you say things about yourself, or the way you write things. There's also how well you understand when people speak to you or when you read.
You might find that some of these things are easier than others.

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Communication (In Progress)

Description:
Instruct learner(s) on augmentative and alternative communication (AAC) strategies and/or AAC equipment (e.g., communication boards, speech generating devices).

Patient Friendly Description: There are many tools you can use to communciate. You might use gestures, pictures, word lists or an electronic device. A speech language pathologist can help you establish a system that works for you.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Respiratory Impairment and Communication/Swallow (In Progress)

Description:
Instruct learner(s) on impact of respiratory impairment on speech/swallow

Patient Friendly Description: Your breathing impacts both your ability to communicate and to eat and drink safely. Your speech language pathologist may provide you with exercises and/or recommendations.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

Point: Caregiver Training (In Progress)

Description:
Train caregiver(s) in how to assist the patient in activities for a safe discharge.

Patient Friendly Description: A speech language pathologist will work with you and your caregivers to establish discharge recommendations to promote safety at your next level of care.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Unable to understand by NA at 3/10/2025 2021

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
NA	08/18/23 -	Anderson, Noah R, RN	Registered Nurse	Nurse
SB	06/20/24 -	Bloom, Shannon K, RN	Registered Nurse	Nurse
JW	03/08/22 -	Westerman, Jordan M, RN	Registered Nurse	Nurse
HR	11/15/24 -	Rohr, Helen B, RN	Registered Nurse	Nurse

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents

EMS Run Sheet - Document on 3/9/2025 6:48 PM

Document (below)

EMS CARE SUMMARY

Bainbridge Island Fire Department Incident **F250009428** Run **OBI25000716** Date **03/09/2025**

PATIENT
JEANNE HOFFMAN
Female, 100 Years
DOB 1925-01-06

ADDRESS
835 Madison AVE N
Bainbridge Island, WA 98110

PAST HISTORY
Pacemaker/AICD, Hyperlipidemia

LAST ORAL INTAKE

ALLERGIES
Aspirin, Penicillin allergy

MEDS
Atorvastatin

IMMUNIZATIONS

INCIDENT LOCATION
835 Madison AVE N
Bainbridge Island, 98110

DISPATCH REASON
No Other Appropriate Choice

DISPOSITION
Transported No Lights/Siren

PERSONNEL
DAG LILJEQUIST, CONNOR BASS, JAMES MULLANEY

UNIT
A21

TRANSFERRED TO UNIT
Emergency Room

TRANSPORTED TO
HARBORVIEW

COMPLAINT
Primary: Broken femur

ONSET TIME

LAST KNOWN WELL

NARRATIVE
S: A21 dispatched to a 100 y/o female for complications from a broken femur suffered on March 5th. Pt.'s son stated pt. was at UW Montlake when she fell out of bed onto the floor, breaking her femur. Pt.'s son stated pt.'s leg was splinted but the leg has become misaligned and needs to be realigned. Pt.'s son also stated pt. has not been able to eat and needs an NG tube placed.

O: Upon arrival, pt. was laying in bed, ABCs intact. Pt. had a patent airway, has breathing normally, and had a strong radial pulse. Pt.'s right leg had a splint on the thigh. Pt.'s right leg was rotated laterally.

A: Complications from a broken femur

P: Pt. contact. Pt. exam to include vitals. Air splint placed on pt.'s right leg. Pt. taken to A21 for transport to HMC. Pt. history. Exam and vitals continued throughout transport. Once at HMC pt. was taken to the ER were pt. care was transferred to an RN.

James Mullaney 165

VITALS
Initial 11:05:23 **P** 96, **BP** 136/60 M , **GCS**
Final 12:27:08 **Temp** 97.3F, **GCS**

ASSESSMENTS

IMPRESSIONS
Injury of Thigh (Upper Leg)

v1.3

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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 ESO's Patient Tracker. All data is provided "as is."

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

EMS CARE SUMMARY

Bainbridge Island Fire Department Incident **F250009428** Run **OBI25000716** Date **03/09/2025**

PATIENT **JEANNE HOFFMAN** Female, 100 Years DOB 1925-01-06

10:52:40	Call Received										
10:52:40	Public Safety Answer Call										
10:53:28	Dispatched										
10:54:32	En Route										
10:57:21	On Scene										
10:59:13	At Patient										
11:05:23	BP: 136/60 M	PULSE: 96	RR:	SPO2:	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:05:54	**Splint Fx/Disloc.**										Successful
	Patient Response: Improved						Comments:				
11:21:44	Depart Scene										
11:22:42	BP:	PULSE: 91	RR:	SPO2: 94 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:34:26	BP: 122/52 A	PULSE: 86	RR: 20 R N	SPO2: 94 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
11:50:04	BP: 99/42 A	PULSE: 78	RR: 24 R N	SPO2: 96 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
12:05:25	BP: 102/42 A	PULSE: 78	RR: 24 R N	SPO2: 91 Rm	ETCO2:	BG:	Temp:	PAIN:	RTS:	PTS:	GCS:
12:19:25	At Destination										
12:27:08	BP:	PULSE:	RR:	SPO2:	ETCO2:	BG:	Temp: 97.3F	PAIN:	RTS:	PTS:	GCS:
13:21:43	Transfer Patient										
14:59:45	Call Closed										

v1.3

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Patient Information			
Last	HOFFMAN	**Address**	835 Madison AVE N
First	JEANNE	**Address 2**	
Middle		**City**	Bainbridge Island
Gender	Female	**State**	WA
DOB	01/06/1925	**Zip**	98110
Age	100 Yrs, 2 Months, 3 Days	**Country**	US
Weight		**Tel**	
Height		**Physician**	
Pedi Color		**Phys. Tel**	
SSN		**Ethnicity**	
Race			
Advance Directives			
Resident Status			
Patient Resides in Service Area			
Temporary Residence Type			

Clinical Impression			
Primary Impression	Injury of Thigh (Upper Leg)		
Secondary Impression			
Protocols Used			
Local Protocol Provided Care Level	BLS - All Levels		
Anatomic Position			
Onset Time			
Last Known Well			
Chief Complaint	Broken femur		
Duration		**Units**	
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress			
Signs & Symptoms	Injury to thigh (Primary)		
Injury	Falls - Fall from bed - Hospital - 03/05/2025		
Additional Injury			
Mechanism of Injury	Blunt		
Medical/Trauma	Trauma		
Barriers of Care	Speech Impaired		
Alcohol/Drugs	None Reported		
Pregnancy	No		
Initial Patient Acuity			
Final Patient Acuity	Non-Acute/Routine		
Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	Atorvastatin
Allergies	Aspirin, Penicillin allergy
History	Hyperlipidemia, Pacemaker/AICD
Immunizations	
Last Oral Intake	

Vital Signs

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RASS	BARS	RTS	PTS
11:05	Alert	L	Lay	136/60 M	96 R												
11:22				/	91		94 Rm										
11:34	Alert	L	Lay	122/52 A	86	20 R	94 Rm										
11:50	Alert	L	Lay	99/42 A	78	24 R	96 Rm										
12:05	Alert	L	Lay	102/42 A	78	24 R	91 Rm										
12:27	Alert		Lay	/							97.3 F						

Flow Chart

Time	Treatment	Description	Provider
11:05	**Splint Fx/Disloc.**	Patient Response: Improved; Successful; Complication: None;	MULLANEY, JAMES

Assessments

Assessment Time: 03/09/2025 10:59:14

Category	Comments	Subcategory		
Mental Status		Mental Status		Normal Baseline For Patient
Skin		Skin		Not Assessed
HEENT	Pt. had a patent airway.	Face		**Face:** No Abnormalities
		Head		**Head:** No Abnormalities
		Eyes		Not Assessed
		Neck		No Abnormalities
Chest		Chest		Not Assessed
		Heart Sounds		Not Assessed
		Lung Sounds		Not Assessed
Abdomen		General		Not Assessed

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 18:47:15
PCRID: 42a6e17e-8f69-4f64-9697-b29b00b53e51
Electronically Signed by: MULLANEY, JAMES
Template Version: PCR-EXTRACT-1.3.1
Data Version: AAAAABjiMR0=

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Assessments

Assessment Time: 03/09/2025 10:59:14

Category	Comments	Subcategory		
Back		Back		Not Assessed
Pelvis/GU/GI		Pelvis/GU/GI		Not Assessed
Extremities	Pt. had a deformity in her right leg for a broken femur suffered on March 5.	Left Arm		Not Assessed
		Right Arm		Not Assessed
		Left Leg		Not Assessed
		Right Leg	✓	**Leg - Upper:** Deformity
		Pulse	✓	**Left - Radial:** 2+ Normal
Neurological		Neurological		Not Assessed
Neonatal				

Narrative

S: A21 dispatched to a 100 y/o female for complications from a broken femur suffered on March 5th. Pt.'s son stated pt. was at UW Montlake when she fell out of bed onto the floor, breaking her femur. Pt.'s son stated pt.'s leg was splinted but the leg has become misaligned and needs to be realigned. Pt.'s son also stated pt. has not been able to eat and needs an NG tube placed.

O: Upon arrival, pt. was laying in bed, ABCs intact. Pt. had a patent airway, has breathing normally, and had a strong radial pulse. Pt.'s right leg had a splint on the thigh. Pt.'s right leg was rotated laterally.

A: Complications from a broken femur

P: Pt. contact. Pt. exam to include vitals. Air splint placed on pt.'s right leg. Pt. taken to A21 for transport to HMC. Pt. history. Exam and vitals continued throughout transport. Once at HMC pt. was taken to the ER were pt. care was transferred to an RN.

James Mullaney 165

Specialty Patient - 2021 Trauma Triage Guidelines

Injury Patterns	None	**Trauma Activation**	
Mental Status & Vital Signs	None	**Time**	
Mechanism of Injury	None	**Date**	
EMS Judgment	None	**Trauma level**	
Trauma Triage Score	No criteria met	**Reason Not Activated**	

Incident Details		Destination Details		Incident Times	
Location Type	Nursing home	**Disposition**		**PSAP Call**	10:52:40
Location	Island Health and Rehab SNF	**Unit Disposition**	Patient Contact Made	**Dispatch Notified**	
Address	835 Madison AVE N	**Patient Evaluation and/or Care Disposition**	Patient Evaluated and Care Provided	**Call Received**	10:52:40
Address 2		**Crew Disposition**	Initiated and Continued Primary Care	**Dispatched**	10:53:28
Mile Marker		**Transport Disposition**	Transport by This EMS Unit (This Crew Only)	**En Route**	10:54:32
City	Bainbridge Island	**Transport Mode**	Non-Emergent	**Staged**	
County	Kitsap	**Reason for Refusal or Release**		**Resp on Scene**	
State	Washington	**Transport Mode Descriptors**	No Lights or Sirens	**On Scene**	10:57:21
Zip	98110	**Transport Due To**	Family Choice	**At Patient**	10:59:13
Country	US	**Transported To**	HARBORVIEW	**Care Transferred**	
Medic Unit	A21	**Requested By**	Family	**Depart Scene**	11:21:44
Medic Vehicle	A21	**Transferred To**		**At Destination**	12:19:25
Run Type	Emergency Response (Primary Response Area)	**Transferred Unit**		**Pt. Transferred**	13:21:43
Response Mode	Non-Emergent	**Destination**	Hospital	**Call Closed**	14:59:45
Response Mode Descriptors	No Lights or Sirens	**Department**	Emergency Room	**In District**	
Shift	A Shift	**Address**	325 9th Ave	**At Landing Area**	
Zone		**Address 2**			
Level of Service	Basic Life Support	**City**	Seattle		
EMD Complaint	No Other Appropriate Choice	**County**	King		
EMD Card Number	19R8	**State**	Washington		
Dispatch Priority		**Zip**	98104		

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Incident Details		Destination Details		Incident Times
		Country	US	
		Zone		
		Condition at Destination	Unchanged	
		State Wristband #		
		Destination Record #		
		Trauma Registry ID		

Alternative Disposition Offered	
Call Nature	Basic Life Support -

Crew Members

Personnel	Role	Certification Level	PPE	Exposures
LILJEQUIST, DAG	Driver - Transport, Other Caregiver - At Scene	EMT-Basic - 1169499		
BASS, CONNOR	Other Caregiver - At Scene, Other Caregiver - Transport	EMT-Basic - EMT.ES.61542189		
MULLANEY, JAMES	Driver - Response, Lead - At Scene, Lead - Transport	EMT-Basic - ES61144491		

Insurance Details

Insured's Name		**Primary Payer**		**Dispatch Nature**	
Relationship		**Medicare**		**Response Urgency**	
Insured SSN		**Medicaid**		**Job Related Injury**	
Insured DOB		**Primary Insurance**		**Employer**	
Address1		**Policy #**		**Contact**	
Address2		**Primary Insurance Group Name**		**Phone**	
Address3		**Group #**		**Mileage to Closest Hospital**	
City		**Secondary Ins**			
State		**Policy #**			
Zip		**Secondary Insurance Group Name**			
Country		**Group #**			

Mileage		Delays		Additional Agencies
Scene	1.0	**Category**	**Delays**	
Destination	12.1	Dispatch Delays	None/No Delay	
Loaded Miles	11.1	Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	ED Overcrowding / Transfer of Care	

Patient Transport Details

How was Patient Moved To Stretcher		**How was Patient Moved To Ambulance**	Stretcher
How was Patient Moved From Ambulance		**Patient Position During Transport**	Supine
Condition of Patient at Destination	Unchanged		

Transfer Details

PAN		**Sending Physician**	
Prior Authorization Code Payer		**Sending Record #**	
PCS		**Receiving Physician**	
Interfacility Transfer or Medical Transport Reason		**Condition Code**	
ABN		**Condition Code Modifier**	
CMS Service Level	BLS, Emergency		
ICD-9 Code			
Transport Assessment			

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Transfer Details

Specialty Care Transport Provider	
Transfer Reason	
Justification for Transfer	
Other/Services	
Medical Necessity	

Billing Authorization

Authorization	Billing Authorization

Section I - Patient / Parent of Minor Authorization Signature

Privacy Practices Acknowledgement: by signing below, the signer acknowledges that Bainbridge Island Fire Department (BIFD) provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient. I authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to me by BIFD now, in the past, or in the future, until such time as I revoke this authorization in writing. I agree to immediately remit to BIFD any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to BIFD. I authorize BIFD to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to BIFD and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by BIFD, now, in the past, or in the future.

Signature

Signed On	
Billing Authorization	
HIPAA Acknowledgement	

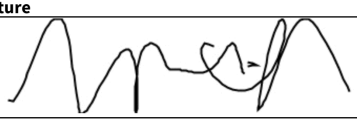
Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

☐	Patient's Legal Guardian
☑	Patient's Medical Power of Attorney
☐	Relative or other person who receives benefits on behalf of the patient
☐	Relative or other person who arranges treatment or handles the patient's affairs
☐	Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature



Signed On	03/09/2025 12:19:26
Notice of Privacy Practices Provided	Yes
Printed Name	Louis Alloin
Reason unable to sign	Pt. impaired

Run Number: OBI25000716
Hospital Chart Number: 1934367410

03/09/2025 18:47:15
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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**.

Signed On	
Printed Name	
Title of Representative	

Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Bainbridge Island Fire Department
Patient Care Record

Name: HOFFMAN, JEANNE **Incident #:** F250009428 **Date:** 03/09/2025 Patient 1 of 1

Provider Signatures



Lead Provider	MULLANEY, JAMES	Certification Level	EMT-Basic - ES61144491

Provider		Certification Level	

Provider		Certification Level	

Provider		Certification Level	

Run Number: OBI25000716
Hospital Chart Number: 1934367410

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03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Provider-Created Image - Scan on 3/9/2025 9:45 PM: LLE stump

Scan (below)

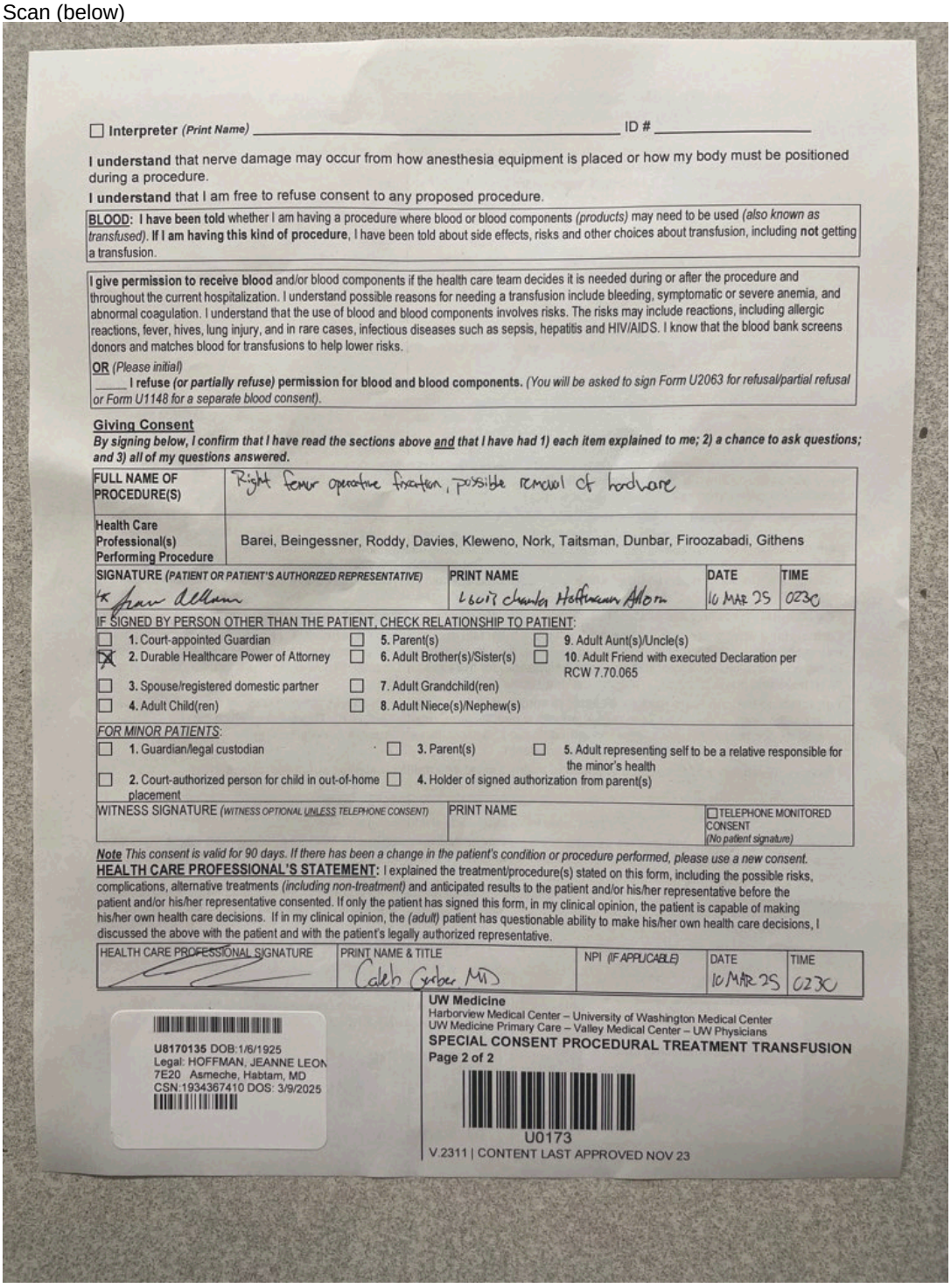


03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/10/2025 2:39 AM

Scan (below)



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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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)	Right femur operative fixation, possible removal of hardware
Health Care Professional(s) Performing Procedure	Barei, Beingessner, Roddy, Davies, Kleweno, Nork, Taitsman, Dunbar, Firoozabadi, Githens

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
x [signature]	Leah Charles Hoffman Adam	10 MAR 25	0230

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)
- ☐ 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

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)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
[signature]	Caleb Gerber MD		10 MAR 25	0230

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEON
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

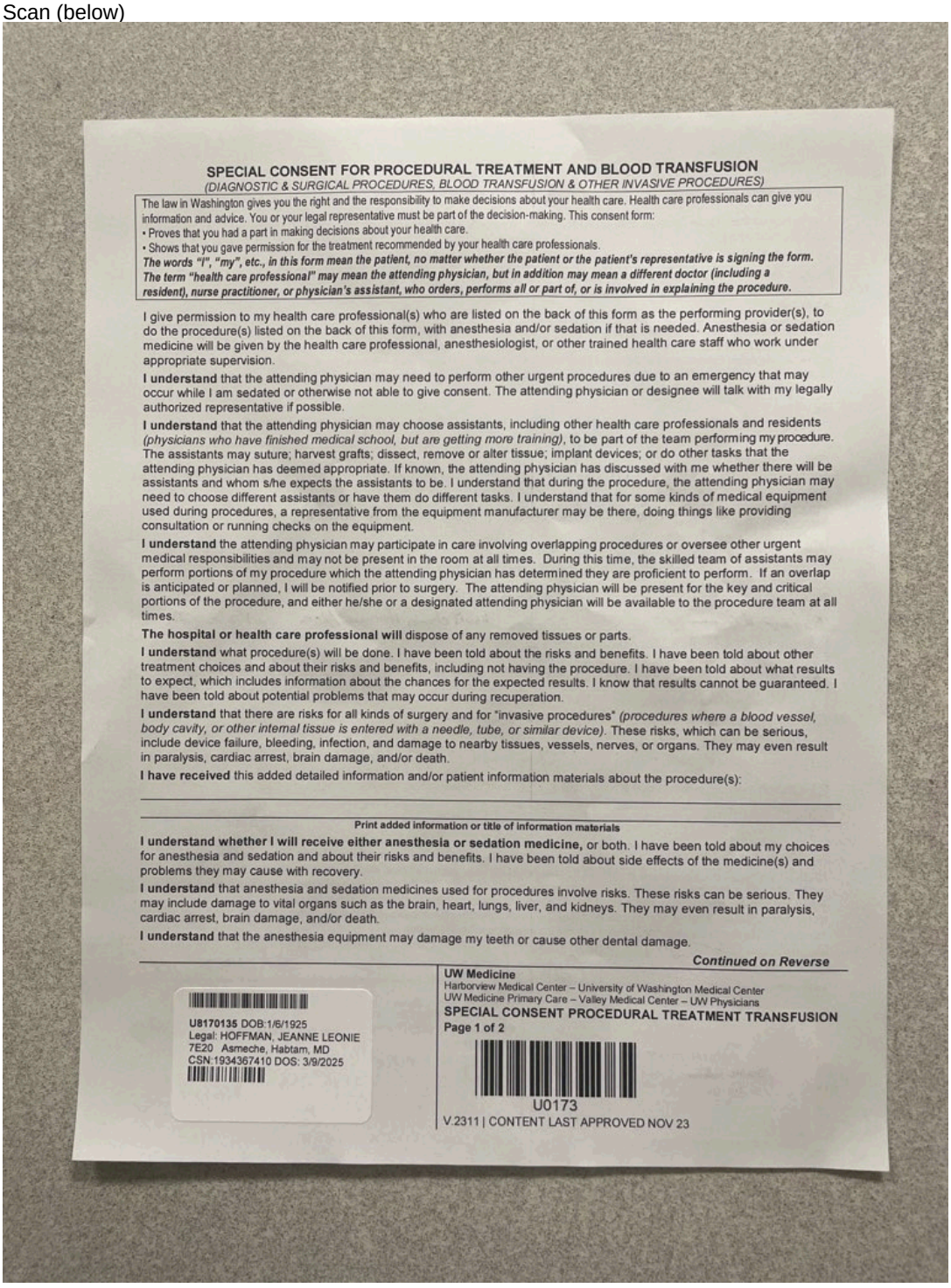
U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/10/2025 2:39 AM

Scan (below)



SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
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U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Patient Property Waiver - Scan on 3/10/2025 9:46 PM (effective from 3/10/2025)

Scan (below)

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Patients are responsible for their personal belongings. This includes, but is not limited to dentures, eyeglasses, crutches, wheelchairs, and personal items such as jewelry. The Medical Center is not responsible if these items are damaged or misplaced while here. To minimize potential harm to personal property including lost, 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" 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 responsible for these items and these items are accessible to the patient. HMC may 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 in the Medical Center. 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 OBTAIN Date: 3-10-25

Patient Name (printed): _____

Signature of Patient's Authorized Representative: _____ Date: _____

Patient's Authorized Representative Name (printed): _____

Signature of Witness: _____ Date: _____

Witness Name (printed): _____

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
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PATIENT PROPERTY NOTICE WAIVER ASSUMPTION RISK
Page 1 of 1

U4714
V.2403 | CONTENT LAST APPROVED JAN 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Important Message From Medicare - Scan on 3/10/2025 9:47 PM (effective from 3/10/2025)

Scan (below)

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 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.

Patient (or legal guardian) signature:	Date:	Time:
UNABLE TO OBTAIN	3-10-25	1745
Patient name (printed):	**Legal guardian printed name (if applicable):**	

CMS 10065-IM (Exp. 12/31/2025)

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

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

UH2445 REV FEB 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

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 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: Molina (plan name) 800-869-7175 (plan phone number)

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Additional Information (Optional):

Print Physician Name: Banis, Maralyse Angelique 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 0938-1019. 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.

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
HMC EMERGENCY DEPARTMENT*
DOS:3/9/2025 BACKLUND, BRANDON HEA
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
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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 FEB 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-Treatment Procedural UWM - Scan on 3/12/2025 4:06 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025

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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
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U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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)	Right femur operative fixation, possible removal of hardware
Health Care Professional(s) Performing Procedure	Barei, Beingessner, Roddy, Davies, Kleweno, Nork, Taitsman, Dunbar, Firoozabadi, Githens

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
[signature]	Leah Chandler Hoffman Attorney	10 MAR 25	0230

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)
☐ **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

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)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
[signature]	Caleb Gerber, MD		10 MAR 25	0230



U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEON
7E20 Asmeche, Habtam, MD
CSN:1934367410 DOS: 3/9/2025



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
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U0173
V.2311 | CONTENT LAST APPROVED NOV 23

03/09/2025 - ED to Hosp-Admission (Discharged) in 7E SURGERY (continued)

Documents (continued)

Consent-General - Scan on 3/28/2025 7:13 AM: U0777 ; RELEASE OF REMAINS

Scan (below)

Release of Remains

I have been authorized by the family (or other authorized person) to receive the body or remains of:

Jeanne Hoffman

Patient Name - Please Print

Funeral home or other authorized entity receiving body/remains:

Cook Family Funeral Home

Name of entity receiving the body/remains (Funeral Home or other authorized entity, such as UW Willed Body Program, King County Medical Examiner, or Tissue Procurement Agency) - Please Print

I have received belongings for the patient: ☐ Yes ☒ No

Hospital ☐ HMC ☑ UWMC

I acknowledge that I am an authorized representative of the above Funeral Home or other authorized entity, and accept responsibility for receiving the body or remains, including but not limited to any liability for claims or damages incurred as a result.

Kay Enlow — Print Name Legibly

Sign Name

3/18/25 , 1150

Date Time

Body or Remains Released By:

Carmen Villarreal — Print Name Legibly

Sign Name

3/18/25, 1150

Date Time

Admitting

UWMC/HMC Department

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
H 7E
DOS:3/9/2025
Enc:1934367410 RES:58949208

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

RELEASE OF REMAINS
Page 1 of 1

WHITE – MEDICAL RECORD
CANARY – ADMITTING

U0777

V.2306 | CONTENT LAST APPROVED JUN 18

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM

Visit Information

Department

Name	Address
UWMC HMC UNSOLICITED DEFAULT DEP HIM	WA 98195

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM (continued)

Documents

Consent-General - Scan on 3/17/2025 11:49 AM: U0430 ; CONSENT/AUTHORIZATION FOR AUTOPSY

Scan (below)

CONSENT FOR AUTOPSY

I, ~~James~~ Louis Hoffmann Allain, the son of the patient

Jeanne Hoffman, authorize and request an autopsy on the body of the above-named patient by the pathologists at the University of Washington Medical Center (UWMC). The standard autopsy procedure may include the removal of organs, tissues, and body fluids, including the brain and eyes. They may be retained and/or used for educational and research purposes, including development of diagnostic or therapeutic products or genetic testing.

Potential use, site of educational activities, distribution, and disposal of tissues and organs will be at the discretion of UWMC medical staff.

I understand and agree to an autopsy procedure as follows:

- ☐ Full autopsy examination (brain examination at the discretion of Autopsy Directors unless otherwise specified) _____
- ☐ Limited autopsy examination with these restrictions: No brain exam

I consent for the use of autopsy tissues in:

- ☒ Education
- ☒ Research including genomic testing
- ☐ Research use (but not genomic testing)

[If permission for research is given]
Samples from the patient can be used for research, including sequencing of genes (DNA), RNA, and other molecules. Genomic data generated in this research and information about the patient's medical conditions may be shared with public data repositories, including some regulated by the National Institutes of Health (NIH). The NIH stores de-identified genomic information that might be used by anyone for studies on any topic and may potentially benefit individuals with the same health conditions in the future. There is a theoretical risk of loss of confidentiality and privacy because it might be possible to re-identify the individual based on genomic data. There may be unknown risks associated with this re-identification, including the possibility of discrimination. However, this risk is very low because the NIH-regulated databases do not contain any personal identifiers. This consent permission can be withdrawn upon request, but data already distributed cannot be retrieved.

My reason for requesting an autopsy is: discern cause of death

Specific questions I would like the autopsy to address: _____

Hoffman, Jeanne
U8170135
PLACE PATIENT LABEL HERE

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

CONSENT/AUTHORIZATION FOR AUTOPSY
Page 1 of 2

WHITE – ADMITTING
CANARY – FAMILY

U0430

V.2406 | CONTENT LAST APPROVED JUN 24

03/09/2025 - Documentation in UWMC HMC UNSOLICITED DEFAULT DEP HIM (continued)

Documents (continued)

Signed _____ / _____
NEXT OF KIN SIGNATURE PRINT NAME

Phone 206-280-1287

Email Address of Next of Kin _____

Address 321 Highschool Rd NE Ste. D3 PMB 292 Bainbridge Island, WA 98110
CITY STATE ZIP

Witnessed By _____ / Brian McGinn
SIGNATURE PRINT NAME

Date 3/13/25 Time 1550

For Phone Consent

2nd Witness _____ / Chanty Davis
SIGNATURE PRINT NAME

The attending physician listed below is expected to communicate the autopsy findings to the legal next of kin whose address and phone are listed above. Preliminary findings will be available within 2 working days after date of autopsy. The final report will be available within 60 working days (3 months) after date of autopsy. The consenting next of kin may request a copy of the Autopsy Report from the attending physician or UW Medicine Release of Information by calling 206-744-9000 (select prompt 3).

SEND REPORT TO THE FOLLOWING PERSONS:

ATTENDING PHYSICIAN (PRINT)	UW EMAIL	PHONE	BOX NUMBER OR ADDRESS
OTHER PHYSICIAN (PRINT)	EMAIL ADDRESS	PHONE	BOX NUMBER OR ADDRESS
OTHER PHYSICIAN (PRINT)	EMAIL ADDRESS	PHONE	BOX NUMBER OR ADDRESS

Hoffman, Jeanne
U8170135
PLACE PATIENT LABEL HERE

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

CONSENT/AUTHORIZATION FOR AUTOPSY
Page 2 of 2

WHITE – ADMITTING
CANARY – FAMILY

U0430
V.2406 | CONTENT LAST APPROVED JUN 24

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT

Visit Information

Department

Name	Address
EXTERNAL HOSPITAL VISIT	UW MEDICINE IT SERVICES 325 9TH AVE, BOX 359968 Seattle WA 98104-2420

Medication List

Medication List

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

Active at the End of Visit

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD
Ordered on: 1/18/2024
Start date: 1/18/2024
End date: 3/14/2025
Quantity: 15 each
Refill: No refills remaining

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD
Ordered on: 3/8/2025
Start date: 3/8/2025
End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic
Discontinued on: 3/14/2025

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Medication List (continued)

Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

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

buprenorphine 5 MCG/HR patch

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

Stopped in Visit

None

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Medication List (continued)

Other Orders

Other

PREMANAGE (Final result)

Electronically signed by: **Uw Premanage Results Interface, User on 03/08/25 1531** Status: **Completed**
Ordering user: Uw Premanage Results Interface, User 03/08/25 1531 Authorized by: EXTERNAL SNF PHYSICIAN
Ordering mode: Standard
Frequency: Routine 03/08/25 1531 - Class: Normal
Quantity: 1 Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
1260515e-3d95-49ff-b3c6-5c9e8fb3b80b	—	—	03/10/25 1559

PREMANAGE Resulted: 03/10/25 1559, Result status: Final result

Order status: Completed Resulted by: EXTERNAL SNF PHYSICIAN
Filed by: Uw Premanage Results Interface, User 03/10/25 1359 Collected by: 03/10/25 1559
Resulting lab: UW COLLECTIVE MEDICAL
Narrative:
Patient has visited an external emergency department or has been hospitalized outside of UW Medicine

--MOST RECENT VISIT--

SNF Admit:03/08/25 13:25
SNF Discharge:03/09/25 13:33
Location: Bainbridge Island Health and Rehab Center - SNF
Attending Provider:
Encounter Type: Skilled Nursing Facility
Major Class: Skilled Nursing Facility
Chief Complaint:
Diagnosis:
Periprosthetic fracture around internal prosthetic right hip joint, subsequent encounter
Presence of cardiac pacemaker
Encounter for orthopedic aftercare following surgical amputation

--CARE GUIDELINES--

(Below are the most recent care guidelines entered by a UW Medicine care provider in EDIE. If UW Medicine guidelines do not exist in EDIE, the most recent care guideline entered by an external hospital care provider is displayed.)

--CARE PROVIDERS--

CARE PROVIDERS

Name	Phone	Type	Service Dates
DANNA, LEI	Unknown	Nurse Practitioner: Family	Unknown - Current
KRETCHMAR, JOSHUA	2064074171	Family Medicine	Unknown - Current
NAVALURKAR, REEMA	2067449102	Student in an Organized Health Care Education/Training Program	Unknown - Current

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

03/08/2025 - External SNF Visit in EXTERNAL HOSPITAL VISIT (continued)

Other Orders (continued)

56 - Unknown	UW COLLECTIVE MEDICAL	Unknown	Unknown	05/02/19 1005 - Present

02/20/2025 - Appointment in UWMC Fluoroscopy

Visit Information

Appointment Information

XGITUB **Completed**
2/20/2025 2:00 PM

Time	Provider	Department	Length
2:00 PM	UWRAD9	UWMC RAD FLUOROSCOPY	30 min

Referral Provider:	FANCHER-DOMINGUEZ, ALEXANDRIA PAIGE	Arrival Time:	2:25 PM
Enc Form Number:	58737928		

Notes:
make sure patient gets ativan prior to coming down

History

Made On:	2/19/2025 3:13 PM	By:	Flack, Lauren A, RT	RIS
Change Notes:	2/19/2025 3:14 PM	By:	Flack, Lauren A, RT	ES
Checked In:	2/20/2025 2:25 PM	By:	Flack, Lauren A, RT	ES
EOD Status:	2/24/2025 9:35 PM	By:	Uw Epaa, User	ES

02/20/2025 - Appointment in UWMC Fluoroscopy (continued)

Case 1714901

Surgery Information

General Information

Date: 2/20/2025
Time:
Status: Posted
Location: UWMC INVASIVE FL RADIOLOGY
Room:
Service:
Patient class:
Case classification:

Diagnosis Information

No post-op diagnosis codes associated with the log.

02/12/2025 - Appointment in Harborview Senior Care Clinic

Visit Information

Appointment Information

TELEMEDICINE RETURN — **Canceled**
2/12/2025 8:20 AM

Time	Provider	Department	Length
8:20 AM	Huang, Joe Chin-Sun, MD	HMC SENIOR CARE CLINIC	60 min

Notes:

ROOM 14
TCM UWMC d/c 1/9 - tbd for acute lower limb ischemia. pqp

History

Rescheduled:	2/3/2025 10:10 AM	By:	Phu, Phuong Q, Coordinator	ES
Change Notes:	2/12/2025 8:02 AM	By:	Danao, Crisel T, CMA	ES
Canceled:	2/12/2025 8:06 AM	By:	Phu, Phuong Q, Coordinator	ES
Cancel Rsn:	Patient-Admitted/Hospitalized (Still inpatient.)			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

02/03/2025 - Appointment in Heart Institute at University of Washington Medical Center

Visit Information

Appointment Information

RETURN SUBSPECIALTY **Canceled**
2/3/2025 11:30 AM

Time	Provider	Department	Length
11:30 AM	EP RN WOUND CLINIC	UWMC HEART INSTITUTE	45 min

Enc Form Number: 58502286 Auto Confirm Status: Reminded

Notes:

Boston Sci PM 1-13-25, EP APP 3-21. NA 1-16-26, had temp pacer currently in patient. EP 2-3wk Wound Check

History

Made On:	1/14/2025 10:48 AM	By:	Suzara, Kristian	ES
Change Notes:	1/14/2025 10:49 AM	By:	Suzara, Kristian	ES
Change Notes:	1/31/2025 8:18 AM	By:	McWilliams, Anna, RN	ES
Canceled:	2/3/2025 7:05 AM	By:	McWilliams, Anna, RN	ES
Cancel Rsn:	Provider-Request/Departure/Other (She is still in house)			

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

01/21/2025 - Telephone in Husky Health Primary Care Clinic

Reason for Visit

Chief complaints: RN10 and Follow-Up
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

Malone, Kathleen, RN at 1/21/2025 0926

I family member called for a letter of medical necessity for the pt hearing aids.
Pt family member has requested a medical letter of necessity for hearing aids to UWMC Audiology.
She wanted HH to write a letter to Molina.
Encouraged her to reach out to UWMC Audiology where she had a referral to be seen.

TC to Alex at UW Otolaryngology to call pt family member to help with letter.
Alex states he will reach out to the pt and assist them

Electronically signed by Malone, Kathleen, RN at 1/21/2025 9:41 AM

01/14/2025 - Telephone in Harborview Senior Care Clinic

Reason for Visit

Chief complaint: Social Work
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

McDonald, Shannon L, MSW at 1/14/2025 1436

SOCIAL WORK CONSULT NOTE

1/14/2025

100 year old English speaking female pt receiving medical care in HMC Senior Care Clinic.

This social worker was consulted by:
Member of this patient's multidisciplinary team: UWMC inpatient MSW regarding housing options. Pt currently admitted UWMC, pt is staying in a tent with her son and caregiver Louis. Medical team working on a safe discharge plan.

This consult included sharing of information by this social worker regarding:

- SW efforts to connect pt and pts son with Helpline house for housing and shelter placement.

- SW concerns about pt and pts sons ability to navigate housing; SW concerns about pt safety, SW referral to APS.

Shannon McDonald, MSW
W. Speciality Clinic Social Worker
Harborview Medical Center
206-744-8036

Electronically signed by McDonald, Shannon L, MSW at 1/14/2025 2:58 PM

01/14/2025 - Telephone in Harborview Senior Care Clinic (continued)

Flowsheets

HMC SW CLINIC ACTIVITY REPORT

Row Name	01/14/25 1400
SW Clinic Name	HMC Senior Care Clinic
Mission	Homeless;Inadequate funding
SW Language Service Provided in	In English
SW Encounter Type	SW Telephone Encounter
SW Outpatient Services (minutes)	45
Interventions to avoid unnecessary admission	Interdisciplinary coordination (inc care conferences and case consultation)

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center

Reason for Visit

Chief complaint: CIED Check
Visit diagnosis:

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Medication List

Medication List

This visit is during an admission. Changes to the med list made in this visit will be reflected in the After Visit Summary of the admission.

Clinical Notes

Telephone Encounter

Andersen, Jihyun Y, RN at 1/14/2025 0854

Implant BSC PM 1/13/25; still IP

Message sent to PSS for f/u scheduling
4 mos remote f/u scheduled
Mychart message sent

Electronically signed by Andersen, Jihyun Y, RN at 1/14/2025 9:05 AM

Messages

remote monitoring for Boston Sicentific pacemaker

From	To	Sent and Delivered
Jihyun Y Andersen, RN	Hoffman, Jeanne Leonie	1/14/2025 9:03 AM
Last Read in MyChart		
Not Read		

Hello Jeanne,

We hope you are recovering well after your Pacemaker (PPM or CRT-P) implant.

At the request of your electrophysiology (EP) provider, Nazem Akoum, MD, you are now enrolled in remote monitoring with the University of Washington for your Boston Scientific Pacemaker (PPM or CRT-P).

Please send a manual/patient-initiated transmission to us by following the instructions in the manual that accompanies your home monitor. This is to ensure that your data is being received and that the measurements of your device remain stable. **Please reply to this message or call us at 206-598-3795 to let us know you have sent a transmission.**

It is recommended that you keep your monitor plugged in and within close proximity to where you sleep at night. Ideally, no more than 6 feet. We ask that you check your monitor on a regular basis for connectivity.

Remote monitoring process at UW

-The device clinic schedules remote checks every 3 months, or more frequently if requested by your provider. However, you will only be billed once in a 91 day period for remote monitoring irrespective of the number of transmissions received during this period. The results will be available on your mychart once the physician has signed the report.

-It is very important to note that remote monitoring is not an emergency service. It will notify us of any implanted device issues, but is not a continuous 24 hour a day monitoring or alarm service. In an emergency you must seek the appropriate medical care.

-Remote monitoring appointments are completed from your home monitor and you are not required to be available on the appointment day. A member of our collaborative group may contact you requesting a transmission a few days prior to your appointment or if your monitor is not connecting.

- If you are experiencing symptoms, please send a transmission from your home monitor and contact us on 206-598-3795 so we can expedite review of your data.
If you are experiencing an emergency and require immediate assistance, please call 911. Your monitor is utilized as a tool to observe changes on your device and arrhythmias, it is not to be used for emergent situations.

We will contact you via MyChart when a report is created or if there are any episodes or measurement changes of concern.

We ask that you notify us as soon as possible if you are transferring device care to a different facility or moving out of state.

If you are experiencing difficulties, please contact Boston Scientific, the makers of your Pacemaker (PPM or CRT-P), for assistance:

Boston Scientific LATITUDE™ Home Monitoring System Support
Phone: 866-484-3268 (Monday-Friday 8:00AM - 5:00PM Central)

We can be reached by telephone with any questions.

Thank you,

Cardiac Device Clinic
UW Cardiac Electrophysiology (EP) - Montlake Campus
phone: 206-598-3795*
fax: 206-598-4669

**All phone, MyChart messaging and remote monitoring is observed Monday - Friday 8AM - 4:30PM. Please leave a message. We make every effort to return calls within the same business day.*
For assistance after hours, weekends, and holidays please call 206-598-4300

How to Manually Send A Remote Transmission from your Boston Scientific LATITUDE™ System

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

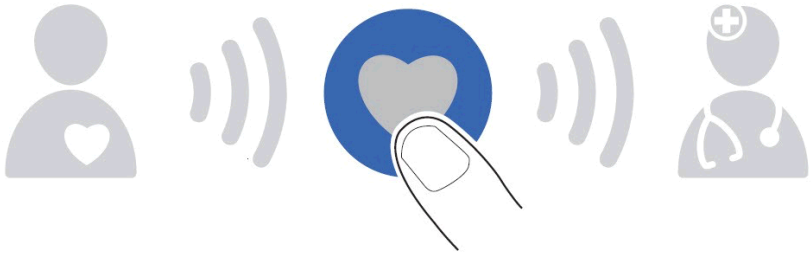
Messages (continued)

STOP!

If you are experiencing persistent chest pain or persistent shortness of breath, *CALL 911*

If you are experiencing SYMPTOMS you suspect are related to your heart or device, please send a remote transmission and call the UWHI Device Clinic at 206-598-3795.

1. **Make sure your device is plugged in and turned ON.** Press the heart button and stay within arm's reach of the Communicator while it completes the interrogation.



2. When all the waves light solid green and the doctor icon lights blue as shown below for two minutes, the Communicator has successfully sent your data.



Important!

Normal use of the LATITUDE system has been accounted for in the projected battery life of your implanted device. **Pressing the heart button more often than when the heart button flashes or more often than instructed by your healthcare provider may lead to a decrease in the battery life of your device!**

What Do the Lights Mean?

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

Messages (continued)

If you see...	This means...	What to do...
 Flashing Heart button	The Communicator needs help completing a previously scheduled device check. ***Note:*** *This does not indicate a problem with your implanted device.*	Press the Heart button. Stay next to the Communicator until data is sent.
	Data from your implanted device has been sent to the LATITUDE system.	No action needed.
 OR	There is a potential problem that needs to be addressed by your health care provider.	Call your health care provider.
 Yellow Waves	Your Communicator is having a problem connecting.	Refer to the Troubleshooting section of your patient manual.

Something Not Working?

Contact Boston Scientific LATITUDE™ Home Monitoring System Support
Phone: **866-484-3268** (Monday-Friday 8:00AM - 5:00PM Central)
Boston Scientific Remote Monitoring System Device Support

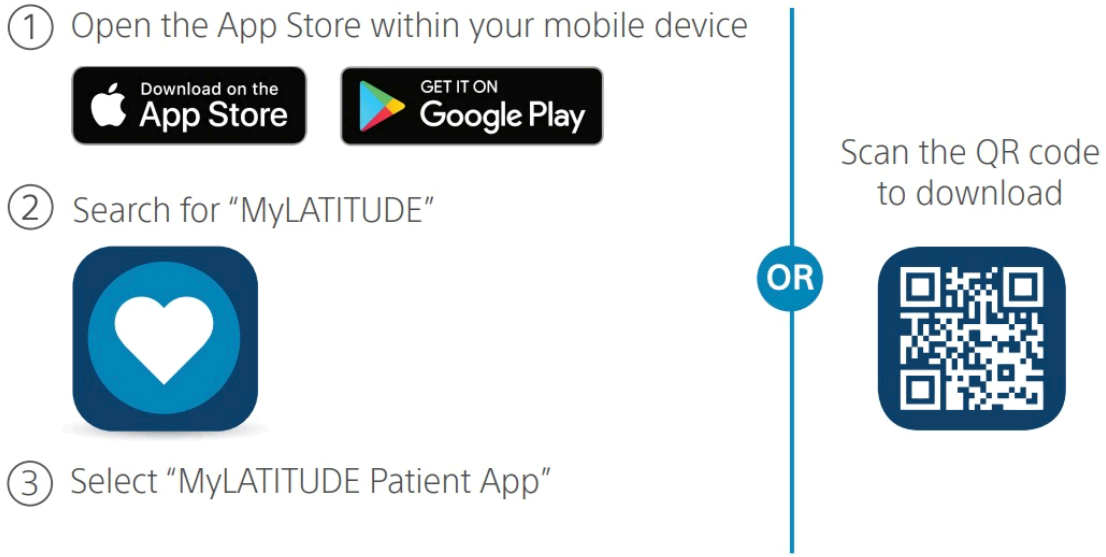
Sign up for the MyLATITUDE Patient App!

The MyLATITUDE Patient App shows you:

- How to set up your LATITUDE Communicator
- The connection status of your LATITUDE Communicator
- What to do in the event your Communicator is not working
- Information about your scheduled transmission dates
- The status of your implanted device battery
- Answers to common questions about your device and remote monitoring

01/14/2025 - Telephone in Heart Institute at University of Washington Medical Center (continued)

Messages (continued)



Property of UW Medicine, 2021; Updated August 2023

01/10/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585505	—	—	01/10/25 1216

EKG 12-Lead Resulted: 01/13/25 1813, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/13/25 1815
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/10/25 1216
Lab Technician: TAMLYN THOMAS RN

Narrative:
SINUS BRADYCARDIA WITH FIRST DEGREE AV BLOCK
NONSPECIFIC INTRAVENTRICULAR CONDUCTION DELAY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 21:09,
NO SIGNIFICANT CHANGE
Confirmed by LINKER MD, DAVID (1024) on 1/13/2025 6:13:26 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	33	BPM	—	79
Atrial Rate	66	BPM	—	79
P-R Interval	280	ms	—	79
QRS Duration	124	ms	—	79
Q-T Interval	496	ms	—	79
QTC Calculation	367	ms	—	79
P Axis	71	degrees	—	79
R Axis	9	degrees	—	79
T Axis	-4	degrees	—	79

View Report (below)

01/10/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 10-JAN-2025 12:16:29 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

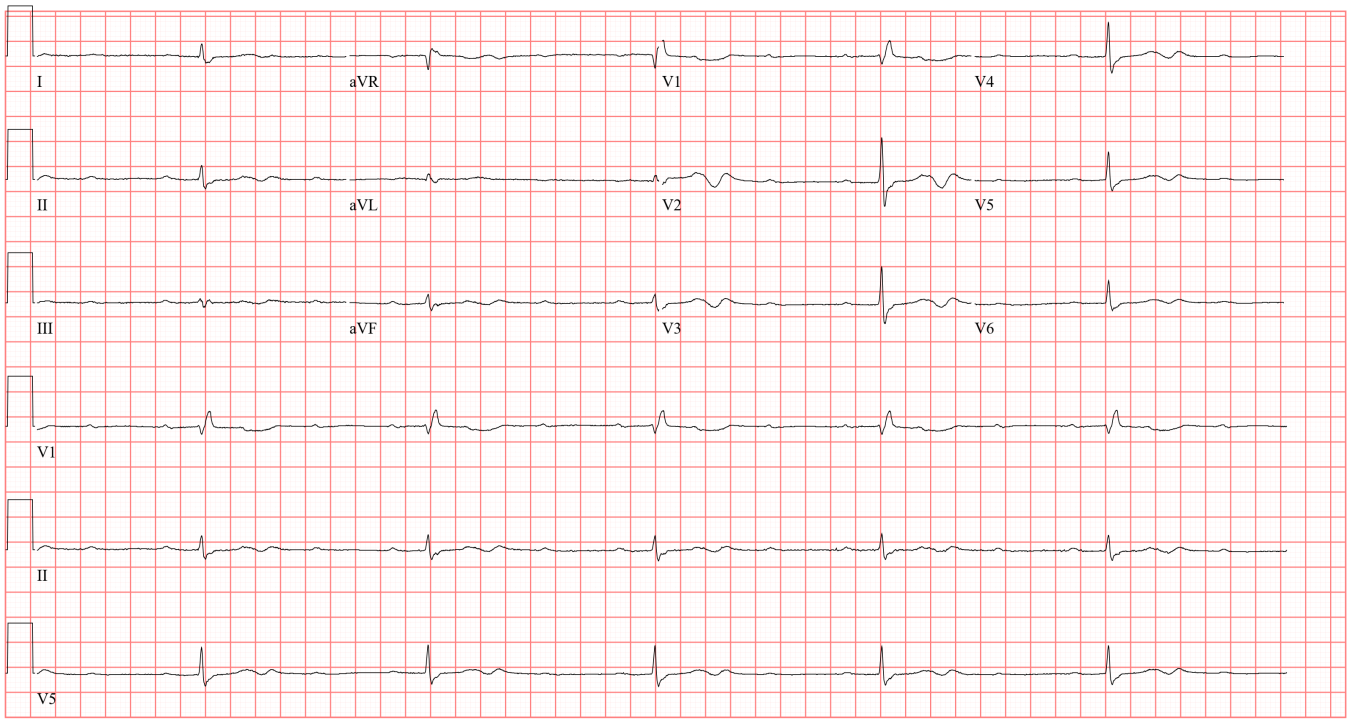
Room:5420
Loc:64

Vent. rate	33	BPM
PR interval	280	ms
QRS duration	124	ms
QT/QTc	496/367	ms
P-R-T axes	71 9	-4

SINUS BRADYCARDIA WITH FIRST DEGREE AV BLOCK
NONSPECIFIC INTRAVENTRICULAR CONDUCTION DELAY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 21:09,
NO SIGNIFICANT CHANGE
Confirmed by LINKER MD, DAVID (1024) on 1/13/2025 6:13:26 PM

Technician: TAMLYN THOMAS RN
Test ind:BRADY

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 18:13 13-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 1/13/25 at 1813 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA

Reason for Visit

Chief complaints: Infection and Bradycardia
Visit diagnoses:

- Arterial occlusion (primary)
- History of recurrent deep vein thrombosis (DVT)
- Acute lower limb ischemia
- Bradycardia
- Reduced vision
- Adult failure to thrive syndrome
- Tachypnea on examination
- Delirium
- Hypoxemia
- Acute cough
- Severe protein-calorie malnutrition
- Generalized abdominal pain
- Pain of right lower extremity
- Pain in right leg
- Acute fracture
- Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter

Hospital problems:

- **Acute lower limb ischemia (primary)**
- Abdominal pain
- Bradycardia

Visit Information

Admission Information

Arrival Date/Time:	01/09/2025 1015	Admit Date/Time:	01/09/2025 1030	IP Adm. Date/Time:	01/09/2025 1806
Admission Type:	Emergency	Point of Origin:	Non-health Care Facility/self	Admit Category:	
Means of Arrival:	Car Or Automobile	Primary Service:	Medicine H	Secondary Service:	N/A
Transfer Source:		Service Area:	UW MEDICINE	Unit:	UWMC MONTLAKE TOWER 7SA
Admit Provider:	Smith, Matthew C, MD	Attending Provider:	Vrablik, Marie Clougherty, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit	--	Song, Chris, MD	Thu Jan 9, 2025 1:44 PM	--

Discharge Information

Date/Time: 03/08/2025 1135 Disposition: 03 Snf-skilled Nursing Facility Destination: Other
Provider: Barnes, James Irvin, MD Unit: UWMC MONTLAKE TOWER 7SA

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Navalurkar, Reema, MD	Geriatric Medicine	Follow up		1959 NE Pacific St Box 359755 Seattle WA 98195 206-744-8513

Medication List

Medication List

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

Prior To Admission

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Instructions: Take 2 tablets (2,000 units) by mouth daily.
Entered by: Taylor, Zoe Judith Mildred, MD — Entered on: 8/20/2019
Start date: 8/20/2019 — End date: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Pearson, Terri Jeanne, CMA — Entered on: 9/4/2019
End date: 3/8/2025 — Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.
Authorized by: Neighbor Jr., William E, MD — Ordered on: 2/9/2023
Start date: 2/9/2023 — End date: 3/8/2025
Quantity: 88 mL — Refill: 6 refills by 2/9/2024

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Apply topically every other day. Apply to wound before applying dressing
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/26/2023
Start date: 4/26/2023 — End date: 3/8/2025
Quantity: 44 mL — Refill: 4 refills by 4/25/2024

timolol maleate 0.5 % ophthalmic solution

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: instill 1 drop into both eyes twice a day
Authorized by: Neighbor Jr., William E, MD — Ordered on: 4/10/2024
Start date: 4/10/2024 — End date: 3/8/2025
Quantity: 10 mL — Refill: 6 refills by 4/10/2025

pentoxifylline ER 400 MG ER tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.
Authorized by: Navalurkar, Reema, MD — Ordered on: 8/21/2024
Start date: 8/21/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 8/21/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet (10 mg) by mouth daily.
Authorized by: Navalurkar, Reema, MD — Ordered on: 12/11/2024
Start date: 12/11/2024 — End date: 3/8/2025
Quantity: 90 tablet — Refill: 3 refills by 12/11/2025

Cyanocobalamin (VITAMIN B-12 OR)

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Instructions: Take 1 tablet by mouth daily.
Entered by: Clark, Trika L, Pharmacy Technician — Entered on: 1/9/2025
End date: 3/8/2025

Discharge Medication List

lidocaine 4 % patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.
Authorized by: Nguyen, My-Linh Trinh, MD — Ordered on: 1/18/2024
Start date: 1/18/2024 — End date: 3/14/2025
Quantity: 15 each — Refill: No refills remaining

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

acetaminophen 650 MG suppository

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

atropine 1% ophthalmic solution (for oral use)

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 2 drops under the tongue every 4 hours as needed for secretions.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

bisacodyl 10 MG suppository

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

camphor-menthol 0.5-0.5 % lotion

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically 2 times a day as needed for itching.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

carboxymethylcellulose 0.5 % ophthalmic solution

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 drop in each EYE every hour as needed for dry eyes.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

enoxaparin 30 MG/0.3ML prefilled syringe

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Inject 0.3 mL (30 mg) under the skin at bedtime.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

magnesium hydroxide 400 MG/5ML suspension

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 30 mL by mouth 2 times a day as needed for constipation.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

phenol 1.4 % mouth/throat spray

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

psyllium 51.7 % packet

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

saliva substitute (Biotene Dry Mouth) liquid oral rinse

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Swish and spit 15 mL 3 times a day.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

scopolamine 1 MG/3DAYS patch

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

white petrolatum gel

Discontinued by: Discharge Provider, Automatic — Discontinued on: 3/14/2025
Reason for discontinuation: System automatic cancellation for deceased patient
Instructions: Apply topically as needed for dry skin.
Authorized by: Barnes, James Irvin, MD — Ordered on: 3/8/2025
Start date: 3/8/2025 — End date: 3/14/2025

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

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

buprenorphine 5 MCG/HR patch

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

Stopped in Visit

Cholecalciferol 1000 units Oral Tab

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025

MULTIPLE VITAMIN OR

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025
Informant: Patient Reported

Wound Dressings (medihoney) topical gel

Discontinued by: Barnes, James Irvin, MD — Discontinued on: 3/8/2025

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01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication List (continued)

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

atorvastatin 10 MG tablet

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

Cyanocobalamin (VITAMIN B-12 OR)

Discontinued by: Barnes, James Irvin, MD Discontinued on: 3/8/2025

ED Provider Note

ED Provider Notes by Song, Chris, MD at 1/9/2025 1656

Attestation signed by Vrablik, Marie Clougherty, MD at 1/12/2025 9:13 AM

I saw and evaluated the patient. I have reviewed the resident's/fellow's findings and agree.

Yes - I provided critical care for this patient. Critical care was necessary because there was a high probability of imminent or life-threatening deterioration and this patient required continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. The critical care I provided included:
managing hypotension or other hemodynamic instability, consultation with specialists, talk with family member making medical care decisions, talk with family/surrogate re: patient history, and review patient condition/progress with patient family/surrogate

Critical Care Time:
I spent a total of (30-74 minutes) 35 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.

CHIEF COMPLAINT

Chief Complaint

Patient presents with

- Infection
- Bradycardia

HISTORY OF PRESENT ILLNESS AND REVIEW OF SYSTEMS

Ms. Hoffman is a 100 year old woman with history of HTN, HLD, prior DVT (not on AC), who presents with one day of severe L lower extremity pain and dark discoloration. Her son, Louis, provides much of the history.

She has been living with her son over the past 2 weeks, which reportedly has heat source. They were previously living in a house but were kicked out of their housing. Gathering from 12/10 SW note, Louis did not want to move his mother into a nursing home, felt pride in taking care of her, and had goal of finding housing on Bainbridge Island. He reports the house has running water, heat, and he has been doing daily wound care on her L venous ulcers. He has noted her feet have ben numb for the past 24-72 hours. Over the past 6 hours prior to presentation, her feet became blue/purple,

and she has had significantly increased pain.

PAST MEDICAL AND SURGICAL HISTORY

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency *Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006

- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

MEDICATIONS AND ALLERGIES

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical	Topical, Every other day, Apply to wound

gel	before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

SOCIAL HISTORY AND FAMILY HISTORY

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: No
- Drug use: No

Family History

Problem (# of Occurrences)	Relation (Name,Age of Onset)
No Known Problems (2)	**Mother**, **Father**

PHYSICAL EXAM

ED VITALS:

Vitals (Arrival)
T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.8 °C (01/09/25 1033) **BP:** **(!) 165/56** (01/09/25 1345) **HR:** **(!) 41** (01/09/25 1345) **RR:** 20 (01/09/25 1345) **SpO2:** 99 % (01/09/25 1345) Room air **T range:** Temp Min: 36.8 °C Max: 36.9 °C Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam
General: Frail, very uncomfortable appearing, moderate distress. Very hard of hearing
HEENT: No scleral icterus, conjunctival injection
Cardiac: Bradycardic, normal S1/S2
Pulmonary: Normal work of breathing; Clear anteriorly
Abdomen: Soft, nontender, nondistended. No palpable masses
Extremities: No lower extremity edema.

ED Provider Note (continued)

Left Leg: Very cold, dark purple skin from foot-upper anterior shin (see media). Areas of purple/black discoloration over the lateral anterior shin and foot. DP pulses not obtained with Doppler. Exquisitely tender to light palpation. Not moving L extremity, remains plantarflexed.
Right Leg: No discoloration. Not cool to touch. No DP pulses palpated.
Neuro: responding appropriately to questions. Very hard of hearing.

LABORATORY:

Labs Reviewed

COMPREHENSIVE METABOLIC PANEL - Abnormal

Result	Value
Sodium	144
Potassium	4.0
Chloride	109 (*)
Carbon Dioxide, Total	25
Anion Gap	10
Glucose	183 (*)
Urea Nitrogen	25 (*)
Creatinine	1.10 (*)
Protein (Total)	7.8
Albumin	3.9
Bilirubin (Total)	0.5
Calcium	9.2
AST (GOT)	48 (*)
Alkaline Phosphatase (Total)	69
ALT (GPT)	28
eGFR by CKD-EPI 2021	45 (*)

CBC, DIFF - Abnormal

WBC	13.85 (*)
RBC	3.97
Hemoglobin	12.3
Hematocrit	39
MCV	98
MCH	31.0
MCHC	31.5 (*)
Platelet Count	205
RDW-CV	13.4
% Neutrophils	80
% Lymphocytes	13
% Monocytes	6
% Eosinophils	0
% Basophils	0
% Immature Granulocytes	1
Neutrophils	11.19 (*)
Absolute Lymphocyte Count	1.74
Monocytes	0.77
Absolute Eosinophil	0.02

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

Count	
Basophils	0.05
Immature Granulocytes	0.08 (*)
Nucleated RBC	0.00
% Nucleated RBC	0

GLUCOSE POC, UWMC - Abnormal

Glucose (POC)	202 (*)

L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN)

L Lactate (Direct), Venous Whole Blood	1.6

1ST EXTRA GRAY TOP

1st Extra Gray Top	Additional collection tube

PROTHROMBIN TIME

Prothrombin Time Patient	14.1
Prothrombin INR	1.1

LAB ADD ON ORDER

Lab Test Requested	Troponin
Specimen Type/Description	Blood
Sample To Use	Most recent
Test Request Status	Order Processed

TROPONIN_I

Troponin_I	0.03
Troponin_I Interpretation	Normal

BLOOD GAS, VENOUS, W/ ICA, NA, K, LACT, GLU

URINALYSIS WITH REFLEX CULTURE

BLOOD C/S

Special Requests	Aerobic and anaerobic bottles
Culture	No growth to date

BLOOD C/S

Special Requests	Aerobic and anaerobic bottles
Culture	No growth to date

POC GLUCOSE, WHOLE BLOOD

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01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

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TYPE AND SCREEN
PATHOLOGY, SURGICAL

IMAGING:

ED Wet Read -

CTA Abdomen Angio

Final Result

Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

XR Chest 1 View

Final Result

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

Radiology Final Result -

No image results found.

EKG DOCUMENTATION

SUICIDE RISK EVALUATION

SEPSIS

ED COURSE/MEDICAL DECISION MAKING

Ms. Hoffman is a 100 year old woman with history of HTN, HLD, prior DVT (not on AC), who presents with one day of severe L lower extremity pain and dark discoloration. Initial concern for acute critical limb ischemia vs. Necrotizing fasciitis. CTA was obtained, notable for L lower extremity occlusion of the L external iliac artery w/o collaterals. No evidence of necrotizing soft tissue infection. She was started on a Heparin GTT, Aspirin, and Vascular Surgery was consulted, and expedited the patient to the OR for above-knee amputation.

On arrival, she was bradycardic into the 30-40s, with a new RBBB. She did not endorse chest pain, had a negative Troponin. She was normotensive, and otherwise asymptomatic. Given her critical condition, discussion was had with her son, LNOK, around her code status. Recommendation was made for DNR/DNI, with rationale provided of likely poor neurologic outcome even if she was to regain a pulse. Her son appeared to understand the severity and acuity of her situation, including possible death, given her significant bradycardia, and wanted to have the patient remain Full Code, given prior discussions he has had with her, which focused on life sustaining treatments, and this is consistent with a POLST, last updated 2018. He was focused on finding her a place to live (currently living in a tent after recently being removed from prior housing).

Medications Given in the ED:

Medications

heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) (0 Units/kg/hr × 45.5 kg (Dosing Weight) Intravenous Stopped 1/9/25 1434)
aspirin EC tablet 81 mg (81 mg Oral Given 1/9/25 1303)
peripheral nerve clinician Bolus 2 mL (has no administration in time range)
ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) (has no administration in time range)
dextrose 50 % injection 25 mL (has no

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

administration in time range)
dextrose 50 % injection 50 mL (has no administration in time range)
glucagon injection 0.5 mg (has no administration in time range)
glucagon injection 1 mg (has no administration in time range)
insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) (has no administration in time range)
sodium chloride 0.9 % IV Bolus 500 mL (0 mL Intravenous Stopped 1/9/25 1213)
vancomycin 1 g in D5W 200 mL IVPB (premix) (1 g Intravenous New Bag/Syringe 1/9/25 1213)
cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB (0 g Intravenous Stopped 1/9/25 1213)
iohexol (Omnipaque) 350 MG/ML contrast 80 mL (80 mL Intravenous Contrast Given 1/9/25 1217)
heparin Bolus from pump 3,640 units (3,640 units Intravenous Bolus from Pump 1/9/25 1251)

CLINICAL IMPRESSION AND DISPOSITION (Link)

Clinical Impressions:
[I70.90] Arterial occlusion

Disposition: Admit

CRITICAL CARE/ADDITIONAL INFORMATION REVIEWED ATTENDING ONLY

Song, Chris, MD
Resident
01/09/25 1830

Electronically signed by Song, Chris, MD at 1/9/2025 6:30 PM
Electronically signed by Vrablik, Marie Clougherty, MD at 1/12/2025 9:13 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Provider Note (continued)

ED Notes

ED Triage Notes by White, Makenzie R, RN at 1/9/2025 1036

Pt BIB her caregiver to UWMC ED. Pt has a wound to her left lower leg/foot, ongoing x3 days. Pt has been reporting that it feels "Cold". +Severe pain to LLE, purplish discoloration. HR in noted to be in the 40's. Pt is sleepy, not initially verbally responding to this RN. MD Vrablik called and notified of pt's presenting s/s.

Electronically signed by White, Makenzie R, RN at 1/9/2025 10:38 AM

ED Care Timeline

Patient Care Timeline (1/9/2025 10:15 to 1/9/2025 15:16)

1/9/2025	Event	Details	User
10:14:58	**Emergency encounter created**		Wilson, Myra
10:15	**Patient arrived in ED**		Wilson, Myra
10:15:47	**Arrival Complaint**	leg ulcers	
10:26	**Vital Signs**	**Vital Signs** Temp: 36.9 °C (P) Temp src: Temporal (P) Pulse: **41** ! (P) Heart Rate Source: Monitor (P) Resp: 16 (P) BP: **152/54** ! (P) MAP (mmHg): 82 (P) BP Site: Left Arm (P) BP Method: Automatic (P) Patient Position: Sitting (P) SpO2: 99 % (P) **Vitals Timer** Restart Vitals Timer: Yes (P) **Oxygen Therapy** SpO2: 99 % (P)	Miranda, Mercedes A, CMA
10:26	**Custom Formula Data**	**Other flowsheet entries** Temp (in Celsius) for APACHE IV: 36.9 (P)	Miranda, Mercedes A, CMA
10:27	**Arrival Documentation**	**Triage Start** Triage Start: Start **Triage Call** Triage Call: Call 1x **Prehospital Treatment** Prehospital Treatment: No	White, Makenzie R, RN
10:27	**General Appearance**	**General Appearance** General Appearance: Alert and Oriented x 4; Respirations even and Unlabored; Skin warm, dry, and color consistent with ethnicity; Moves all extremities	White, Makenzie R, RN
10:27:45	**Triage Started**		White, Makenzie R, RN
10:28:06	**Allergies Reviewed**		White, Makenzie R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**In Facility**	Status: Arrived	--
10:30	**Specimens Collected**	POC Glucose, Whole Blood - UWMC Montlake - ID: **H3813016** Type: **Whole blood**	
10:30:45	**Patient roomed in ED**	To room ED02	White, Makenzie R, RN
10:30:45	**Patient roomed in ED**		White, Makenzie R, RN
10:31	**Acuity/Destination**	**Acuity/Triage Complete** Patient Acuity: 1	White, Makenzie R, RN
10:31:31	**POC Glucose, Whole Blood - UWMC Montlake Resulted**	**Abnormal Result** Collected: **1/9/2025 10:30** Last updated: **1/9/2025 10:31** Status: **Final result** Glucose (POC): **202 mg/dL** ^ [Ref Range: 62 - 125]	Uw Lab Results Interface, User
10:31:53	**Lab Resulted**	(Final result) GLUCOSE POC, UWMC	Uw Lab Results Interface, User
10:33	**Vital Signs**	**Vital Signs** Temp: 36.8 °C Temp src: Temporal Pulse: **40** ! Heart Rate Source: Monitor Resp: 14 BP: **152/54** ! BP Site: Right Arm BP Method: Automatic Patient Position: Sitting SpO2: 99 % Vital Sign Reason: Routine **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % Oxygen Therapy: None (Room air) **Pain Assessment** Pain Score: 10 - Worst possible pain **Height and Weight** Weight: 45.5 kg (100 lb 6.4 oz) Weight Method: Bed scale	White, Makenzie R, RN
10:33	**Pain Assessment**	**Pain Assessment Timer** Restart Pain Assessment Timer: Yes	White, Makenzie R, RN
10:33	**Custom Formula Data**	**Other flowsheet entries** Admission Weight (kg): 45.54 Dubois BSA: 0 (m^2) Weight taken by scale (kg): 45.54 kilograms Weight kg (view-only): 45.54 Temp (in Celsius) for APACHE IV: 36.8 Drug Calculation Weight - Calculated (oz): 1606.4 oz Drug Calculation Weight - Calculated (kg): 45.54 kg Weight for Calculations - Calculated (oz): 1606.4 ounces	White, Makenzie R, RN
10:33:46	**Chief Complaints Updated**	**Bradycardia Infection**	White, Makenzie R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:34:54	**Order Performed**	EKG 12-Lead - ID: **2584787**	
10:35	**Triage Completed**		White, Makenzie R, RN
10:35	**Acuity/Destination**	**Acuity/Triage Complete** Triage Complete: Triage complete	White, Makenzie R, RN
10:35:46	**ECG Ordered**	EKG 12 LEAD	White, Makenzie R, RN
10:35:46	**Orders Placed**	ECG - EKG 12-Lead	Vrablik, Marie Clougherty, MD
10:36:12	**ED Triage Notes**	Pt BIB her caregiver to UWMC ED. Pt has a wound to her left lower leg/foot, ongoing x3 days. Pt has been reporting that it feels "Cold". +Severe pain to LLE, purplish discoloration. HR in noted to be in the 40's. Pt is sleepy, not initially verbally responding to this RN. MD Vrablik called and notified of pt's presenting s/s.	White, Makenzie R, RN
10:36:20	**Registration Completed**		Wilson, Myra
10:39	**Specimens Collected**	Comprehensive Metabolic Panel - ID: **H3813171** Type: **Blood** CBC with Diff - ID: **H3813171** Type: **Blood** L Lactate, Venous WB (To U/H Lab < 30 Min) - ID: **H3813172** Type: **Blood** Extra Blue Top - ID: **H3813171** Type: **Blood** 1st Extra Pearl Top - ID: **H3813171** Type: **Blood** 1st Extra Gray Top - ID: **H3813171** Type: **Blood** 1st Extra Gold Top - ID: **H3813171** Type: **Serum** Troponin-I - ID: **H3813171** Type: **Serum**	
10:39:33	**Orders Placed**	Nursing - Call provider for the Following Vital Signs	Wilson, Julia, MD
10:39:33	**Orders Placed**	Nursing - Weigh Patient; Call provider for Microbiology - Blood Culture, Peripheral; Blood Culture, Peripheral Lab - Comprehensive Metabolic Panel; CBC with Diff; L Lactate, Venous WB (To U/H Lab < 30 Min); Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu; Urinalysis with Reflex Culture; Extra Blue Top; 1st Extra Pearl Top; 1st Extra Gray Top Imaging - XR Chest 1 View IV - IV Line - Insert; IV Line - Saline lock Diet - NPO Diet NPO except for ice chips/medications/sips of water CORE MEASURES - Sepsis Protocol Initiated	Vrablik, Marie Clougherty, MD
10:39:33	**Orders Placed**	IV - IV Line - Maintain IV access	Schwarz, Samuel, MD
10:39:36	**Lab Ordered**	BLOOD C/S, 1ST EXTRA GRAY TOP, BLOOD C/S, 1ST EXTRA PEARL TOP, 1ST EXTRA BLUE TOP, URINALYSIS WITH REFLEX CULTURE, BLOOD GAS, VENOUS, W/ ICA, NA, K, LACT, GLU, L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN), CBC, DIFF, COMPREHENSIVE METABOLIC PANEL	White, Makenzie R, RN
10:39:36	**XR Ordered**	XR CHEST 1 VIEW	White, Makenzie R, RN
10:39:41	**Orders Completed**	Sepsis Protocol Initiated	White, Makenzie R, RN
10:40:59	**Assign Nurse**	Hendricksen, Kayla, RN assigned as Registered Nurse	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:41:14	**Orders Acknowledged**	New - EKG 12-Lead; Weigh Patient; Sepsis Protocol Initiated; IV Line - Insert; IV Line - Maintain IV access; IV Line - Saline lock; Call provider for; Call provider for the Following Vital Signs; NPO Diet NPO except for ice chips/medications/sips of water; Comprehensive Metabolic Panel; CBC with Diff; L Lactate, Venous WB (To U/H Lab < 30 Min); Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu; Urinalysis with Reflex Culture; Extra Blue Top; 1st Extra Pearl Top; XR Chest 1 View; Blood Culture, Peripheral; 1st Extra Gray Top; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:38	**Forward 1st Extra Gray Top to Lab as Collection Add-On Completed**	*1st Extra Gray Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward 1st Extra Pearl Top to Lab as Collection Add-On Completed**	*1st Extra Pearl Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward CBC with Diff to Lab as Collection Add-On Completed**	*CBC with Diff* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Completed**	*Comprehensive Metabolic Panel* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward Extra Blue Top to Lab as Collection Add-On Completed**	*Extra Blue Top* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Forward L Lactate, Venous WB (To U/H Lab < 30 Min) to Lab as Collection Add-On Completed**	*L Lactate, Venous WB (To U/H Lab < 30 Min)* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:38	**Print Label for 1st Extra Gray Top Discontinued**	*1st Extra Gray Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for 1st Extra Pearl Top Discontinued**	*1st Extra Pearl Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for CBC with Diff Discontinued**	*CBC with Diff*	Hendricksen, Kayla, RN
10:41:38	**Print Label for Comprehensive Metabolic Panel Discontinued**	*Comprehensive Metabolic Panel*	Hendricksen, Kayla, RN
10:41:38	**Print Label for Extra Blue Top Discontinued**	*Extra Blue Top*	Hendricksen, Kayla, RN
10:41:38	**Print Label for L Lactate, Venous WB (To U/H Lab < 30 Min) Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Hendricksen, Kayla, RN
10:41:38	**Send 1st Extra Gray Top to phlebotomy Discontinued**	*1st Extra Gray Top*	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:41:38	**Send 1st Extra Pearl Top to phlebotomy Discontinued**	*1st Extra Pearl Top*	Hendricksen, Kayla, RN
10:41:38	**Send CBC with Diff to phlebotomy Discontinued**	*CBC with Diff*	Hendricksen, Kayla, RN
10:41:38	**Send Comprehensive Metabolic Panel to phlebotomy Discontinued**	*Comprehensive Metabolic Panel*	Hendricksen, Kayla, RN
10:41:38	**Send Extra Blue Top to phlebotomy Discontinued**	*Extra Blue Top*	Hendricksen, Kayla, RN
10:41:38	**Send L Lactate, Venous WB (To U/H Lab < 30 Min) to phlebotomy Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Hendricksen, Kayla, RN
10:41:47	**Print Label for Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu Completed**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu* - Type: **Blood**	Hendricksen, Kayla, RN
10:41:47	**Forward Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu to Lab as Collection Add-On Discontinued**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu*	Hendricksen, Kayla, RN
10:41:47	**Send Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu to phlebotomy Discontinued**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu*	Hendricksen, Kayla, RN
10:41:56	**Print Label for Blood Culture, Peripheral Completed**	Type: **Blood** ; Source: **Blood, Venous** Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:56	**Forward Blood Culture, Peripheral to Lab as Collection Add-On Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:41:56	**Send Blood Culture, Peripheral to phlebotomy Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:42	**Collect Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu Completed**	*Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu* - Type: **Blood**	White, Makenzie R, RN
10:42	**Specimens Collected**	Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu - ID: **H3813173** Type: **Blood**	White, Makenzie R, RN
10:42	**[REMOVED] Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm Placed**	Removal Date/Time: 01/10/25 0500 Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size Gauge: 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Reason: Infiltrated	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:42	**Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm Assessment**	Site Assessment: Clean; Dry; Intact Dressing Status: Clean; Dry; Intact Dressing Type: Transparent	Hendricksen, Kayla, RN
10:42:04	**Imaging Exam Started**	XR Chest 1 View	Day, Heather K, RT
10:42:09	**Orders Completed**	EKG 12-Lead	Hendricksen, Kayla, RN
10:42:09	**Complete EKG 12-Lead Completed**	*EKG 12-Lead*	Hendricksen, Kayla, RN
10:42:10	**ECG Performed**	EKG 12-Lead - [360190418]	Hendricksen, Kayla, RN
10:42:20	**Assign Resident**	Song, Chris, MD assigned as Resident	Song, Chris, MD
10:42:20	**Assign Physician**		Song, Chris, MD
10:42:20	**First Provider Evaluation**		Song, Chris, MD
10:42:35	**Orders Completed**	IV Line - Insert	Hendricksen, Kayla, RN
10:42:35	**IV Line - Insert Completed**	*IV Line - Insert*	Hendricksen, Kayla, RN
10:42:39	**Orders Completed**	IV Line - Saline lock	Hendricksen, Kayla, RN
10:42:39	**IV Line - Saline lock Completed**	*IV Line - Saline lock*	Hendricksen, Kayla, RN
10:44:13	**Orders Modified**	Order Modified - Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral); Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral)	Vrablik, Marie Clougherty, MD
10:44:13	**Orders Discontinued**	Blood Culture, Peripheral (01/09/25 1039) ; Blood Culture, Peripheral (01/09/25 1040)	Hendricksen, Kayla, RN
10:44:13	**Collect Blood Culture, Peripheral Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:44:13	**Print Label for Blood Culture, Peripheral Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:44:14	**Lab Ordered**	BLOOD C/S, BLOOD C/S	Hendricksen, Kayla, RN
10:44:22	**Orders Acknowledged**	Modified - Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral); Blood Culture, Peripheral (Comment: Modified from Blood Culture, Peripheral)	Hendricksen, Kayla, RN
10:45	**Extra Blue Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Blue Top: **Additional collection tube**	Uw Lab Results Interface, User
10:45	**1st Extra Pearl Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Pearl Top: **Additional collection tube**	Uw Lab Results Interface, User
10:45	**1st Extra Gray Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Gray Top: **Additional collection tube**	Uw Lab Results Interface, User
10:46:11	**Print Label for Blood Culture, Peripheral Completed**	Type: **Blood** ; Source: **Blood, Venous** Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:46:11	**Forward Blood Culture, Peripheral to Lab as Collection Add-On Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:46:11	**Send Blood Culture, Peripheral to phlebotomy Discontinued**	Blood Culture, Peripheral ; Blood Culture, Peripheral	Hendricksen, Kayla, RN
10:46:27	**1st Extra Gold Top Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:46** Status: **Final result** 1st Extra Gold Top: **Additional collection tube**	Uw Lab Results Interface, User
10:46:37	**Lab Ordered**	1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA BLUE TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA GRAY TOP	Uw Lab Results Interface, User
10:46:46	**Lab Resulted**	(Final result) 1ST EXTRA PEARL TOP	Uw Lab Results Interface, User
10:46:46	**Forward 1st Extra Gray Top to Lab as Collection Add-On Discontinued**	*1st Extra Gray Top*	Uw Lab Results Interface, User
10:46:46	**Forward 1st Extra Pearl Top to Lab as Collection Add-On Discontinued**	*1st Extra Pearl Top*	Uw Lab Results Interface, User
10:46:46	**Forward CBC with Diff to Lab as Collection Add-On Discontinued**	*CBC with Diff*	Uw Lab Results Interface, User
10:46:46	**Forward Comprehensive Metabolic Panel to Lab as Collection Add-On Discontinued**	*Comprehensive Metabolic Panel*	Uw Lab Results Interface, User
10:46:46	**Forward Extra Blue Top to Lab as Collection Add-On Discontinued**	*Extra Blue Top*	Uw Lab Results Interface, User
10:46:58	**Lab Resulted**	(Final result) 1ST EXTRA GOLD TOP	Uw Lab Results Interface, User
10:48	**Collect Blood Culture, Peripheral Completed**	*Blood Culture, Peripheral* - Type: **Blood** ; Source: **Blood, Venous**	Hendricksen, Kayla, RN
10:48	**Specimens Collected**	Blood Culture, Peripheral - ID: **H3813244** Type: **Blood**	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:50:08	**CBC with Diff Resulted**	**Abnormal Result** Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:50** Status: **Final result** WBC: **13.85 10*3/uL** ^ [Ref Range: 4.3 - 10.0] RBC: **3.97 10*6/uL** [Ref Range: 3.80 - 5.00] Hemoglobin: **12.3 g/dL** [Ref Range: 11.5 - 15.5] Hematocrit: **39 %** [Ref Range: 36.0 - 45.0] MCV: **98 fL** [Ref Range: 81 - 98] MCH: **31.0 pg** [Ref Range: 27.3 - 33.6] MCHC: **31.5 g/dL** v [Ref Range: 32.2 - 36.5] Platelet Count: **205 10*3/uL** [Ref Range: 150 - 400] RDW-CV: **13.4 %** [Ref Range: 11.0 - 14.5] % Neutrophils: **80 %** % Lymphocytes: **13 %** % Monocytes: **6 %** % Eosinophils: **0 %** % Basophils: **0 %** % Immature Granulocytes: **1 %** Neutrophils: **11.19 10*3/uL** ^ [Ref Range: 1.80 - 7.00] Absolute Lymphocyte Count: **1.74 10*3/uL** [Ref Range: 1.00 - 4.80] Monocytes: **0.77 10*3/uL** [Ref Range: 0.00 - 0.80] Absolute Eosinophil Count: **0.02 10*3/uL** [Ref Range: 0.00 - 0.50] Basophils: **0.05 10*3/uL** [Ref Range: 0.00 - 0.20] Immature Granulocytes: **0.08 10*3/uL** ^ [Ref Range: 0.00 - 0.05] Nucleated RBC: **0.00 10*3/uL** [Ref Range: 0.00] % Nucleated RBC: **0 %**	Uw Lab Results Interface, User
10:50:19	**Lab Resulted**	(Final result) CBC, DIFF	Uw Lab Results Interface, User
10:51:58	**Imaging Exam Ended**	XR Chest 1 View	Day, Heather K, RT
10:52:25	**L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 10:52** Status: **Final result** L Lactate (Direct), Venous Whole Blood: **1.6 mmol/L** [Ref Range: 0.6 - 1.9]	Uw Lab Results Interface, User
10:52:37	**Lab Resulted**	(Final result) L LACTATE, VENOUS WB (TO U/H LAB WITHIN 30 MIN)	Uw Lab Results Interface, User
10:52:38	**Forward L Lactate, Venous WB (To U/H Lab < 30 Min) to Lab as Collection Add-On Discontinued**	*L Lactate, Venous WB (To U/H Lab < 30 Min)*	Uw Lab Results Interface, User
10:57:19	**Assign Attending**	Vrablik, Marie Clougherty, MD assigned as Attending	Vrablik, Marie Clougherty, MD
10:57:19	**Assign Physician**		Vrablik, Marie Clougherty, MD
10:59	**Collect Blood Culture, Peripheral Completed**	*Blood Culture, Peripheral* - Type: **Blood** ; Source: **Blood, Venous**	Hendricksen, Kayla, RN
10:59	**Specimens Collected**	Blood Culture, Peripheral - ID: **H3813245** Type: **Blood**	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

10:59	**Basic Assessment**	**Neurological** Neuro (WDL): Exceptions to WDL Best Eye Response: Spontaneous Best Verbal Response: Confused (HOH, oriented to self.) Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 Cognition: Poor attention/concentration; Follows commands **Glasgow Coma Scale** Best Eye Response: Spontaneous Best Verbal Response: Confused (HOH, oriented to self.) Best Motor Response: Follows commands Glasgow Coma Scale Score: 14 **Respiratory** Respiratory (WDL): Within Defined Limits **Cardiac** Cardiac (WDL): Exceptions to WDL Cardiac Regularity: Irregular Cardiac Rhythm: SB **Peripheral Vascular** Peripheral Vascular (WDL): Exceptions to WDL Pulses: R dorsalis pedis; L dorsalis pedis; L posterior tibial; R posterior tibial R Posterior Tibial Pulse: Absent L Posterior Tibial Pulse: Doppler R Dorsalis Pedis Pulse: Weak L Dorsalis Pedis Pulse: **Absent** **(MD Vrablik aware, CTA ordered)** **RLE Peripheral Vascular Assessment** R Posterior Tibial Pulse: Absent R Dorsalis Pedis Pulse: Weak **LLE Peripheral Vascular Assessment** L Posterior Tibial Pulse: Doppler L Dorsalis Pedis Pulse: **Absent** **(MD Vrablik aware, CTA ordered)** **Charting Type** Charting Type: Shift assessment	Hendricksen, Kayla, RN
10:59	**Custom Formula Data**	**Other flowsheet entries** Glasgow Coma Scale Numeric: 14	Hendricksen, Kayla, RN
11:00	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:00	**Vitals**	**Vital Signs** Pulse: **44** ! (Device Time: 10:59:34) Resp: 17 (Device Time: 10:59:34) BP: **148/57** ! (Device Time: 11:00:08) MAP (mmHg): 80 (Device Time: 11:00:08) **Telemetry/Cardiac Monitor** Pulse: **44** ! (Device Time: 10:59:34) **Oxygen Therapy** SpO2: 98 % (Device Time: 10:59:34) Oxygen Therapy: None (Room air)	Hendricksen, Kayla, RN
11:00:06	**CT Ordered**	CTA ABDOMEN ANGIO	Vrablik, Marie Clougherty, MD
11:00:06	**Orders Placed**	Imaging - CTA Abdomen Angio	Vrablik, Marie Clougherty, MD
11:00:43	**Order Performed**	XR Chest 1 View - ID: **47200733**	
11:01:43	**Orders Placed**	Microbiology - Blood Culture, Peripheral #1; Blood Culture, Peripheral #2 Medications - sodium chloride 0.9 % IV Bolus 500 mL; vancomycin 1.5 g in D5W 300 mL IVPB (premix); cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB	Vrablik, Marie Clougherty, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

11:01:44	**Lab Ordered**	BLOOD C/S, BLOOD C/S	Vrablik, Marie Clougherty, MD
11:02:05	**XR Chest 1 View Resulted**	Collected: **1/9/2025 11:00** Last updated: **1/9/2025 11:05** Status: **Final result**	Interface, Radiology Results In
11:02:55	**Orders Acknowledged**	New - CTA Abdomen Angio; Blood Culture, Peripheral #1; Blood Culture, Peripheral #2; sodium chloride 0.9 % IV Bolus 500 mL; vancomycin 1.5 g in D5W 300 mL IVPB (premix); cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB	Hendricksen, Kayla, RN
11:05:16	**Rad Resulted**	XR Chest 1 View	Interface, Radiology Results In
11:05:17	**Xray Final Result**	(Final result) XR CHEST 1 VIEW	Interface, Radiology Results In
11:15	**Medication New Bag/Syringe**	sodium chloride 0.9 % IV Bolus 500 mL - Dose: **500 mL** ; Rate: **2,000 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1105**	Hendricksen, Kayla, RN
11:15	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:15	**Vitals**	**Vital Signs** Pulse: **39** ! (Device Time: 11:14:34) Resp: 17 (Device Time: 11:14:34) BP: **145/54** ! (Device Time: 11:15:00) MAP (mmHg): 81 (Device Time: 11:15:00) **Telemetry/Cardiac Monitor** Pulse: **39** ! (Device Time: 11:14:34) **Oxygen Therapy** SpO2: 100 % (Device Time: 11:14:34)	Hendricksen, Kayla, RN
11:16:09	**Orders Modified**	Rx Verify - vancomycin 1 g in D5W 200 mL IVPB (premix) (Comment: Modified during verification from vancomycin 1.5 g in D5W 300 mL IVPB (premix))	Kim, Daniel Young-Soo, PharmD
11:20	**[REMOVED] Peripheral IV 01/09/25 20 G Anterior;Proximal; Right Forearm Placed**	Removal Date/Time: 01/09/25 2100 Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size Gauge: 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Reason: Infiltrated Condition of Catheter: Intact	Hendricksen, Kayla, RN
11:20	**Peripheral IV 01/09/25 20 G Anterior;Proximal; Right Forearm Assessment**	Site Assessment: Clean; Dry; Intact Dressing Status: Clean; Dry; Intact Dressing Type: Transparent	Hendricksen, Kayla, RN
11:21:07	**Orders Discontinued**	Blood Culture, Peripheral #1 (01/09/25 1101) ; Blood Culture, Peripheral #2 (01/09/25 1101)	Hendricksen, Kayla, RN
11:21:07	**Forward Blood Culture, Peripheral #1 to Lab as Collection Add-On Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Forward Blood Culture, Peripheral #2 to Lab as Collection Add-On Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

11:21:07	**Print Label for Blood Culture, Peripheral #1 Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Print Label for Blood Culture, Peripheral #2 Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN
11:21:07	**Send Blood Culture, Peripheral #1 to phlebotomy Discontinued**	*Blood Culture, Peripheral #1*	Hendricksen, Kayla, RN
11:21:07	**Send Blood Culture, Peripheral #2 to phlebotomy Discontinued**	*Blood Culture, Peripheral #2*	Hendricksen, Kayla, RN
11:22:27	**Orders Acknowledged**	Discontinued - Blood Culture, Peripheral #1; Blood Culture, Peripheral #2	Hendricksen, Kayla, RN
11:25	**Medication New Bag/Syringe**	cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB - Dose: **1 g** ; Rate: **100 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1105**	Hendricksen, Kayla, RN
11:29:14	**Comprehensive Metabolic Panel Resulted**	**Abnormal Result** Collected: **1/9/2025 10:39** Last updated: **1/9/2025 11:29** Status: **Final result** Sodium: **144 meq/L** [Ref Range: 135 - 145] Potassium: **4.0 meq/L** [Ref Range: 3.6 - 5.2] Chloride: **109 meq/L** ^ [Ref Range: 98 - 108] Carbon Dioxide, Total: **25 meq/L** [Ref Range: 22 - 32] Anion Gap: **10** [Ref Range: 4 - 12] Glucose: **183 mg/dL** ^ [Ref Range: 62 - 125] Urea Nitrogen: **25 mg/dL** ^ [Ref Range: 8 - 21] Creatinine: **1.10 mg/dL** ^ [Ref Range: 0.38 - 1.02] Protein (Total): **7.8 g/dL** [Ref Range: 6.0 - 8.2] Albumin: **3.9 g/dL** [Ref Range: 3.5 - 5.2] Bilirubin (Total): **0.5 mg/dL** [Ref Range: 0.2 - 1.3] Calcium: **9.2 mg/dL** [Ref Range: 8.9 - 10.2] AST (GOT): **48 U/L** ^ [Ref Range: 9 - 38] Alkaline Phosphatase (Total): **69 U/L** [Ref Range: 49 - 199] ALT (GPT): **28 U/L** [Ref Range: 7 - 33] eGFR by CKD-EPI 2021: **45 mL/min/1.73_m2** v [Ref Range: >59]	Uw Lab Results Interface, User
11:29:26	**Lab Resulted**	(Final result) COMPREHENSIVE METABOLIC PANEL	Uw Lab Results Interface, User
11:30	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
11:30	**Vitals**	**Vital Signs** Pulse: **38** ! (Device Time: 11:29:34) Resp: 14 (Device Time: 11:29:34) BP: **153/50** ! (Device Time: 11:30:00) MAP (mmHg): 78 (Device Time: 11:30:00) **Telemetry/Cardiac Monitor** Pulse: **38** ! (Device Time: 11:29:34) **Oxygen Therapy** SpO2: 93 % (Device Time: 11:29:34)	Hendricksen, Kayla, RN
11:35:29	**Imaging Exam Started**	CTA Abdomen Angio	Bailey, Cairo, RT
11:35:33	**Allergies Reviewed**		Bailey, Cairo, RT
12:05:31	**Remove Nurse**	Hendricksen, Kayla, RN removed as Registered Nurse	Hendricksen, Kayla, RN
12:08:03	**Assign Nurse**	Sanders, Emily Carylon, RN assigned as Registered Nurse	Sanders, Emily Carylon, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:09	**ED Quick Updates**	**Quick Updates** Transported TO or FROM?: FROM Location: CT Transported BY: Transporter	Sanders, Emily Carylon, RN
12:13	**Medication Stopped**	sodium chloride 0.9 % IV Bolus 500 mL - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1213**	Sanders, Emily Carylon, RN
12:13	**Medication New Bag/Syringe**	vancomycin 1 g in D5W 200 mL IVPB (premix) - Dose: **1 g** ; Rate: **200 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1105** ; Comment: **CT**	Sanders, Emily Carylon, RN
12:13	**Medication Stopped**	cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm** ; Scheduled Time: **1213**	Sanders, Emily Carylon, RN
12:13	**I/O**	**sodium chloride 0.9 % IV Bolus 500 mL** Volume (mL): 500 **cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB** Volume (mL): 50	Sanders, Emily Carylon, RN
12:14:21	**Imaging Exam Ended**	CTA Abdomen Angio	Bailey, Cairo, RT
12:15	**Vital Signs**	**Vital Signs** Pulse: **40** ! (Device Time: 12:14:32) Resp: 14 BP: **141/49** ! (Device Time: 12:15:00) MAP (mmHg): 77 (Device Time: 12:15:00) SpO2: 100 % (Device Time: 12:14:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 12:14:32) Oxygen Therapy: None (Room air)	Sanders, Emily Carylon, RN
12:17	**Medication Contrast Given**	iohexol (Omnipaque) 350 MG/ML contrast 80 mL - Dose: **80 mL** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm**	Bailey, Cairo, RT
12:17:39	**Orders Placed**	Medications - iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Vrablik, Marie Clougherty, MD
12:19:08	**Order Performed**	CTA Abdomen Angio - ID: **47201762**	
12:23:36	**Orders Acknowledged**	New - iohexol (Omnipaque) 350 MG/ML contrast 80 mL	Sanders, Emily Carylon, RN
12:27	**Provider Notification**	**Provider Notification** Reason for Communication: Family request (Family requesting she eat something :light" RN reiterated NPO status. Asking MD re more IVF) Provider Name: MD Sond Provider Role: Resident Method of Communication: Secure Chat Response: Waiting for response	Sanders, Emily Carylon, RN
12:28:05	**CTA Abdomen Angio Resulted**	Collected: **1/9/2025 12:19** Last updated: **1/9/2025 12:31** Status: **Final result**	Interface, Radiology Results In

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:30	**Vital Signs**	**Vital Signs** Pulse: **39** ! (Device Time: 12:29:32) Resp: 17 (Device Time: 12:29:32) BP: **147/50** ! (Device Time: 12:30:00) MAP (mmHg): 77 (Device Time: 12:30:00) SpO2: 100 % (Device Time: 12:29:32) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 100 % (Device Time: 12:29:32) Oxygen Therapy: None (Room air)	Sanders, Emily Carylon, RN
12:31:07	**CT Final Result**	CTA Abdomen Angio	Interface, Radiology Results In
12:31:08	**CT Final Result**	(Final result) CTA ABDOMEN ANGIO	Interface, Radiology Results In
12:35:05	**Orders Placed**	Nursing - Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol; Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol; Anti-Xa for Unfract Heparin (If/Then, RN to Order); Anti-Xa for Unfract Heparin (If/Then, RN to Order); REF LINK: Heparin Anti-Xa REGULAR Intensity Medications - heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix); heparin Bolus from pump 3,640 units Lab - Prothrombin Time; Anti-Xa for Unfractionated Heparin	Song, Chris, MD
12:35:05	**Orders Placed**	Lab - CBC	Schwarz, Samuel, MD
12:35:06	**Lab Ordered**	ANTI-XA FOR UNFRACTIONATED HEPARIN, CBC (HEMOGRAM), PROTHROMBIN TIME	Song, Chris, MD
12:37:11	**Print Label for Prothrombin Time Completed**	*Prothrombin Time* - Type: **Blood**	Sanders, Emily Carylon, RN
12:37:11	**Forward Prothrombin Time to Lab as Collection Add-On Discontinued**	*Prothrombin Time*	Sanders, Emily Carylon, RN
12:37:11	**Send Prothrombin Time to phlebotomy Discontinued**	*Prothrombin Time*	Sanders, Emily Carylon, RN
12:37:29	**Orders Acknowledged**	New - Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Lab Values - Heparin Infusion Protocol; Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol; Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol; Prothrombin Time; CBC; Anti-Xa for Unfractionated Heparin; Anti-Xa for Unfract Heparin (If/Then, RN to Order); Anti-Xa for Unfract Heparin (If/Then, RN to Order); heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix); REF LINK: Heparin Anti-Xa REGULAR Intensity; heparin Bolus from pump 3,640 units	Sanders, Emily Carylon, RN
12:42	**Specimens Collected**	Lab Add On Order - ID: **H3814923** Type: **Blood**	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:42:51	**Lab Ordered**	LAB ADD ON ORDER	Song, Chris, MD
12:42:51	**Orders Discontinued**	NPO Diet NPO except for ice chips/medications/sips of water (01/09/25 1039)	Song, Chris, MD
12:42:51	**Orders Placed**	Lab - Lab Add On Order Diet - NPO Diet No exceptions	Song, Chris, MD
12:42:54	**Orders Completed**	Lab Add On Order	Song, Chris, MD
12:43:24	**Orders Placed**	Medications - aspirin EC tablet 81 mg	Schwarz, Samuel, MD
12:44:31	**Lab Ordered**	TROPONIN_I	Uw Lab Results Interface, User
12:44:44	**Lab Resulted**	(Preliminary result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:45	**Vitals Reassessment**	**Vitals Timer** Restart Vitals Timer: Yes	Hendricksen, Kayla, RN
12:45	**Vitals**	**Vital Signs** Pulse: **41** ! (Device Time: 12:44:31) Resp: 15 BP: 132/61 (Device Time: 12:45:00) MAP (mmHg): 82 (Device Time: 12:45:00) **Telemetry/Cardiac Monitor** Pulse: **41** ! (Device Time: 12:44:31) **Oxygen Therapy** SpO2: 98 % (Device Time: 12:43:31) Oxygen Therapy: None (Room air)	Hendricksen, Kayla, RN
12:45	**Collect Prothrombin Time Completed**	*Prothrombin Time* - Type: **Blood**	Sanders, Emily Carylon, RN
12:45	**Specimens Collected**	Prothrombin Time - ID: **H3814844** Type: **Blood**	Sanders, Emily Carylon, RN
12:45:05	**Lab Add On Order Resulted**	Collected: **1/9/2025 12:42** Last updated: **1/9/2025 12:45** Status: **Final result** Lab Test Requested: **Troponin** Specimen Type/Description: **Blood** Sample To Use: **Most recent** Test Request Status: **Order Processed**	Uw Lab Results Interface, User
12:45:14	**Lab Resulted**	(Final result) LAB ADD ON ORDER	Uw Lab Results Interface, User
12:45:53	**Orders Acknowledged**	New - Lab Add On Order; NPO Diet No exceptions; aspirin EC tablet 81 mg	Sanders, Emily Carylon, RN
12:46:07	**Team Member Assigned**	Patterson, Kristopher T, MD assigned as Primary Contact	Schwarz, Samuel, MD
12:46:09	**Team Member Assigned**	Schwarz, Samuel, MD assigned as Primary Contact	Schwarz, Samuel, MD
12:46:09	**Team Member Removed**	Patterson, Kristopher T, MD removed as Primary Contact	Schwarz, Samuel, MD
12:48	**Medication New Bag/Syringe**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Dose: **18 Units/kg/hr** ; Rate: **8.19 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1240** ; Comment: **Verified by Ali S**	Sanders, Emily Carylon, RN
12:51	**Medication Bolus from Pump**	heparin Bolus from pump 3,640 units - Dose: **3,640 units** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1240** ; Comment: **Verfieid by Ali S**	Sanders, Emily Carylon, RN
12:53:02	**Assign Nurse**	Hendricksen, Kayla, RN assigned as Registered Nurse	Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

12:56	**ED Quick Updates**	**Quick Updates** Updates: Consult at bedside Quick Updates - Free Text: Vascular team at bedside	Hendricksen, Kayla, RN
12:56:24	**Remove Nurse**	Sanders, Emily Carylon, RN removed as Registered Nurse	Sanders, Emily Carylon, RN
13:02:37	**Admit Disposition Selected**	ED Disposition set to Admit.	Vrablik, Marie Clougherty, MD
13:02:37	**Disposition Selected**		Vrablik, Marie Clougherty, MD
13:02:37	**Admit Disposition Selected**		Vrablik, Marie Clougherty, MD
13:03	**Medication Given**	aspirin EC tablet 81 mg - Dose: **81 mg** ; Route: **Oral** ; Scheduled Time: **1245**	Hendricksen, Kayla, RN
13:13:34	**Troponin-I Resulted**	Collected: **1/9/2025 10:39** Last updated: **1/9/2025 13:13** Status: **Final result** Troponin_I: **0.03 ng/mL** [Ref Range: <0.04] (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) Troponin_I Interpretation: **Normal**	Uw Lab Results Interface, User
13:13:46	**Lab Resulted**	(Final result) TROPONIN_I	Uw Lab Results Interface, User
13:15:30	**Prothrombin Time Resulted**	Collected: **1/9/2025 12:45** Last updated: **1/9/2025 13:15** Status: **Final result** Prothrombin Time Patient: **14.1 s** [Ref Range: 10.7 - 15.6] Prothrombin INR: **1.1** [Ref Range: 0.8 - 1.3]	Uw Lab Results Interface, User
13:15:43	**Lab Resulted**	(Final result) PROTHROMBIN TIME	Uw Lab Results Interface, User
13:15:43	**Collect Prothrombin Time Discontinued**	*Prothrombin Time*	Uw Lab Results Interface, User
13:15:43	**Print Label for Prothrombin Time Discontinued**	*Prothrombin Time*	Uw Lab Results Interface, User
13:38	**Medication Rate Verified**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Dose: **18 Units/kg/hr** ; Rate: **8.19 mL/hr** ; Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1338**	Hendricksen, Kayla, RN
13:39:08	**Orders Placed**	Code Status - Full code, Code Status - Full code Case Request - Case request operating room	Schwarz, Samuel, MD
13:39:11	**Orders Completed**	Case request operating room	Schwarz, Samuel, MD
13:39:13	**Orders Acknowledged**	New - Case request operating room; Full code, Code Status - Full code	Hendricksen, Kayla, RN
13:44:39	**Admit Disposition Selected**	ED Disposition set to Admit.	Song, Chris, MD
13:44:39	**Disposition Selected**		Song, Chris, MD
13:44:39	**Admit Disposition Selected**		Song, Chris, MD
13:44:39	**Orders Placed**	Transfer - ED to floor bed request	Song, Chris, MD
13:44:41	**ED IP Bed Requested**	ED to floor bed request - [360264148]	Song, Chris, MD
13:44:41	**Bed Request Ready to Plan**	Ready to Plan: SURGERY VASCULAR	Song, Chris, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

13:45	**Vital Signs**	**Vital Signs** Pulse: **41** ! (Device Time: 13:45:30) Resp: 20 (Device Time: 13:45:30) BP: **165/56** ! (Device Time: 13:45:00) MAP (mmHg): 87 (Device Time: 13:45:00) SpO2: 99 % (Device Time: 13:45:30) **Vitals Timer** Restart Vitals Timer: Yes **Oxygen Therapy** SpO2: 99 % (Device Time: 13:45:30)	Hendricksen, Kayla, RN
13:49:26	**Orders Acknowledged**	New - ED to floor bed request	Hendricksen, Kayla, RN
13:51	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: This RN observed Son Louis at bedside speaking with patient and writing information as patient is hard of hearing. Son told patient verbally and in written form that she may not survive surgery and live past today but that he believes she will because she is "a fighter like a tiger". Jeanne tells this RN "I thought I might lose it" and nods towards left leg.	Hendricksen, Kayla, RN
14:00	**Setup Start**		--
14:14:41	**Lab Resulted**	(Preliminary result) BLOOD C/S	Uw Lab Results Interface, User
14:14:41	**Lab Resulted**	(Preliminary result) BLOOD C/S	Uw Lab Results Interface, User
14:22:28	**Assign Attending**	Valento, Matthew John, MD assigned as Attending	Valento, Matthew John, MD
14:22:28	**Assign Physician**		Valento, Matthew John, MD
14:32	**ED Quick Updates**	**Quick Updates** Quick Updates - Free Text: Anesthesia MD at bedside, stopping heparin in preparation for surgery.	Hendricksen, Kayla, RN
14:33	**Humidity Verification**	**OR Environment Verification (Normal Temp 68F to 75F / Humidity 30% to 60%)** Humidity Verified: Parameters Met Temperature Verified: Parameters Met	Ha, Justin, RN
14:33	**OR Assessment**	**Nursing Dx: Risk for anxiety related to knowledge deficit and stress of surgery** Anxiety Care Plan Interventions: Answer questions and allow patient to verbalize anxieties; Identify self and address patient by name; Explain procedure (On patient's level) using age specific language; Provide support to patient and family members present Expected Outcome: Patient verbalizes/indicates a decreased anxiety, an understanding of procedure, and the sequence of events, as applicable: Goal met **Nursing Dx: Risk for injury related to transfer, positioning, and/or immobilization of patient placed on spine precautions** Intraprocedure Care Plan: Spine Interventions: N/A Expected Outcome: Risk for injury is reduced by maintaining spinal precautions: N/A	Ha, Justin, RN
14:33:34	**Medication Held By Provider**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Reason: **Procedure** ; Scheduled Time: **1433**	Song, Chris, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

14:34	**Medication Stopped**	heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) - Route: **Intravenous** ; Line: **Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm** ; Scheduled Time: **1433** ; Comment: **stopped by Anesthesia team. MD Song aware.**	Hendricksen, Kayla, RN
14:35:14	**Orders Acknowledged**	Held - heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix)	Hendricksen, Kayla, RN
14:49:49	**Room Ready**		--
14:59:15	**Assign Nurse**	Lauer, Greg, RN assigned as Registered Nurse	Lauer, Greg, RN
15:01	**Remove Nurse**	Hendricksen, Kayla, RN removed as Registered Nurse	Hendricksen, Kayla, RN
15:10:39	**Allergies Reviewed**		Clark, Trika L, Pharmacy Technician
15:13:02	**Home Medications Reviewed**		Clark, Trika L, Pharmacy Technician
15:15	**Patient transferred**	From room ED02 to room OTF	Lauer, Greg, RN
15:16	**Anesthesia Start**		--
15:16	**In Room**	Status: Procedure	--
15:16	**Patient admitted**	To department UWMC MAIN OR	Czarnecki, Maciej, MD
15:16	**Anesthesia Start**		Czarnecki, Maciej, MD
15:16	**Patient in Room**		Czarnecki, Maciej, MD
15:16:36	**Charting Complete**		Hendricksen, Kayla, RN
15:16:36	**Charting Complete**		Schwarz, Samuel, MD
15:16:36	**Charting Complete**		Patterson, Kristopher T, MD
15:16:36	**Charting Complete**		Smith, Matthew C, MD
15:16:36	**Charting Complete**		Sanders, Emily Carylon, RN
15:16:36	**Charting Complete**		Lauer, Greg, RN
15:17	**Start Data Collection**		Czarnecki, Maciej, MD
15:26	**Timeout: Sign-in**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
16:20	**Timeout: Pre-incision**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
16:49:33	**Timeout: Preprocedure**	Verified by Ha, Justin, RN at 01/09/2025 1649	Ha, Justin, RN
17:16	**Timeout: Sign-out**	Verified by Ha, Justin, RN at 01/09/2025 1716	Ha, Justin, RN

1/10/2025	Event	Details	User
13:09:23	**Timeout: Preprocedure**	Verified by Henry, Melissa Marie, RN at 01/10/2025 1309	Henry, Melissa Marie, RN
13:09:49	**Timeout: Final Verification**	Verified by Henry, Melissa Marie, RN at 01/10/2025 1309	Henry, Melissa Marie, RN
16:46:45	**Timeout: Preprocedure**	Verified by McClellan, Kyle D, RN at 01/10/2025 1646	McClellan, Kyle D, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

ED Care Timeline (continued)

16:46:49	**Timeout: Final Verification**	Verified by McClellan, Kyle D, RN at 01/10/2025 1646	McClellan, Kyle D, RN

1/13/2025	Event	Details	User
16:03	**Timeout: Preprocedure**	Verified by Singsaas, Julie M, RN at 01/13/2025 1610	Singsaas, Julie M, RN
16:18	**Timeout: Final Verification**	Verified by Singsaas, Julie M, RN at 01/13/2025 1618	Singsaas, Julie M, RN

H&P Notes

H&P by Schwarz, Samuel, MD at 1/9/2025 1414

History and Physical

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Pronouns: she/her/hers, patient's name
PCP: Navalurkar, Reema, MD
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin)

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.

She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.

The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence

- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

H&P Notes (continued)

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

OUTPATIENT MEDICATIONS:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.8 °C (01/09/25 1033) **BP:** **(!) 165/56** (01/09/25 1345) **HR:** **(!) 41** (01/09/25 1345)
RR: 20 (01/09/25 1345) **SpO2:** 99 % (01/09/25 1345) Room air
T range: Temp Min: 36.8 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam

General: Older woman sitting in bed in some pain but relatively calm and conversant, though exceptionally hard of hearing
Neuro: Patient is very hard of hearing but responds to questions appropriately; she has no sensation in the LLE from mid/upper shin on through the toes; her L foot is in fixed plantarflexion without ability to wiggle toes; RLE has normal strength and sensation
HEENT: Normocephalic; absent dentition
Cardiac: Bradycardic to 40s; no chest pain; no peripheral edema
Pulm: Equal bilateral chest rise; quiet WOB on RA
Abd: Non-distended
MSK: Extremities grossly atraumatic
Skin: Cold, mottled skin over the LLE from toes through upper calf
Vasc: No doppler signals or palpable pulses in the LLE in the foot or pop; monophasic signal at fem location; RLE with palpable fem, biphasic popliteal signal; monophasic DP and PT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)



Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	109	25		12.3	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	25	1.10	183	13.8 >< 205 5	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 45	Ca: 9.2			39	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Mg: - PO4: -	ANC: 11.19 ALC: 1.74		BNP: - Anti-Xa: - INR: 1.1

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Our patient is a 100 y/o female with rutherford 3 acute limb ischemia. On extensive discussion with her and her son, we talked about management options being amputation vs observation. She is not acutely ill, but we shared with them the natural history of ischemic limbs being tissue necrosis and ultimate infection, which would ultimately kill her. She has previously had extensive discussion regarding goals of care and code status. She remains full code today after discussion with son and they would both like to move forward with amputation.

Plan:
-We will take patient urgently to OR
-Disposition will likely be ICU post-op pending patient's stability

This patient was discussed with Dr. Smith, attending vascular surgeon.

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 3:01 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

H&P by Grabar, Christina, MD at 1/10/2025 0148

Attestation signed by Nikravan, Sara, MD at 2/7/2025 6:02 PM

Date of Service: 01/10/2025

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

H&P Notes (continued)

History and Physical - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

Per H&P by Dr. Schwarz:

100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.

She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.

The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region.

Patient arrived to the CTICU with HR in the high 20s, normotensive, saturating well on RA. Patient denied chest pain, SOB, HA or dizziness. AKA site without strikethrough.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves

(HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

OUTPATIENT MEDICATIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.6 °C (01/10/25 0000) **BP:** **(!) 129/34** (01/10/25 0100) **HR:** **(!) 43** (01/10/25 0100)
RR: 16 (01/10/25 0100) **SpO2:** 99 % (01/10/25 0100) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) Ht 5' 0" (1.524 m) Body mass index is 19.61 kg/m².

Physical Exam

PHYSICAL EXAM:
General: Frail, cachectic, hard of hearing
HEENT: Atraumatic
Pulmonary: Breathing comfortable on RA, symmetric chest rise
Cardiovascular: Warm and well perfused extremities and no peripheral edema, bradycardic
Gastrointestinal: non-distended
GU: foley in place.
MSK/Extremities: AKA site with ace wrap in place, no strikethrough
Skin: warm and dry
Neuro: awake, alert and oriented x 3
Psych: normal affect

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	110	19		10.1	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4 >< 165 8	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 56		Ca: 8.0		32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19 ALC: 1.74			BNP: -	Anti-Xa: -
							INR: 1.1	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

H&P Notes (continued)

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Acute limb ischemia
#S/p L AKA
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

#Sinus Bradycardia
#2:1 AV Block
Cardiology consulted, appreciate recommendations:
- Potentially vagally mediated after her surgery, I recommended 1mg of atropine and heart rate improved from high 20s to low 40s. Has some underlying conduction system disease given baseline 1st degree AV block and RBBB
- Telemetry
- Keep pacing pads on
- TSH, BMP to evaluate for hyperkalemia after surgery
- Atropine PRN for HR<25
- If patient develops acute symptomatic bradycardia (hypotension, altered mental status), recommend starting dopamine drip
- If significant arrhythmias on dopamine drip or does not respond rapidly, contact our cardiology team for consideration of TVP
- I discussed goals of care and patient's quality of life with son at bedside (patient is profoundly hard of hearing) and he reported that permanent pacer would be within goals of care (would have to discuss with EP) if it were indicated. States that she has good quality of life and is longevity focused

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, voley
- Nutrition/IVF: Pending swallow eval
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

H&P Notes (continued)

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Christina Grabar, MD
General Surgery, PGY-2
University of Washington
Pager: 206-314-6036

Electronically signed by Grabar, Christina, MD at 1/10/2025 2:01 AM
Electronically signed by Nikravan, Sara, MD at 2/7/2025 6:02 PM

Interval H&P Note by Ayyoub, Alaa Samih, MD at 1/10/2025 1300

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:02 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management
Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of

syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200)
RR: 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia

irregular rhythm

Pulmonary:

effort normal

Musculoskeletal:

LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)

Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)

Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19	125	10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92		12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

H&P Notes (continued)

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

H&P by Ayyoub, Alaa Samih, MD at 1/10/2025 1302

Moderate Sedation Pre-Procedure Assessment/H&P

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 0900) **BP:** **(!) 140/0** (01/10/25 1240) **HR:** **(!) 37** (01/10/25 1240) **RR:** 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	12.54 (H)	01/10/2025
HEMOGLOBIN	9.4 (L)	01/10/2025
HEMATOCRIT	30 (L)	01/10/2025
PLATELET	123 (L)	01/10/2025
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	152 (H)	01/10/2025
INR	1.1	01/09/2025
PROTIME	14.1	01/09/2025
PTT	32	05/27/2020
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure

No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability

- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 9 mcg/kg/min (01/10/25 1241)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway
Mallampati:: II

Cardiovascular
Rhythm:: Regular
Rate:: Abnormal

Dental

H&P Notes (continued)

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:03 PM

Interval H&P Note by Ayyoub, Alaa Samih, MD at 1/10/2025 1630

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:32 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C

H&P Notes (continued)

Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -

H&P Notes (continued)

	ALC: 1.74		INR: 1.1

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

H&P by Ayyoub, Alaa Samih, MD at 1/10/2025 1632

Moderate Sedation Pre-Procedure Assessment/H&P

Temp wire became displaced. Returned to cath lab for repositioning with fluroscopic guidance.

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 39** (01/10/25 1600) **RR:** 20 (01/10/25 0900) **SpO2:** 98 % (01/10/25 1600) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	14.86 (H)	01/10/2025
HEMOGLOBIN	9.9 (L)	01/10/2025
HEMATOCRIT	32 (L)	01/10/2025
PLATELET	181	01/10/2025
SODIUM	140	01/10/2025
POTASSIUM	4.1	01/10/2025
BUN	19	01/10/2025
CREATININE	0.72	01/10/2025
GLUCOSE	130 (H)	01/10/2025
INR	1.1	01/10/2025
PROTIME	14.4	01/10/2025
PTT	26	01/10/2025
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure

No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine

- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/10/25 1600)

- ROPivacaine, , Continuous

PRN MEDICATIONS:

- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 %
8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)

H&P Notes (continued)

Escort/Ride home contact location: (not recorded)

Sedation Provider Statement
I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway

Cardiovascular
Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:33 PM

Discharge Summary Note

Discharge Summary by Barnes, James Irvin, MD at 3/8/2025 0829

Discharge Summary
Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

Discharge Summary Note (continued)

Gender Identity: Female Pronouns: she/her/hers
PCP: Navalurkar, Reema, MD
Code Status: DNR DNR/DNI

DATE OF ADMISSION: 1/9/2025
DATE OF DISCHARGE: 03/08/25
DISCHARGE TEAM & ATTENDING: Medicine E Gen Adults & Barnes, James Irvin, MD

ADMISSION DIAGNOSIS: acute limb ischemia
DISCHARGE DIAGNOSIS: acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

PROBLEMS ADDRESSED DURING THIS HOSPITALIZATION:
Principal Problem:
Acute lower limb ischemia
Active Problems:
Bradycardia
Abdominal pain
Resolved Problems:
* No resolved hospital problems. *

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:
Upcoming appointments at UW Medicine:

Future Appointments

Date	Time	Provider	Department	Center
3/21/2025	1:00 PM	EP APP	U3HEART	UWMC CARD
4/3/2025	2:30 PM	Smith, Matthew C, MD	UVASC	UWMC SURGICA
5/12/2025	8:30 AM	Kawaguchi, Lauren Y, AUD	U3AUDIOL	UWMC OTOLARY
5/14/2025	8:05 AM	UWMC CARDIAC DEVICE REMOTE-MONTLAKE	U3HEART	UWMC CARD
1/16/2026	10:00 AM	Akoum, Nazem Walid, MD	U3HEART	UWMC CARD

Additional follow-up:
Navalurkar, Reema, MD
1959 NE Pacific St
Box 359755
Seattle WA 98195
206-744-8513

Follow up

PENDING RESULTS THAT REQUIRE FOLLOW-UP (*as of this summary*)**:**

Pending Labs

Order	Current Status
1st Extra Urine Tube	In process

F/U recommended
- Ongoing goals of care discussion

- f/u with cardiology EP
- f/u with rehab medicine
- f/u with orthopedics surgery
- f/u with vascular surgery

THERAPEUTIC RECOMMENDATIONS:
- we have recommended limited interventions, as below. Remains on lovenox for dvt prophylaxis and other meds as below. Some meds such as asa and atorvastatin have been stopped at this point and if she can tolerate po this may need to be revisited depending on GOC, Rectal tylenol and high concentration oxycodone PO for pain

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

DISCHARGE MEDICATIONS:
Current Discharge Medication List

START taking these medications

	Details
acetaminophen 650 MG suppository	Unwrap and insert 1 suppository (650 mg) rectally every 6 hours as needed for mild pain, moderate pain or severe pain.
atropine 1% ophthalmic solution (for oral use)	Place 2 drops under the tongue every 4 hours as needed for secretions.
bisacodyl 10 MG suppository	Unwrap and insert 1 suppository (10 mg) rectally daily as needed for constipation.
buprenorphine 5 MCG/HR patch	Place 1 patch on the skin every 7 days. *Qty:* 2 patch, *Refills:* 0
camphor-menthol 0.5-0.5 % lotion	Apply topically 2 times a day as needed for itching.
carboxymethylcellulose 0.5 % ophthalmic solution	Place 1 drop in each EYE every hour as needed for dry eyes.
enoxaparin 30 MG/0.3ML prefilled syringe	Inject 0.3 mL (30 mg) under the skin at bedtime.
magnesium hydroxide 400 MG/5ML suspension	Take 30 mL by mouth 2 times a day as needed for constipation.
oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution	2.5-5mg Oral, Every 4 hours PRN For pain *Qty:* 30 mL, *Refills:* 0
phenol 1.4 % mouth/throat spray	Place 1 spray to the mouth or throat every 2 hours as needed for sore throat.
psyllium 51.7 % packet	Take 1 packet by mouth 2 times a day. Mix in 8 oz of juice or water and drink.
saliva substitute (Biotene Dry Mouth) liquid oral rinse	Swish and spit 15 mL 3 times a day.
scopolamine 1 MG/3DAYS patch	Place 1 patch on the skin every 72 hours as needed for other (for secretions if atropine, glycopyrrolate are insufficient). Apply to hairless area behind 1 ear.
white petrolatum gel	Apply topically as needed for dry skin.

CONTINUE these medications which have NOT CHANGED

	Details
lidocaine 4 % patch	Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period. *Qty:* 15 each, *Refills:* 0

STOP taking these medications

atorvastatin 10 MG tablet	*Comments:* *Reason for Stopping:*
Cholecalciferol 1000 units Oral Tab	*Comments:* *Reason for Stopping:*
Cyanocobalamin (VITAMIN B-12 OR)	*Comments:* *Reason for Stopping:*
MULTIPLE VITAMIN OR	*Comments:* *Reason for Stopping:*
pentoxifylline ER 400 MG ER tablet	*Comments:* *Reason for Stopping:*
timolol maleate 0.5 % ophthalmic solution	*Comments:* *Reason for Stopping:*
Wound Dressings (medihoney) topical gel	*Comments:* *Reason for Stopping:*
Wound Dressings (medihoney) topical gel	*Comments:* *Reason for Stopping:*

HOSPITAL COURSE:
Brief Admission History:
Per 1/9 admit note by Dr. Schwarz: *"100F w/h/o hx of HTN, T2DM, HLD, prior DVT (previously on warfarin), chronic venous disease (s/p prior saphenous stripping), and known PAD without known history of arterial intervention.*
She lives with her son, who notes that the chronic wounds at her LLE blackened ~2 days ago and she endorses increased pain in the leg around this time period. Subsequent symptom progression is unclear but her son notes that he noticed the leg was normal at around 6AM but had grown acutely discolored at 0730. He brought her directly to the ED. On arrival is bradycardic to the low 40s with EKG showing new RBBB but normal troponins. Normal range BP and mentating at baseline - able to answer questions appropriately. Labs notable for Cr 1.1, WBC 13.8, venous lactate 1.6; normal range trops, INR 1.1. On initial ED evaluation was noted to have no pulses so got CTA and consulted our service for evaluation.
The CTA demonstrated acute occlusion of the L EIA through the entire axial arterial system to the foot - PFA remains open via collaterals through the hypogastric. There is no occlusion of the RLE. She has no sensation from toes through mid/upper shin, foot is in fixed plantar-flexion, skin is cold and mottled. She has tenderness to palpation of the upper calf region."

Hospital Course:

Discharge Summary Note (continued)

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Pt was admitted as above. She initially underwent L AKA on 1/9/25 with vascular surgery. She subsequently developed symptomatic bradycardia w/ 2nd degree heart block necessitating TVP and eventual PPM placement on 1/13.

Post-operatively, she developed significant acute pain related to her AKA. Her pain was initially managed by APS w/ nubain patch and nalbuphine + PRN tylenol.

She unfortunately developed progressive encephalopathy with at least a component of delirium. This waxed and waned throughout her hospitalization but overall worsened. Related to this, she had ongoing dysphagia and high aspiration risk. As a result, she developed aspiration pneumonitis. It is felt that her ongoing aspiration likely worsened her delirium, which in turn increased her aspiration risk. Because of this, she was made NPO initially. Palliative care was consulted for assistance with assessing goals of care for Jeanne. This primarily occurred through discussion with her son, Louis, who is her POA. He felt that Jeanne would want everything because she is a fighter. There was ongoing push to do everything possible to extend Jeanne's life despite high risks. After multidisciplinary meetings between providers involved in her care including ethics, it was determined that Louis is likely acting in accordance with Jeanne's wishes, as she had previously noted she would want to be full code, have enteral nutrition, etc.

Given the aforementioned aspiration risk, Jeanne was NPO. However, after a GOC conversation, Louis felt that Jeanne would want to continue to eat by mouth. She continued to have ongoing aspirations and worsening respiratory status until she was made NPO again after being placed on high flow oxygen. At this point, Louis felt that the team should do everything to pursue an NG tube. Multiple attempts with bedside nursing were made to place an NG tube, but Jeanne became very agitate and resisted all attempts. She was given minimal sedation with low-dose ativan and had attempted placement under fluoroscopy, which failed. At this point, the team was able to place a peripheral IV and the decision was made to trial ~48 hours of IV fluids with dextrose to see if this helped her perk up.

Over the time she was receiving IV fluids, Jeanne developed pulmonary edema and worsening respiratory status again. This was likely multifactorial related to pulmonary edema and aspiration. She required high flow. Louis was adamant that was must get a feeding tube in her to address her nutrition. This was discussed with GI who agreed that she was too high risk to undergo anesthesia to have an endoscopically placed NG tube. After multiple prolonged goals of care discussions with Louis, she was ultimately made comfort care. We expressed to him that we are unable to place an NG tube due to tenuous clinical status and that overall, even if we could, this may even lead to more harm than benefit regardless due to aspiration risk of tube feeds. Louis intermittently continued to request aggressive treatments despite risks being too high, stating "she's going to die anyway", and so felt that we might as well try even if she were to "die on the table". We expressed that this would be doing harm and would not be offered.

Despite the transition to comfort measures only, patient continued to do well. She was eventually transitioned only to blow-by oxygen and even that became no longer necessary. She would rapidly desaturate with movement however her oxygen monitoring remained only intermittent. Multiple conversations were had with her son regarding the appropriate course of care. Discussions included transitioning the patient back to full care and treatment however many aspects of this treatment plan were not in line with with the care team thought was appropriate and ethical for the patient as well as what Luis thought she could tolerate. Aggressive inpatient management including daily IV draws and having to address patient's feeding were not likely to be of benefit to her quality of life. While the patient did show some improvement over the last several days, her overall prognosis is still poor to fair and it was agreed upon with the healthcare team and with the patient's son that her best interest is found in staying a comfort measures only patient with some "out of the box "comfort measures care. As such, she became a modified comfort measures patient with a general approach of minimum necessary escalation of care. For example, while systemic antibiotics would be contraindicated, patient developed what appeared to be a infected left parotid gland likely from poor p.o. intake and a dry oral mucosa. It was reasonable within the goals of care to prescribe 5 days of oral antibiotics to treat this. She also had a very mild erythema present at a picked off the scab from her left AKA site and it was reasonable to provide basic wound care. DVT prophylaxis also was a reasonable minimal necessary escalation of care. Patient's son began requesting more and more things that were starting to borderline on some care package between comfort measures and full care and so each of these issues need to be dealt with on an as needed and as provider determined appropriate basis. This happened in conjunction with nursing staff. Due to patient's incredibly high aspiration risk, it was made clear to Lewis on a near daily basis that we did not recommend feeding her anything at all however, as long as Lewis excepted the risk, we stated that it was okay if he were to feed her, and so he has done so. In fact, it is likely Luis is persistent fluid administration 2 water bottles and straws that the patient managed to do so well. Ultimately, her plan was Bainbridge rehab and this was agreed upon by all parties.

 # By problem

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray - d/w orthoi and looks like there is no intervention needed after this manipulation by son
- I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on)
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)
- concentrated oxycodone for pain (low dose 2.5 - 5 mg)
- will continue lovenox for now

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite.
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders. Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- NWB LLE per Vascular Surgery
- has outpatient f/u 4/2/25
- was on ASA 81 mg daily, atorvastatin 10 mg daily which was dc'd during transition to modified comfort care, may require ongoing discussions with son . Previously was on pentoxifylline at home, but was not recommended by vascular surgery at this point
Per PMR

- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Possible **follow-up in rehab amputee clinic after discharge depending on GOC, referral placed**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is fully healed
- scheduled for f/u in EP clinic 3/21/25

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Prior to admission, was on:
- timolol 0.5% opth 1 drop both eyes bid (glaucoma)
- b12 PO daily (unckear dose)
- Vitamin d 2000 units daily
- multivitamin

GOC note from palliative care discussion:
"INTERVAL HISTORY:
-Discussed case with Dr. Barnes. Jeanne had R femur fracture in the setting of a fall. No surgical intervention, is non-weightbearing. Plan was for Jeanne to d/c to SNF today for rehab, however, she required SQ hydromorphone overnight. Is now transitioned to an oral regimen.
-Per discussion with Dr. Barnes, son Louis expressed desire for Jeanne to be full code upon discharge. This topic came up with completing POLST. Dr. Barnes and I made plans to follow up for further discussion. Jeanne has been more somnolent this morning.
-Dr. Barnes and I discussed case with bedside RN Rosalie and charge RN Alex. Rosalie shared that Louis has been requesting a brace for Jeanne's leg to help stabilize it. Per discussion with Dr. Barnes, Louis manipulated Jeanne's leg trying to "set it".

Dr. Barnes, Rosalie Puleo RN, and I met bedside with Louis. Initially, Louis shared a desire for his mom to have a brace placed to stabilize her leg. He had done some research on is own and had some ideas about possible options. Louis shared worry that if her leg is not stabilized she will have severe pain with turns, which she will need to have for things such as toileting. He shared that she is quite sensitive to pain medications. If she becomes sedated from pain medications then she will not eat and then will eventually starve to death. I reflected to Louis that we were facing her decreased intake weeks ago and that it seems like this has

Discharge Summary Note (continued)

been up and down. Louis shared that he wants to give his mom a chance to recover.

We shared worry with Louis that Jeanne will continue to have complications and may not be able to recover and may be close to EOL. He shared that he knows that she will survive and will be able to get better.

We discussed with Louis standard of care and ortho recs for no brace, log roll turns. Louis shared how important it is to him for Jeanne to have her leg as stable as possible to have the best chance at recovery. We discussed that pain management will still be necessary as part of her care plan. He was accepting of this and expressed a desire to minimize opioids as much as possible.

We then addressed code status. Shared with Louis our perspective that providing interventions such as CPR or a breathing tube are unlinely to be helpful to Jeanne given her comorbidities and current clinical situation. Louis shared a hope for peace at EOL and also does not want to take things off of the table when she leaves the hospital. Shared that a peaceful EOL for Jeanne would not involve CPR. We asked Louis what his plan would be if his mom does not improve and continues to worsen. Louis shared taht eh would be willing to re-evaluate in the moment and make the decision.
...

IMPRESSION: Jeanne remains hospitalized and has been stable on comfort care for the past few weeks. She recently sustained a femur fracture which has increased her pain. Her son Louis has concerns about ongoing pain and has requested a brace to support her leg. At this time his is hoping for recovery and would like for his mom to remain full code. If things chance and his mom is clearly declining, then he is willing to consider changing her code status to DNR/ DNI. At this time Louis hopes for rehab oriented care for his mom.

RECOMMENDATIONS:
-Continue with current level of care. Louis would like code status changed to full code upon discharge from the hospital. Will leave code status as DNR/DNI and continue with comfort oriented care. Dr. Barnes and I are in agreement that full code status would not be medically appropriate at this time.
-Appreciate orthotics support with getting a brace for Jeanne if possible.
-Recommend trial of scheduled tylenol suppository (recommend Q8 hour dosing with turns).
-Recommend oxycodone 2.5-5mg PO Q8 hours PRN pain. Will be helpful to premedicate before turns.
-Louis is willing to reconsider POLST and changing code status in the future should Jeanne continue to clinically declline or not tolerate rehab oriented care.

Patient discussed with nursing and Discussed with primary team"

Key Diagnostic Studies:

XR Femur 2 Vw Right

Final Result by Rehwald, Christine Marie, MD (03/07 1805)

Redemonstration of the peri-implant femur fracture with decreased angulation. Similar shortening and anterior translation by one half shaft width. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Prominent screw head of the proximal most lateral femoral plate. Diffuse osseous demineralization. Vascular calcifications.

I have personally reviewed the images and agree with the report (or as edited).

XR Femur 2 Vw Right

Final Result by Rich, Natalie, MD (03/06 1011)

PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

XR Pelvis 1-2 Vw

Final Result by Rich, Natalie, MD (03/06 1011)

PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

XR Chest 1 View

Final Result by Chalian, Hamid, MD (02/23 1201)

FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is obscured

Lungs and pleura: Interval increase in bilateral pleural effusions and findings suggestive of pulmonary edema. Superimposed infection or aspiration cannot be excluded. No pneumothorax

Bones/soft tissue: Unchanged.

XR GI Tube Intro W Fluoro

Final Result by Dhyani, Manish, MD (02/20 1710)

Using guide wire and fluoroscopy, a weighted 10 French feeding tube was placed transnasally, however despite multiple attempts and lack of patient's cooperation, repeated attempts resulted in tracheal placement. After multiple attempts, and patient's inability to cooperate, the study was stopped without placement of tube.

Fluoroscopy time was 214 seconds.

PRESENCE STATEMENT:
I, Manish Dhyani, was present during the entire procedure, reviewed the images and agree with the report above.

CT Abdomen And Pelvis wo Contrast

Final Result by Dighe, Manjiri Kiran, MD (02/19 1314)

* Gallbladder distention without pericholecystic inflammation. Gallbladder ultrasound could be helpful for further evaluation, if clinically indicated.
* New bilateral moderate-volume pleural effusion and new reticular pulmonary parenchymal changes, which could suggest pneumonia in proper clinical settings.

I have personally reviewed the images and agree with the report (or as edited).

XR Abdomen 1 View

Final Result by Bhargava, Puneet, MD (02/18 1552)

Weighted enteric tube tip is in the lower third of the esophagus. Tube could be advanced further by 10 cm.

Lung findings are unchanged.

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (02/16 1033)

Lines and tubes: Unchanged.

Lungs: Decreased lung volume with bibasilar and perihilar consolidations likely atelectasis or aspiration. Superimposed edema is also conceivable.

Pleura: Increased bilateral small pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 1 View
Final Result by Gulhane V, Avanti, MD (02/03 1440)

Lines and tubes: Pacemaker electrode is unchanged in position.

Lungs: Pulmonary edema and bibasilar atelectasis persists.

Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 1 View
Final Result by Godwin II, J David, MD (01/27 1008)
Compared to 1/25/2025, lung volume is even lower. Consolidation persists in midlungs and bases.

There are bilateral pleural effusions.

Heart size is unchanged. Pacemaker electrode position is unchanged, given different rotation.

XR Chest 1 View
Final Result by Cham, Matthew D, MD (01/25 1037)

Compared to 1/19/2025, lung volumes remain low. Increased bilateral mid and lower lung consolidation, likely edema superimposed with is basal atelectasis or aspiration.

Increased small pleural effusions. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right
Final Result by Zierler, Robert Eugene, MD (01/22 0921)

XR Chest 1 View
Final Result by Ordovas, Karen Gomes, MD (01/19 1218)

Lung volumes remain low with similar mild diffuse lung disease. Superimposed basal atelectasis or aspiration persists, but aeration of the bases is slightly improved.

Small pleural effusions persist. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (01/17 1314)

Lines and tubes: Right IJ central venous catheter has been removed

Lungs: Similar low lung volume with bibasilar atelectasis or aspiration.

Pleura: Small bilateral pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

XR Chest 2 View
Final Result by Godwin II, J David, MD (01/14 1056)
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

XR Chest 1 View
Final Result by Godwin II, J David, MD (01/14 1003)
Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

Electrophysiology procedure
Final Result by Akoum, Nazem Walid, MD (01/13 2118)

XR Chest 1 View
Final Result by Chalian, Hamid, MD (01/12 1322)
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is unchanged.

Lungs and pleura: Slight interval increase in left pleural effusion. Findings suggestive of pulmonary edema with a slight interval increase. Trace right pleural effusion. No pneumothorax.

Bones/soft tissue: Unchanged.

TransTHORACIC echo (TTE) complete
Final Result by Otto, Catherine M, MD (01/10 1826)

Cardiac catheterization
Final Result by Ayyoub, Alaa Samih, MD (01/10 1710)

Electrophysiology procedure
Final Result by Ayyoub, Alaa Samih, MD (01/10 1716)

XR Chest 1 View
Final Result by Santos Lima, Ana Paula, MD (01/10 1601)

Lines and tubes: Transvenous pacing wire tip terminates in the right ventricle.

Lungs: The lung volumes persist. Similar bibasilar consolidations, likely atelectasis or aspiration.

Pleura: Small left pleural effusion. No pneumothorax.

Heart and mediastinum: Unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Cardiac catheterization
Final Result by Ayyoub, Alaa Samih, MD (01/10 1323)

CTA Abdomen Angio
Final Result by Hartman, Jason Brett, MD (01/09 1228)
Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

XR Chest 1 View
Final Result by Hartman, Jason Brett, MD (01/09 1102)

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

XR Femur 2 Vw Bilat (Results Pending)

Procedures/Dates:
L AKA amputation 1/19/2025
Transvenous pacer 1/10/2025
Pacemaker placement 1/13/2025

Tube/Line/Drain Care Orders / Instructions:
none

Consults:
PT
OT
MICU
Ortho
Cardiology, Electrophysiology
Vascular Surgery
Nutrition
Speech & Language Pathology
Pain Medicine
Palliative Care
Physical Medicine & Rehabilitation
Prosthetics
SW

DISPOSITION:
03 SNF-SKILLED NURSING FACILITY [03]

CONDITION: stable

CONSULTS COMPLETED:
IP CONSULT TO PAIN MANAGEMENT
IP CONSULT TO CARDIOLOGY
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO SOCIAL WORK
INPATIENT CONSULT TO WOUND THERAPY
IP CONSULT TO PALLIATIVE CARE
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO PHYSICAL MEDICINE REHAB
IP CONSULT TO PROSTHETICS AND ORTHOTICS
IP CONSULT TO NUTRITION SERVICES
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
INPATIENT CONSULT TO VASCULAR ACCESS TEAM
IP CONSULT TO NUTRITION SERVICES
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO SPIRITUAL CARE
IP CONSULT TO PROSTHETICS AND ORTHOTICS

Discharge Summary Note (continued)

Discharge Orders

XR Femur 2 Vw Bilat
Standing Status: Future *Standing Exp. Date:* 04/07/26

Reason for exam (include signs, symptoms, diagnosis, and medical history)?	3/13/25 Femur fracture f/u imaging as requested for this date by orthopedic surgery team
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Referral to Fractures/Trauma
Standing Status: Future
Referral Priority: Routine *Referral Type: Specialty Visit*
Number of Visits Requested: 1

Referral to Rehabilitation Medicine
Standing Status: Future
Referral Priority: Routine *Referral Type: Rehab*
Number of Visits Requested: 1

Discharge Summary: Enclosed

Patient Aware of Diagnosis: Yes

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

Adult Discharge Diet (Specify)
Order Comments: As tolerated, aspiration risk

Diet type:	Regular
Carbohydrate level:	Carbohydrate managed

DISCHARGE PHYSICAL EXAM:

Vitals (Most recent in last 24 hrs)
T: (not recorded) **BP:** (not recorded) **HR:** (not recorded) **RR:** (not recorded) **SpO2:** (not recorded) Room air **T range:** No data recorded Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

Physical Exam
NAD, comfortable appearing; sitting up in bed,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Discharge Summary Note (continued)

EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

ATTENDING TIME STATEMENT:
I spent more than 30 minutes on hospital discharge day management.

UW Medicine physicians mentioned in this note can be reached by calling the UW Medicine Paging Operator at 206-520-3000. 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 EpicCare Link at okta.uwmedicine.org.

Electronically signed by Barnes, James Irvin, MD at 3/8/2025 9:57 AM

Clinical Notes (group 1 of 17)

Brief Op Note

Schwarz, Samuel, MD at 1/9/2025 1621

Immediate Brief Operative Note

Jeanne Leonie Hoffman - DOB: 1/6/1925 (100 year old female) MRN: U8170135
Procedure Date: 01/09/2025 | Location:UWMC MAIN OR

PROCEDURE DETAILS	
Procedure Team:	**Primary: Smith, Matthew C, MD** **Resident - Assisting: Schwarz, Samuel, MD**
Procedure(s):	AMPUTATION, ABOVE KNEE - Left
Pre Procedure Diagnosis:	Acute lower limb ischemia [I99.8]
Post Procedure Diagnosis:	* Acute lower limb ischemia [I99.8]

PROCEDURE SUMMARY

Anesthesia: General
Estimated Blood Loss: 50 mL

Wound Closure: Primary Closure (Primary Intention)
Wound Class: Procedure(s):
AMPUTATION, ABOVE KNEE - Wound Class: Class I/ Clean

SPECIMENS:

Clinical Notes (group 1 of 17) (continued)

ID	Type	Source	Tests	Collected by	Time
1 : Left leg and left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1650
2 : left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1714

FINDINGS

- PNC placed pre-op
- Above-knee amputation with little blood loss
- Closed with 3 layers sutures; staples for skin
- Patient extubated in OR without issue

1.

POST OP PLAN

- Admit CT ICU
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 7:14 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Care Plan

Dupriest, Mallory R, ARNP at 2/4/2025 1123

Jeanne Leonie Hoffman is a 100 year old female with PMH of HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA on 1/9/25, and with symptomatic bradycardia, RBBB (at baseline) and intermittent Mobitz 2 s/p Boston Scientific single chamber PPM (1/13/2025, Dr. Akoum).

Device Measured Data at implant:

DEVICE MEASUREMENTS
1. Right ventricle: R waves 25 mV, pacing impedance 630 ohms, threshold 0.9V at 0.4 ms.

FINAL PROGRAMMED PARAMETERS
VVIR 70-120

Patient was scheduled for 2 week in person wound check, but still admitted.I was asked to assess patient incision site. Incision site (left upper chest) is well approximated without evidence of tension or threatened dehiscence. With no c/o pain, redness or swelling. Pictures uploaded into Media tab.

Patient's son was present at time of visit. He reports that he would like to enroll in remote monitoring. He tells me they have electricity at home and would be able to send in transmissions to our team. I have reached out to the Device Clinic team in regards to setting this up.

Jeanne is scheduled for EP in person device follow-up on 3/21/2025.

Mallory Dupriest, DNP, ARNP, ACNPC-AG
Division of Cardiology, Electrophysiology
University of Washington Medical Center

Electronically signed by Dupriest, Mallory R, ARNP at 2/4/2025 11:31 AM

Pillai, Sunita, MD at 2/17/2025 2001

Brief Update

PM visit
RN informed that patient son is insisting on a NGT and wanted provider to be seen at bedside

Bedside discussion
When I went to bedside Louis was sitting by Jeanne's bed holding her hand and crying .
He saw me said said look at her she is starving, we are starving her
I brought in a tissue box for Louis and sat down and asked him how I could help
Louis was very emotional, he shared that she was his only friend and business partner. She was not just his mother. He spent several minutes sharing a few if their back stories and also expressed a lot of guilt in not being able to take her to a good home and many instances when they struggled together. After briefly allowing him to share, I was able to redirect Louis.

Discussed disposition : Plan for discharge, when a safe plan is available, at the earliest.

Louis asked me if I cannot place an NGT to help her starvation: I informed him that it wasn't a safe option at this time and it will not help. I also shared that based on our multidisciplinary meeting that was considered an intervention that was not recommended in her well being
He said Ok. He shared verbally to n=know not to expect that plan to change tonight.

He asked about PIV: I informed him that if anyone could place one we would however we have all tried and her veins were too small
Louis stated at least try, its ok if you fail, I shared that we will see if there is anyone that hasn't tried and will see what's best

He was ok with the plan
I also shared with him that he had taken good care of his mother .

Plan
-order placed for Hydromorphone sub cu prn pain (appreciate rec from Pal Care)
-discussed with stat RN who said she will try to see if anyone can place PIV
-NO NGT placement

Sunita Pillai MD
8:02 PM 2/17/2025
Medicine Note

Electronically signed by Pillai, Sunita, MD at 2/17/2025 8:18 PM

Consults

Gicheru, Florence W, ARNP at 1/9/2025 2256

Consult Orders
1. Inpatient Consult to Pain Management [360337555] ordered by Smith, Grace, MD

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management

Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)
RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air

Vitals (Most recent in last 24 hrs)

T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200)
RR: 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:

Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

Diaz, Andrea Estefania, MD at 1/10/2025 1340

Consult Orders
1. Inpatient Consult to Cardiology [360358815] ordered by Sonderman, Mark Thomas, MD

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Cardiology

Consult performed by: Diaz, Andrea Estefania, MD
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Symptomatic bradycardia

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100F with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA on 1/9/25. Presented with bradycardia that worsened after surgery. Now symptomatic with intermittent Mobitz 2.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Patient presented on 1/9/25 with 2 days of sx of acute limb ischemia. After extensive GOC, patient determined to be longevity focused and received an AKA. HR on presentation to ED in the 40s with 1AVB and RBBB. After procedure patient had lower heart rates in the 20-30s. She was asymptomatic in these rates yesterday and this morning when cardiology consult team saw patient including no CP/SOB, LH/dizziness.Today patient worked with PT and afterwards developed lightheadedness which persisted despite patient being put supine. Therefore, there was concern that bradycardia had become symptomatic and more GOC discussions with primary team, it was deemed to be within her GOC to receive a TVP and be considered for a PPM for which we are consulted. TVP placed this afternoon at VVI 60.

She has no known history of bradycardia with clinic visit notes showing a HR in the 60-70s.

Team reached out to cardiology consults who saw her last evening and recommended atropine which was given with slight improvement. Dopamine was also recommended and patient initially on 3-4mcg/kg/min dopamine (started on 2100 1/9/25), was as high as 10mcg/kg/min now on 8mcg/kg/min.

Given wide pulse pressure, team has ordered a TTE which is pending.

Social history is significant for recent houseless due to being evicted from home. She has capacity per the team and makes her own decision. Should this change, her son would be her decision maker. As mentioned in Dr. Sonderman's consult note, she recently traveled for 50 days without any medical complications. She has good quality of life and is currently focusing on duration.

- Vitals: Afebrile, 98/32-153/41, satting well on ambient air with RR 16-20
- I/O: +2.4/-770mL, net positive 1.6L
- Labs: BMP with electrolytes within nl limits, CBC with leukocytosis to 12.5 from 8, Hb 9.4, plts 123 from 76.
- Telemetry: SB and 3:1 AV block present, rate in the 20s-30s prior to dopamine administration, with increase in rates to high 30s and low 40s after dopamine admin

Back in November of 2023, 1st degree AVB with atrial bigeminy.

No history of chest pain prior to presentation and troponins negative.

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

MEDICATIONS:
SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 7 mcg/kg/min (01/10/25 1405)
- ROPivacaine, , Continuous

PRN MEDICATIONS:

- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

ALLERGIES:

Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 0900) **BP:** 134/63 (01/10/25 1330) **HR:** 60 (01/10/25 1330) **RR:** 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Wt 100 lb 15.5 oz (45.8 kg) Ht 5' 0" (1.524 m) Body mass index is 19.72 kg/m².

Physical Exam

Constitutional:
General: She is not in acute distress.
HENT:
Mouth/Throat:
Mouth: Mucous membranes are dry.
Cardiovascular:
Rate and Rhythm: Rhythm irregular.
Heart sounds: Murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal.
Skin:
General: Skin is warm and dry.
Neurological:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 1 of 17) (continued)

Mental Status: She is alert.
Sensory: Sensory deficit present.
Comments: **Very hard of hearing**

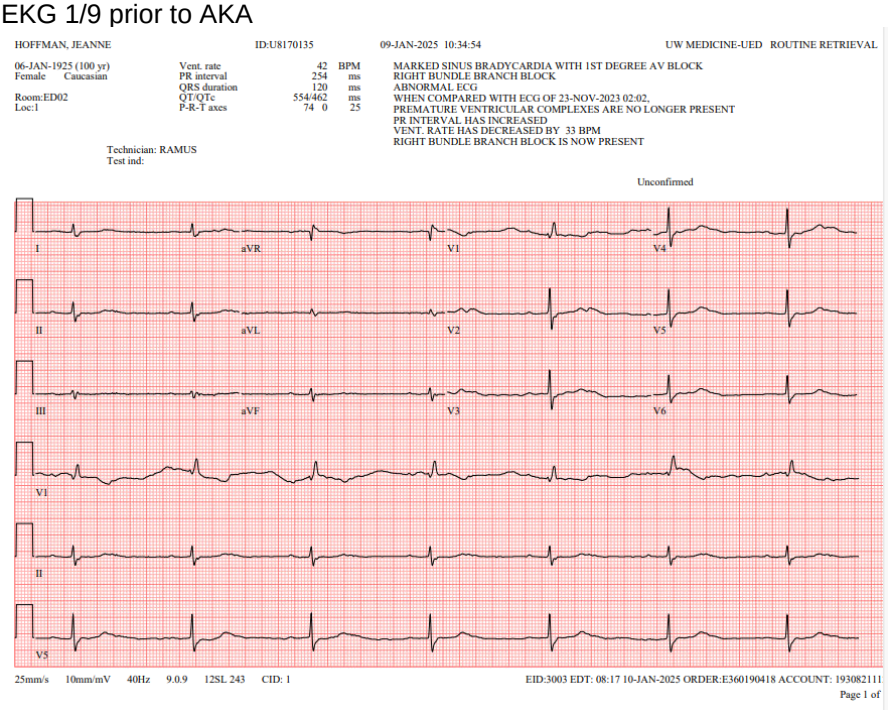
Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19		9.4			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	20	0.75	134	12.5	><	123	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.5		30			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Echo pending

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☒	☐	
EKG/Tele/Echo	☒	☒	

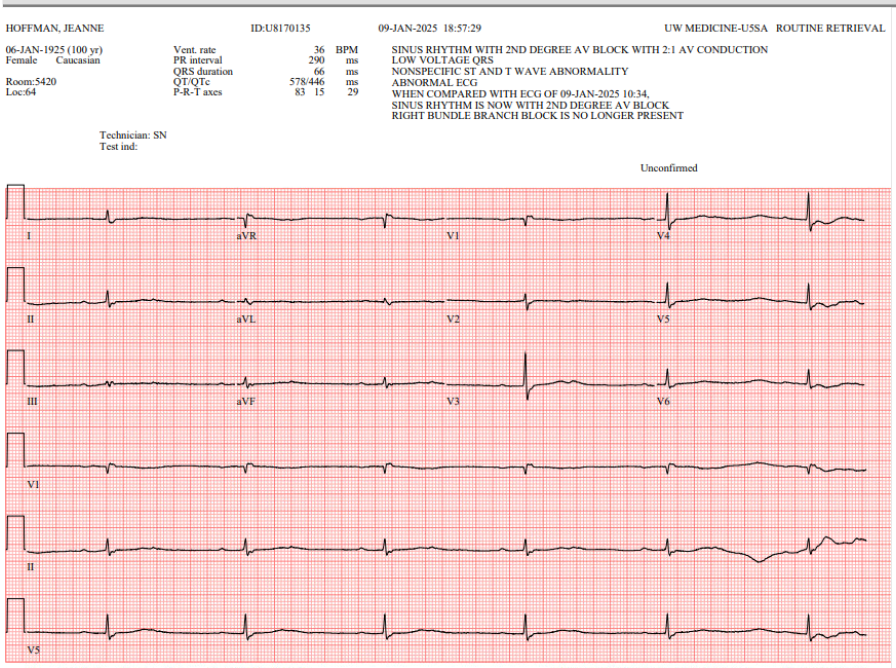
EKG 1/9 prior to AKA



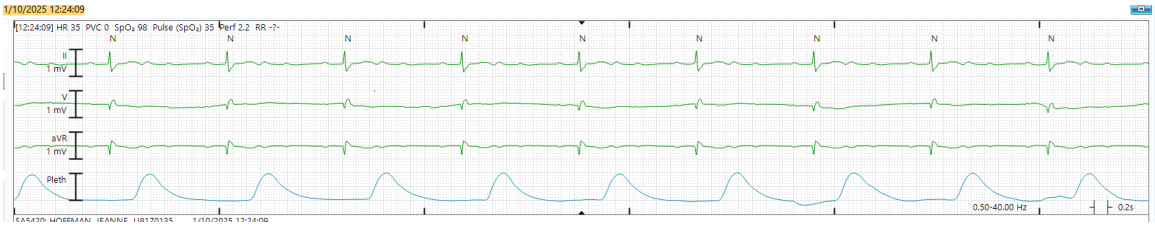
EKG 1/9 post AKA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 1 of 17) (continued)



Tele this afternoon showing 3:1 AVB



Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history who is admitted for acute ischemic limb, cardiology is consulted for bradycardia post procedure.

2. 3:1 2nd degree AVB with syncope
3. Sinus bradycardia with 1st degree AVB
3. RBBB

Patient has underlying conduction disease with RBBB and 1st degree AVB on EKG on admission. Hrs decreased from 40--> 30s after surgery likely due to medications used during surgery. She subsequently has shown signs of high degree AVB with 3:1 AVB and associated symptoms (syncope on 1/9 while working with PT), which is a class 1 indication for permanent pacing. She is now s/p TVP placement. Her size and body habitus (96lbs, BMI 18) put her at high risk for cardiac perforation in the setting of a leadless pacemaker. Therefore, we think a single lead PPM would be the most appropriate device for her, with placement ideally early next week.

Plan:
- Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.
- Plan for single lead PPM next week
- NPO at MN on Sunday for possible procedure Monday pending lab availability
- Hold all heparin products the night before procedure and afterwards.

The patient was discussed with attending, Dr. Poole. EP will follow. Please do not hesitate to reach out with any further questions.

Andrea Diaz, MD.
Cardiology Fellow

I saw and evaluated the patient and agree with Dr.Diaz's note.
The patient has AV block and would like to pursue PM implant in order to improve her quality of life
She will receive a single chamber pacemaker next week.
Date of service is 1/10/2025

Electronically signed by Poole, Jeanne Engstrom, MD at 1/11/2025 10:54 AM

Hand, Cameron, MD at 1/10/2025 1736

Consult Orders
1. Inpatient Consult to Palliative Care [360394214] ordered by Patterson, Kristopher T, MD

Attestation with edits by Fram, Julia R, MD at 1/10/2025 8:28 PM

Date of Service: 01/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

I spent a total of 96 minutes for the patient's care on the date of the service.

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Palliative Care
Consult performed by: Hand, Cameron, MD
Consult ordered by: Smith, Matthew C, MD

PALLIATIVE CARE SERVICE: INITIAL CONSULT

ID/CC/REASON FOR CONSULT: Jeanne is a 100 yo F with PMH HTN, T2DM, HLD, who presented with LLE acute limb ischemia now s/p L AKA.
We appreciate the request from Dr. Smith, attending physician of the CTICU service, to consult for goals of care, patient and family support, palliative care.

OUTPATIENT PROVIDERS:
PCP: Navalurkar, Reema, MD
Specialists:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

HPI:
Brief history of illness/hospital course: 100 yo F with PMH HTN, T2DM, HLD, who presented with LLE acute limb ischemia now s/p L AKA. Post operatively also began to have symptomatic bradycardia now s/p TVP.

PALLIATIVE CARE DISCUSSION HELD TODAY:
Narrative History Interview

Participants: Patient Jeanne Hoffman, son Louis Alloin, Dr. Julia Fram PC Attending, Dr. Cameron Hand PC Fellow.

Voice: Jeanne is very hard of hearing and acutely bradycardic during our visit and so attempts were made to communicate to her as well using a white board, however she was not reliably responding to simple/questions and dysarthric when attempting to vocalize. We spoke also with her son Louis who did provide some context about her recent medical situation as well as their social situation.

Background/Social History: Jeanne lives with her son Louis, who has been her primary caregiver. Louis had a lot of concern about recent housing uncertainty. He described at great length in detail difficulties with her current housing situation on Bainbridge, fighting to get the dwelling they were living in up to standards as it had difficulty with plumbing and kitchen appliances. He talks about ultimately not being able to live in the dwelling anymore and spending a temporary time in a hotel but says that since December 19 they have possibly been living in a tent on Bainbridge Island. He says his mother was born on Bainbridge 100 years ago and that all their community is there. As far as immediate family he describes them mainly living on the East Coast or in France and did not bring up anyone who is particularly close.

Understanding/perspective of illness: Louis was able to describe in quite detail how his mother's leg was showing signs of early gangrene around the start of the month. He had been trying to do wound care to the ability that he had outside of the hospital however he noticed it started turning black and progressing and eventually brought her into the hospital where she has undergone an above-the-knee amputation. He was also able to discuss her heart beating too slow and that they were trying to put a pacer in to fix this and that the current pacer did not appear that it was working.

Hopes and what brings life meaning or purpose: He talked about their enjoyment of traveling by trains together. She enjoys her community on Bainbridge Island. He did discuss that when it does come for the time for his mother to pass that she wishes to pass away and be buried on Bainbridge Island and that this was very important to her.

Acceptable quality of life: This was unable to be discussed at this visit.

Fears/Concerns/Worries: Much of the concerns that Louis expressed were regarding the recent housing uncertainty and he spent much of the time talking about this to great detail.

Strengths/ Role of spirituality/faith/religion: This was not discussed in this visit.

Communication preferences: Not discussed in this visit.

Past experience with serious illness/hospice: Not discussed during this visit.

SYMPTOM SCREENING AND ASSESSMENT: (Required for TJC)
Modified-ESAS not appropriate for content of initial meeting, will assess at next encounter.

PHYSICAL EXAM: Physical Exam
Const: Lying in ICU bed. Edentulous. Interactive.
Neck: Lines in place.
Resp: No respiratory distress
Ext: Moving upper extremities bilaterally.

IMPRESSION: Jeanne is a 100 yo F who presented with LLE acute limb ischemia now s/p L AKA, as well as TVP now placed for symptomatic bradycardia. Per discussion with other teams, the patient and son expressed a longevity focused goal for her care and have been assenting to the procedures and care offered up until this point. We spoke primarily with Jeanne's son today. During much of the attempts to discuss Jeanne's medical condition, Louis primarily discussed concerns with her housing situation and housing insecurity.
He did however elaborate on how if Jeanne were approaching end of life, she would want to spend this time and be buried on Bainbridge Island as this is her longtime community and home.

Goals of Care: Continue current longevity focused care. Code status (not discussed during our visit) is full code.

Estimated Prognosis: Uncertain

PALLIATIVE CARE INTERDISCIPLINARY CARE PLAN AND RECOMMENDATIONS:

1. We introduced role of palliative care. We will continue to follow for support and further goals of care clarification.
2. Continue to try and communicate with Jeanne using any assistance as may be helpful such as pocket talker, whiteboard with large lettering, if she has dentures/hearing aids/other devices available
3. Louis does have multiple concerns about housing insecurity and may benefit from meeting with social work at some point during their admission.
4. Louis does express that Jeanne would have preference to pass away and be buried on Bainbridge Island if this were to become a factor in the future.

1.
2. **Advance Directives/POLST**
3. 1) SURROGATE DECISION MAKER: LNOK: Louis Alloin

Surrogate phone number: 206-780-6885

2) Advance Directives: None on file

3) POLST: was completed today? No

Disposition: CTICU

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

Electronically signed by Fram, Julia R, MD at 1/10/2025 8:28 PM

Behrens, Johanna Helen, RD at 1/12/2025 1237

Consult Orders
1. Inpatient Consult to Nutrition [360746638] ordered by Mahdi, Elaa, MD at 01/12/25 1111
2. Inpatient consult to Nutrition [360361061] ordered by Grabar, Christina, MD at 01/09/25 2025

Inpatient Adult Nutrition - Brief Follow Up Note

Consult received re: nutrition assessment, TF recommendations

Recommendations/Interventions:
Labs

Pt at high risk of refeeding given inadequate oral intake >5 days.
Recommend BMP + Mg/Phos Q 12H for 3 days or until lytes stable
Replace lytes to WNL prior to EN initiation and/or advancement
Maintain BGs <200 prior to EN initiation and/or advancement

Request updated vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
Request updated zinc level to determine need for supplementation for wound healing

Meds/Supplementation

Recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS
- OK to continue oral thiamine as ordered
Recommend prenatal multivitamin 1 tab PO or per FT daily
Recommend ascorbic acid 500 mg BID x 14 days PO or per FT

Pending zinc level:
- recommend zinc sulfate 220 mg daily x 14 days PO or per FT

Consider hold vit D supplementation until updated lab
Continue oral vit B12 as ordered

Enteral Nutrition

Await NGT placement, appropriate for bridled tube insertion to prevent dislodgement by patient

Start @ 10 mL/hr, adv 10 mL Q 4H to goal rate
Jevity 1.5 @ 40 mL/hr
= 880 mL TF, 1320 kcal, 56 gm protein, 190 gm CHO, 18.5 gm fiber, 669 mL free water
Minimum 30 mL free water flush q 4 hours while TF are running to maintain tube patency

Calculated over 22 hrs to allow for interruptions for care

Oral Nutrition
6- soft and bite sized, 0- thin liquids per SLP
- if c/f aspiration risk, hold PO and request SLP re-eval

Appreciate nursing assistance in meal ordering/tray set up/feed assist PRN
Can adjust to non-select, automatic meal delivery for ease if indicated
Offer ONS in place of missed/skipped meals
Appreciate nursing documentation of % intake of meals/snacks/supplements

Interim:
Pt with ongoing delirium, combativeness; requiring mitts placed to prevent pulling lines

Current Nutrition Assessment:
FEN: cleared for level 6 diet per SLP on 1/9
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
01/11/25 1300	50 (chicken pot pi, soup, squash)
01/11/25 0900	100 (oatmeal and peaches)

GI: constipation? Last BM 1/9, suspect prior to admit
- currently without EN access, unclear feasibility of placement given pt agitation
Weight: ~44-46 kg

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Labs:

Lab Results

Component	Value	Date
SODIUM	139	01/12/2025
POTASSIUM	4.2	01/12/2025
MAGNESIUM	1.7 (L)	01/12/2025
PHOSPHATE	3.4	01/12/2025
CA	8.1 (L)	01/12/2025
BUN	19	01/12/2025
CREATININE	0.82	01/12/2025
GLUCOSE	115	01/12/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	115	01/12/2025
GLUCOSE	86	01/12/2025

GLUCOSE	154 (H)	01/12/2025
GLUCOSE	149 (H)	01/12/2025
GLUCOSE	92	01/11/2025
GLUCOSE	151 (H)	01/11/2025
GLUCOSE	259 (H)	01/11/2025
GLUCOSE	176 (H)	01/11/2025
GLUCOSE	205 (H)	01/11/2025
GLUCOSE	186 (H)	01/10/2025

No results found for: "VITC"
No results found for: "ZINC"

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Behrens, Johanna Helen, RD at 1/12/2025 2:58 PM

Anderson, Sonia, RN at 1/13/2025 0836

Consult Orders
1. Inpatient Consult to Wound Therapy [360372289] ordered by Grabar, Christina, MD at 01/09/25 2349

Wound Care Note

Received a consult by the ICU RN for perineal IAD. Message sent to primary RN today via Secure Chart to direct staff to the IAD management guidelines found in the UWMC-ML intranet under clinical tools and skin, wound, ostomy care.

Wound RN signing off. Staff RN to assess above recommendations and reconsult wound RN through Epic with questions or concerns.

Sunny Anderson, BSN, RN, CWON

Electronically signed by Anderson, Sonia, RN at 1/13/2025 8:40 AM

Khan, Omar Asad, MD at 1/14/2025 0843

Attestation signed by Akoum, Nazem Walid, MD at 1/15/2025 4:23 PM

Date of Service: 1/14/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

ELECTROPHYSIOLOGY DEVICE POST-IMPLANTATION NOTE

Implanting Electrophysiologist: Dr. Nazem Akoum, MD

Identification: Jeanne Leonie Hoffman is a 100 year old female who underwent placement of a single chamber pacemaker yesterday which was uncomplicated.

Subjective: Jeanne denies significant pain or shortness of breath.

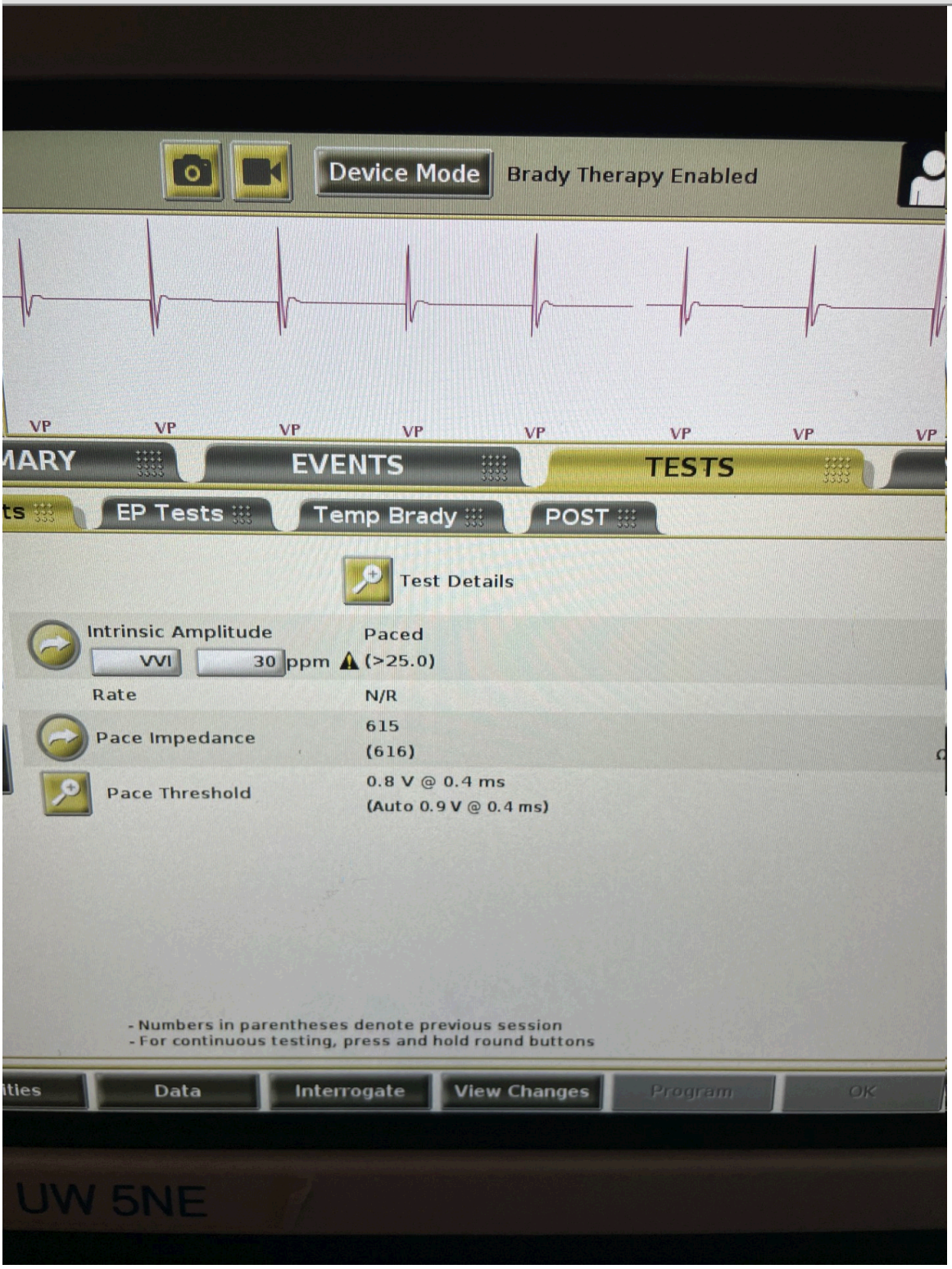
Objective:

Vitals (Most recent in last 24 hrs)
T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 111/46** (01/14/25 0800) **HR:** 70 (01/14/25 0800) **RR:** 18 (01/14/25 0800) **SpO2:** 98 % (01/14/25 0800) **T range:** Temp Min: 36 °C Max: 37.9 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

Chest: Incision is clean and dry with no evidence of dehiscence or bleeding. There is no hematoma.
Respiration: Normal work of breathing on room air.

Two-view chest x-ray: Leads in acceptable positions without evidence of pneumothorax.

Interrogation results:



Assessment and Plan:
Successful device placement without evidence of significant complications. Jeanne Leonie Hoffman has been added to the EP follow up list and will be called to schedule an appointment. Routine post-implantation care and activity restrictions discussed.

Thank you for involving us in Jeanne Hoffman's care. The patient was was seen and discussed with Dr. Nazem Akoum, MD, the attending electrophysiologist. We will now sign off. Please reach out via the operator with any further questions.

Device care instructions:
- May shower 72 hours after surgery; gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days.
- Activity restriction (for 30 days after implantation):

4. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
5. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- 3. Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- Avoid heparin products if possible after device placement. If heparin products are needed, please wait **at least 48 hours** after device placement.
-
- This patient was seen and discussed with Cardiology Attending Nazem Akoum, MD.
-
- Omar A Khan, MD
- Fellow in Cardiovascular Medicine
- University of Washington

Electronically signed by Khan, Omar Asad, MD at 1/14/2025 2:16 PM
Electronically signed by Akoum, Nazem Walid, MD at 1/15/2025 4:23 PM

Gorelick, Noah L, MD at 1/16/2025 1445

Consult Orders
1. Inpatient Consult to Physical Medicine Rehab [361829141] ordered by Segerson, Karen Elaine, MD

Attestation signed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM (Updated)

Date of Service: 1/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

We will sign off at this time.

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Physical Medicine Rehab

Consult performed by: Gorelick, Noah L, MD
Consult ordered by: Segerson, Karen Elaine, MD

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Physical medicine and rehabilitation consulted for L above knee amputation recommendations.

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:

History obtained from combination of chart review and conversation with patient's son, Louis. He reports that they were evicted from their housing Bainbridge Island, where they were recently evicted from their home around October 2024. He had been working on caring for her chronic left lower extremity ulcers until he noticed that they had started to become necrotic following her 100th birthday celebrations on 1/6 and 1/7. They presented to the hospital on 1/9 and proceeded to left above-knee amputation for Rutherford class III acute limb ischemia.

Surgical hospital course was complicated by bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Today patient was approached resting comfortably at the bedside in the ICU. Communication with patient was limited by significant hearing impairment and conducted primarily via writing with large lettering on dry erase board at the bedside. Patient indicated that she was experiencing some pain at her incision. She also endorsed ongoing phantom sensation of her amputated toes and leg up to the incision. Importance of stretching to prevent HF contracture was discussed with her son Louis.

HISTORY

Problem List

Diagnosis
• Sensorineural hearing loss, unspecified
• Hypercholesterolemia
• 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)
• Adult failure to thrive syndrome
• Osteoporosis, unspecified
• Osteoarthritis of lumbar spine
• Urine incontinence
• Pseudophakia, both eyes
• History of recurrent deep vein thrombosis (DVT)
• Imbalance
• Primary osteoarthritis of both hips
• Vitamin D deficiency
• Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
• Primary open angle glaucoma (POAG) of both eyes
• Closed fracture of distal end of femur, unspecified fracture morphology, sequela
• Community acquired bacterial pneumonia
• Reduced vision
• Housing instability
• Advanced care planning/counseling discussion
• Acute lower limb ischemia
• Bradycardia

Past Surgical History:

Procedure	Laterality	Date

- PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance and Sexual Activity	
• Alcohol use:	No
• Drug use:	No
• Sexual activity:	Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Support System and Family Circumstances (i.e., potential caregivers): Lives with son Louis
Home Environment / Accessibility:
Per PT note 1/10:
"Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)"

FUNCTIONAL HISTORY

Prior Function: Per PT note 1/10: "limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility."

Current Function:
Mobility: max assist
ADLs: max assist/dependent
Cognition/Communication: impaired hearing, able to read large letters on dry erase board.
Swallow: low/moderate aspiration risk (pending mentation)
Bowel: LBM 1/15
Bladder: foley

MEDICATIONS:
SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026)

RR: (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.9 °C (01/16/25 1605) **BP:** **(!) 143/80** (01/16/25 1605) **HR:** 68 (01/16/25 1605) **RR:** 16 (01/16/25 1605) **SpO2:** 98 % (01/16/25 1605) Room air **T range:** Temp Min: 36 °C Max: 37 °C Wt 119 lb 0.8 oz (54 kg) Ht 5' 0" (1.524 m) Body mass index is 23.25 kg/m².

Physical Exam

General/Constitutional: NAD, sleeping with mouth agape, awakens easily upon entry into room. Patient with significant hearing impairment. Asks loudly "You want to see my leg?"
HEENT: Normocephalic, atraumatic.
Respiratory: Breathing comfortably on RA, no resp distress or accessory muscle use
Musculoskeletal: Left above knee amputation with residual limb wrapped in ace wrap.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	144		9.0		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

RELEVANT RESULTS
Imaging Results:
Electrophysiology procedure
- Successful single chamber pacemaker implantation
- pCXR now to r/o PTX
- PA/Lateral CXR tomorrow AM
- Sling immobilization overnight.
- 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height
- Remote device check tomorrow am to ensure stability of lead parameters

Cardiac catheterization
Procedure:
Successful right transjugular central line placement and temporary pacemaker placement.

Findings:
Severe symptomatic bradycardia.
Temporary pacemaker placement to RV apex.

Recommendations:
Findings discussed with primary team.
Cardiac catheterization, Electrophysiology procedure
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.

XR Chest 2 View

Narrative: EXAMINATION:
XR CHEST 2 VW

INDICATION:
Pacemaker

FINDINGS AND
Impression: Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

XR Chest 1 View

Narrative: EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Pacemaker

FINDINGS AND
Impression: Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Physical medicine and rehabilitation consulted for L above knee amputation recommendations. Reviewed the typical recovery course following amputation with patient's son Louis and emphasized to the patient and her son the importance of proper wound care, nutrition, fall prevention to optimizing healing following amputation. Patient has a transport chair with thick tires that may be well-suited for rough terrain, however, may benefit from more appropriately fitting wheelchair. Given patient's age and comorbidities, and significant energy expenditure with ambulation in AKA, unlikely that patient will progress to community level ambulation with any prosthetic device.

Recommendations:
- I discussed the importance of nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.

- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic).

Thank you for the opportunity to be involved in the care of this patient. Please feel free to call with questions or concerns via rehabilitation medicine consult pager (UWMC: 206-540-8975) or by the rehabilitation medicine resident listed in CORES on weekdays. We will continue to follow with you regarding rehabilitation needs.

Inactive Attestations

Removed attestation signed by Lam, Ny-Ying, MD at 1/17/2025 11:30 AM (removed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM)

Date of Service: 1/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Electronically signed by Gorelick, Noah L, MD at 1/16/2025 7:31 PM
Electronically signed by Lam, Ny-Ying, MD at 1/17/2025 3:44 PM

Barnhart, Shelley Lea, RD at 2/18/2025 1456

Consult Orders
1. Inpatient Consult to Nutrition [368664246] ordered by Pillai, Sunita, MD at 02/18/25 1404

Inpatient Nutrition Brief Note
Please see RD note on 2/14/25 for full assessment

Recommendations:
NUTRITION SUPPORT:
- TF via NGT: Standard TF formula to provide 100% of energy/protein needs
  - **start Jevity 1.5 at 10 mL/hr continuous on pump, advance 10 mL q12 hr to goal at 40 mL/hr**
  - TF at goal provides: 880 mL, 1320 kcal, 56 gm protein, 190 gm CHO, 18 gm fiber, 669 mL free water
  - run x24 hr (calculated x22 hr to allow for interruptions for care)
- Water Flush: Minimum 30 mL free water flush q4 hours while TF are running to maintain tube patency, consider additional 650 mL (160 mL 4x/day) daily for maintenance needs

LABS:
- significant risk of refeeding syndrome, consider potassium/magnesium/phos BID checks until TF meeting 100% of energy needs and labs are stable

VITAMINS/SUPPLEMENTS:
- **Start thiamine 100 mg daily, x5 days**

Diet/TF orders:

Active Diet Orders

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid)
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)

Diet

NPO Diet No exceptions

Allergies:

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Labs:

Lab Results

Component	Value	Date
SODIUM	141	02/15/2025
POTASSIUM	3.4 (L)	02/14/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.2 (L)	02/14/2025
BUN	7 (L)	02/14/2025
CREATININE	0.54	02/14/2025
GLUCOSE	182 (H)	02/14/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	182 (H)	02/14/2025
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025
GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025

FEN:
- diet order NPO
- per RN note, refusing PO intake, poor appetite

GI:
- NGT placed today
- Dysphagia, SLP recommendations 2/7 for minced and moist, thin liquids

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Interventions:
Chart reviewed. and sent secure chat to Physician

Nutrition following.
See Treatment Team for contact.
Weekends: pager 206.989.1191

Electronically signed by Barnhart, Shelley Lea, RD at 2/18/2025 3:17 PM

Abrams, Debra J at 2/23/2025 1532

UWMC Montlake Spiritual Care Visit

Encounter Details

- Patient Name: Jeanne Leonie Hoffman
- Referral From: RN
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Initial
- Location: UWMC (Montlake) 7SA

Narrative of Spiritual Encounter

Extensive debrief w/ RN Allen post-visit. Jeanne's son, Louis, expressed his concern that Jeanne is not getting the medical care she "should" be getting. He asserted that he's her "physician" and quickly amended it to "medical advisor" because "you're not supposed to say physician." When this provider asked him, "Are you Jeanne's DPOA" he said, "No" and reiterated that he's her "medical advisor," noting that he has "suited up" when she's had surgery b/c he has needed to advise med team. He asserts having some background in health care. He said that he's been attempting to feed her and showed this provider juice that he said he's attempted to give her. When asked how spiritual care can support Jeanne and him, he asked for prayer "at whatever church you go to."

In debrief, RN Allen said that this provider could document his (RN's) concerns that Louis' attempts at feeding

Jeanne are putting Jeanne in physical jeopardy by taking unnecessary risks given Jeanne's physical condition. RN said that he has shared his concerns over Louis' interventions with Louis and med staff.

- **Spiritual Assessment**
  - Spiritual Resources: Prayer
- **Interventions**
  - Spiritual Interventions: Spiritual Care Assessment;Spiritual Support
- **Plan of Care**
  - Continue Visiting: Not at this time.
  - Spiritual Care Follow-up: No further needs at this time Will request spirtual care as desired
  - No further needs: Will request spirtual care as desired
- **Visit Duration**
  - Direct Time: 40
  - Indirect Time: 30
  - Total Time: 70
- Thank you for this referral
- Please call/page if further needs arise:
  - UWMC (Montlake Campus):
    - For urgent support: 206.559.6764 (pager)
  - For non-urgent/general inquiries: 206.598.9174 (voicemail)

Electronically signed by Abrams, Debra J at 2/23/2025 3:47 PM

Wang, Virginia, MD at 2/24/2025 1010

Attestation signed by Saxena, Nina A, MD at 2/24/2025 7:23 PM

Date of Service: 02/24/25
I did not see the patient but have reviewed the resident(s)'s/fellow(s)'s documentation.
100 yoF with tenuous respiratory status, failed placement of NGT due to challenges with sedation. EGD with NG placement would require deep sedation/ intubation, which could compromise her already very tenuous respiratory failure. If the goal is to prolong life, a procedure requiring deep sedation/ intubation is more likely to cause harm than benefit. If she does move to the ICU and requires intubation for other reasons, or if her respiratory status significantly improves, we would be happy to be of assistance at that time.

Gastroenterology Brief Note
Jeanne Leonie Hoffman | U8170135 | 2/24/2025

10:10 AM
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, prior DVT, PAD p/w ALI on 1/9/25, now s/p L AKA (Smith 1/9/25). Post-op course c/b post-op bradycardia & new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM (1/13/25). Remains inpatient 2/2 delirium, poor PO intake, electrolyte derangements. Currently on HFNC 50L @ 100% due to pulmonary edema. GI consulted for consideration of endoscopic NGT placement as patient failed NGT placement under fluoro on 2/20/25 and is not taking enough PO to maintain nutritional needs.

Records reviewed, patient not seen. On review, this patient's respiratory status is very tenuous, and she has previously failed NGT placement under sedation. She would require anesthesia for endoscopically guided NGT placement. Given her very tenuous respiratory status, the likelihood that she would extubate successfully after procedural intubation is low. As such, we feel that the risks of performing this procedure far outweigh the potential benefits; we would not offer endoscopically guided NGT placement at this time. Should the patient require intubation for any other reason, including but not limited to respiratory decompensation, please feel free to re-engage our team if the bedside staff remain unsuccessful with NGT placement or NGT placement under fluoro remains unsuccessful at that time.

Staffed with GI attending Dr. Saxena.

Electronically Signed By:
Virginia Wang, MD
PGY-3 | General Surgery

Electronically signed by Wang, Virginia, MD at 2/24/2025 10:15 AM
Electronically signed by Saxena, Nina A, MD at 2/24/2025 7:23 PM

Ingalls, Bailey, MD at 3/6/2025 0222

Orthopaedic Surgery Consult Note

Date of Service: 03/06/25
Attending of Record: Navin Fernando, MD
Reason for Consult: Closed right peri-implant femur fracture
Non-Orthopaedic Injuries: None

History of Present Illness:
Jeanne Leonie Hoffman is a 100 year old female who initially presented to the hospital on 1/9/2025 with concerns for chronic LLE wounds and increased pain, ultimately found to have acute limb ischemia and went to the OR urgently with vascular surgery for AKA.

Her recovery from this procedure was complicated by sinus bradycardia, first-degree heart block and RBBB. She ultimately spent time in the cardiac ICU, and had a pacemaker placed. Palliative care became involved in her case on 1/10. Her recovery was further complicated by delirium, agitation, difficulty with nutrition/dysphagia, at times leading to starvation ketosis. She also had wound healing issues with her residual left lower extremity.

Per palliative care note from 2/10, Louis (son) has been concerned that Jeanne was not eating because she is frustrated and not adjusting well to the amputation. She was being maintained largely on IV fluids, but has subsequently lost access and has minimal options remaining other than a central line. From review of notes, it appears she was for long periods of time not a NGT candidate due to her poor respiratory status (they did not feel she was safe for any level of sedation). Due to the medical complexity of her situation, she has been largely bedbound since her AKA and has made little progress towards rehab.

Initially transitioned to comfort measures only on 2/25, however respiratory status subsequently improved and goals have shifted slightly towards her rehab and maintaining comfort with minimal necessary escalation of care.

On 3/5 she had an unwitnessed fall from her bed, resulting in the above-mentioned right peri-implant femur fracture.

Had a long conversation with her son regarding his longevity focus, and his plans for her to live another 5 to 6 years. At the time of this interview, she was fully unable to participate–he said that this is common when she gets pain medications, but states that she was fully lucid prior and they discussed her leg and she wanted it "fixed". He is a strong advocate for his mother, and very focused on ensuring that she receives excellent, holistic care, with the end goal of strengthening and rehabilitation.

Review of Systems:
Pertinent positives as per HPI.

Past Medical History:
Hypertension, type 2 diabetes, hyperlipidemia, history of DVT, acute LLE ischemia necessitating AKA, first-degree AV block, GERD, remote history of seizures, PAD

Past Surgical History:
1/9/2025–left AKA (Dr. Smith, vascular)
1/13/2025–pacemaker implantation
7/15/2021–ORIF right distal femur
Also has evidence of right femoral neck fixation

Allergies:
Adhesive's, aspirin, nitrofurantoin, penicillins, sulfa

Medications:
Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Family History:
No family history of bleeding disorders, clotting disorders, or problems with anesthesia.

Social History:
Phone Number:
Telephone Information:
Home Phone 206-780-6885
Work Phone Not on file.
Mobile 206-280-1287

Lives in Bainbridge with her son

Occupation: Retired
Functional Status: Dependent for all ADLs, requires assistance to sit at EOB (loses balance quickly), currently transferred to chair via sling, has not been ambulatory since prior to AKA – when son references prior functional status, he defaults to talking to her abilities at least 1 year prior, unclear how functional she has been in the interim

Physical Exam (performed at roughly 0330 hours on 3/6/2025):
BP (!) 101/54 (Patient Position: Lying) | Pulse 92 | Temp 36.3 °C (Temporal) | Resp (!) 21 | Ht 5' (1.524 m) | Wt 45.7 kg (100 lb 12 oz) | SpO2 94% | BMI 19.68 kg/m²

General: Frail appearing. In no acute distress. Appears stated age. Lying in bed.
Respiratory: Breathing comfortably on room air. and Bilateral symmetric chest rise. No extra work of breathing.
Neuro: Opens eyes to physical stimuli, but does not track voices or people, eyes roving around the room. Intermittently raises arms in front of her or above her head, but these do not appear to be oriented movements. Does not answer questions or follow commands.
MSK:
Left Lower Extremity
Inspection: Status post AKA, incision largely well-healed except for some dehiscence along the medial edge of the incision with dried scabbing, no active drainage or erythema

Right Lower Extremity
Inspection: No open wounds. Swelling about the thigh, moderate lower leg and foot edema
Palpation: Difficult to assess tenderness in setting of altered mental status, but no changes in movements/no grimacing noted with palpation of foot or ankle . Pitting edema.
Range of Motion: Deferred due to known hip fracture
Motor: Does not follow commands, but is noted to spontaneously flex and extend the toes, fire TA
Sensory: Does not follow commands or answer questions to participate in a sensory exam, but does wiggle toes to touch on the dorsal and plantar foot
Vascular: warm and well perfused
Compartments:Compartments of the leg are soft and compressible.

Labs:
Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Radiology:
Reviewed imaging which demonstrates oblique inter-implant fracture in the proximal 1/3 of the femoral shaft between a DHS proximally and a lateral distal femur plate distally. Implants appear intact. Fracture in varus and apex anterior malalignment. Significant vascular calcifications

ASSESSMENT
Jeanne Leonie Hoffman is a 100 year old female who sustained an inter-implant femoral shaft fracture after an unwitnessed fall.

We had a long discussion with the son regarding his goals of longevity and mobility for his mother. We discussed that

while this fracture is often one that is managed operatively, we have serious concerns regarding her ability to survive the surgery that would be required. In her case in particular, the implants she already had would necessitate a very large, morbid approach, with much higher blood loss than the surgery on someone without these implants. Additionally, the goal of the surgery is typically to improve mobility and pain control. In her case, given her contralateral AKA and overall deconditioning in the hospital, it is unclear that a large surgery would help her mobility goals, which would largely relegated to a pain control procedure. In light of that goal, her pain can also be managed with gentle mobilization and medication, without the associated mortality risks. The son has serious concerns regarding her conditions not being treated, and we explained that nonoperative treatment is still treatment, and that the goal would be to stabilize the fracture in a position of comfort such that it could begin healing. This would also allow him time to focus on improving her nutrition and p.o. intake which has been seriously lacking over the past months, further endangering her if she needs future surgery. With this understanding that we can still continue to monitor her healing, he is amenable to a trial of nonoperative treatment.

The location of her fracture makes it quite difficult to mobilize, we would like to start with a trial of using an abduction pillow for some gentle support. If this does not work, we can try additional braces, though they may be more difficult to don and doff.

All questions were answered and the patient was in agreement with the plan of care as stated. These recommendations were communicated with the medicine provider. Please find orthopaedic surgery problem based plan below.

PLAN
#R inter-implant femur fracture
Weight Bearing: NWB RLE
Antibiotics: Given the closed nature of the injury, a tetanus booster and antibiotics were not indicated
DVT Prophylaxis: Defer to primary
Immobilization: Abduction pillow
Follow Up: 3/13 repeat XR R femur
Team: UW Call Team

- This plan was discussed with Dr. Fermin Prieto, the Orthopaedic Trauma Chief on-call who is in agreement

Bailey Ingalls, MD
PGY3, Orthopaedic Surgery and Sports Medicine
University of Washington | Harborview Medical Center

Electronically signed by Ingalls, Bailey, MD at 3/6/2025 5:30 AM
Electronically signed by Fernando, Navin Dhanushka, MD at 3/6/2025 9:54 AM

Shirley, Jamie L at 3/7/2025 1118

Thank you for including ethics in this case. I met with nursing to discuss approaches to care on Tuesday 3/4 and offered follow-up today. Talked with nurse Rosalie and nurse manager Alex Dimitrov. Efforts continuing to discharge patient to SNF for rehab today or over weekend. Encouraged compassionate approach that acknowledges his long history of excellent care for her and his complicated grief related to her imminent demise. Provided support to staff for setting limits on tangential conversations related to son's multiple concerns and anxiety regarding patient welfare, but to focus on primary issues we can practically address. Additionally, it is appropriate to educate son and limit his actions regarding his interventions in patient's care that are not beneficial or harmful to patient's safety.

Please reach out to ethics for on-going support if we can be of assistance via the paging operator.

Electronically signed by Shirley, Jamie L at 3/7/2025 11:21 AM

Brockman, Abby, MDiv at 3/7/2025 1212

Consult Orders
1. Inpatient Consult to Spiritual Care [372368092] ordered by Barnes, James Irvin, MD at 03/06/25 1653

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details

- Referral From: RN
- Requested by: RN
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Attempted (Inpatient)
- Location: UWMC (Montlake) 7SA

Summary of Encounter

I consulted with RN before going into the room due to ongoing challenges. After conversation with medical team, as they were going to enter with Palliative Care within the hour, we determined it was best not to visit at this time. Closing consult per team recommendation, but they know they can reach out if our support would be helpful later.

Standard Interventions

- Spiritual Support;Ritual, Prayer

Plan of Care

- Follow-up Plan: No further needs at this time As available Will request spirtual care as desired
- To Provide: Faith affirmation;Ritual: prayer/blessing/meditation

Visit Duration

- Direct Time: 10
- Indirect Time: 10
- Total Time: 20

Electronically signed by Brockman, Abby, MDiv at 3/7/2025 12:13 PM

DC Planning Supplement

Foxx, Vivian Amber, LICSW at 3/8/2025 0921

SNF DISCHARGE ORDER

Hoffman, Jeanne Leonie

SW DID NOT CREATE THIS INFORMATION. CREATED FOR AIDA REFERRAL FROM MEDICAL TEAM DOCUMENTATION.
The information contained in this report is accurate as of the printing date/time shown at the bottom of this page. Refer to the After Visit Summary (AVS) for final information.

Comments

UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeanne Leonie MRN: U8170135, DOB: 1/6/1925, Legal Sex: F Adm: 1/9/2025, D/C: —
UWMC ML INPATIENT 1959 NE PACIFIC ST SEATTLE WA 98195	Hoffman, Jeanne Leonie MRN: U8170135, DOB: 1/6/1925, Legal Sex: F Adm: 1/9/2025, D/C: —

Patient Demographics

Address	Phone	E-mail Address
321 High School RD NE Ste D3 PMB 292 BAINBRIDGE ISLAND WA 98110	206-780-6885 (Home) 206-280-1287 (Mobile) *Preferred*	jeanhoffman@usa.com

Discharge Order (From admission, onward)

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

Code Status Information

Code Status
DNR

Modified Resuscitation Specifics:	
Specify patient preferences:	DNR/DNI

Preferred Pharmacy

Rubenstein Pharmacy
105 Husky Health Box 354410 SEATTLE WA 98195
Phone: 206-685-1021 Fax: 206-685-9990
Hours: Mon-Fri 9:00am - 5:00pm, Sat-Sun Closed, Please allow 48 hours for refills.

RITE AID #05215 05215 301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 206-842-4065 206-780-2781 98110-1608
301 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110-1608
Phone: 206-842-4065 Fax: 206-780-2781
Hours: Not open 24 hours

UWMC Outpatient Pharmacy
1959 NE Pacific St SEATTLE WA 98195
Phone: 206-598-4363 Fax: 206-598-7817
Hours: Mon-Fri 8:00am - 9:00pm, Sat-Sun 8:00am - 8:00pm, Please allow 48 hours for refills.

Discharge Medications

New Medications

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

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

Medications To Continue

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

Stopped Medications

atorvastatin 10 MG tablet
Commonly known as: Lipitor

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

medihoney topical gel

MULTIPLE VITAMIN OR

pentoxifylline ER 400 MG ER tablet
Commonly known as: TRENtal

timolol maleate 0.5 % ophthalmic solution
Commonly known as: Timoptic

VITAMIN B-12 OR

Discharge Orders (From admission, onward)

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

Additional Info/Restrictions:
HMC:
Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality
Limb Loss/Amputation Clinic

UWMC ML:
Referral to UWMC Rehab Clinic [220069] Choose Speciality

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

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

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

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

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

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

03/07/25 1909 **Referral to Fractures/Trauma**
Comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
This referral for consultation or procedure grants authorization to perform diagnostic or other services required.
REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order)

Is this a Workmen's Compensation case? NO
Electronically Signed By: Barnes, James Irvin, MD [NPI: 1255607453]

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

Discharge Instructions

Dear Ms. Hoffman,

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

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

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

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

Wound Care:
-Continue to change the dressing over the leg daily to keep it clean. Light compression should help keep edema out of

it and optimize its chances of healing.
-Any changes to your wound care regimen based on how the stump heals can be made with the Vascular Surgery clinic or the Wound Care clinic.

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

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

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

Please call with any concerns or questions about your amputation.

UWMC Surgical Specialties Center

1959 NE Pacific Street
Box 356165
Seattle, WA 98195

Phone 206.598.4477
Fax 206.598.6705
Appointment scheduling 206.598.1426
Surgery Scheduling 206.598.9436
Nurse line 206.598.4477 Option 2
Clinic fax 206.598.2532

Scheduled Appointments

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

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

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

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

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

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

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

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

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

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

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

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

Done from home remote monitor this is NOT a clinic visit.
**Disregard appointment time - clinic will contact you with results within the week.

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

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

Services)

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

Contact information for follow-up

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

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

Next Steps: Follow up

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

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

Printed by Foxx, Vivian Amber, LICSW
3/8/2025 9:22 AM
Page 347 of 116

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

Diagnosis Clarification

Whitehouse, Nathan Paul, RN at 1/17/2025 0912

In my clinical opinion, the patient is being managed for severe protein calorie malnutrition as demonstrated by wt loss, low BMI, housing and food insecurity, low calcium, low albumin.

Background:
Risk Factors: no PO intake in ~5 days PTA, unstable housing, s/p L AKA, s/p single chamber PPM
Clinical Indicators: cachectic, anorexia, global severe muscle and fat loss, age related loss compounding recent loss, 5.5% wt loss in 1 month, <50% of needs for >5 days
Treatment: Nutrition consult, multiple trials of NGT placement given poor PO intake but unsuccessful

Electronically signed by Whitehouse, Nathan Paul, RN at 1/17/2025 9:17 AM
Electronically signed by Segerson, Karen Elaine, MD at 1/17/2025 10:51 AM

Discharge Instructions

Barnes, James Irvin, MD at 1/14/2025 1238

Dear Ms. Hoffman,

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

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

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

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

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

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

Medications:

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

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

Please call with any concerns or questions about your amputation.

UWMC Surgical Specialties Center

1959 NE Pacific Street
Box 356165
Seattle, WA 98195

Phone 206.598.4477
Fax 206.598.6705
Appointment scheduling 206.598.1426
Surgery Scheduling 206.598.9436
Nurse line 206.598.4477 Option 2
Clinic fax 206.598.2532

Electronically signed by Barnes, James Irvin, MD at 3/8/2025 8:53 AM

Nursing Note

Sande, Nathan R, RN at 1/10/2025 0735

Patient Summary

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA

1/9: admitted post-op s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s. Pads on. Additionally, given 750 LR for hypotension and oliguria. Failed bedside swallow, kept NPO until seen by SLP.

Son at bedside reports that they lost housing in October and currently live in a tent on Bainbridge Island. Social work consult placed.

Edited by: Sande, Nathan R, RN at 1/10/2025 0639

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

Patient Monitoring Document - Scan on 1/10/2025 12:14 AM: RE-LABELED TO 2 AV BLOCK TYPE II (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

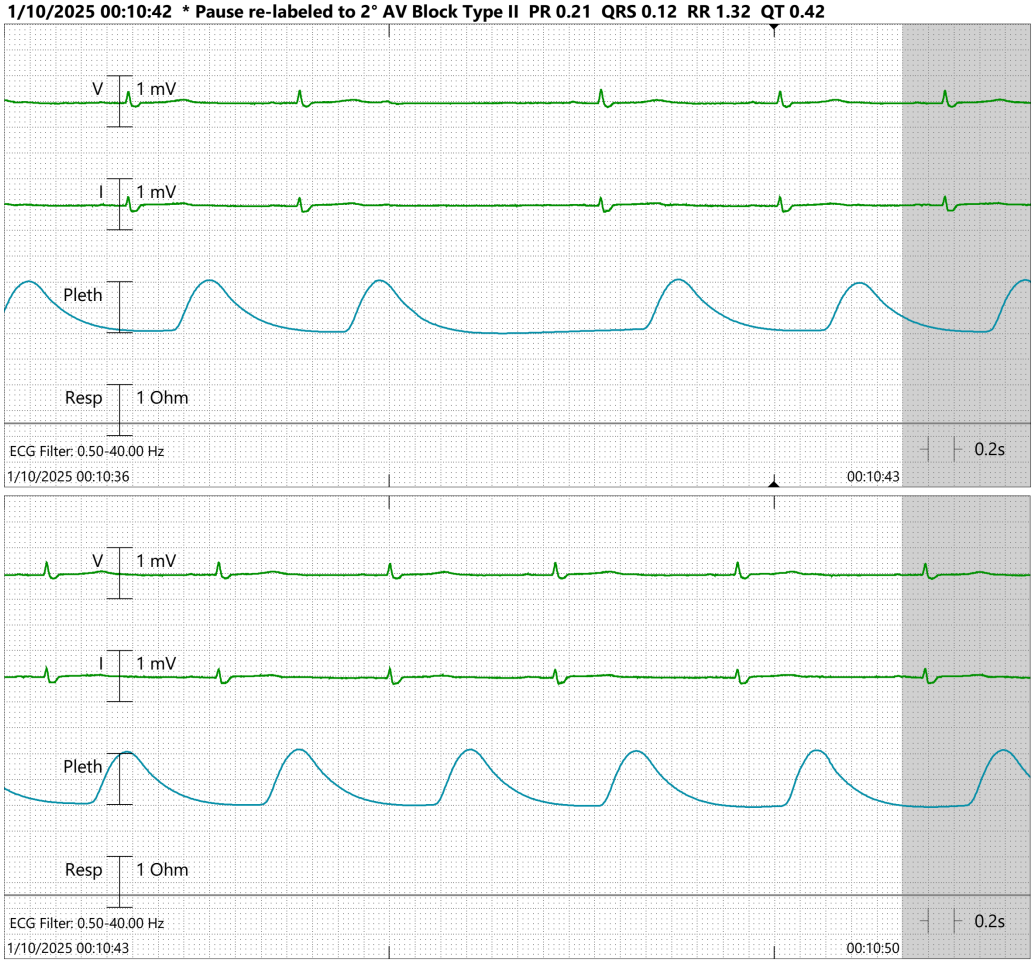
Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 43	PVC 0	SpO_2 99	Pulse (SpO_2) 42
Perf 3.5	RR -?-		
NBP 135/31 (69) (00:00)			

1/10/2025 00:10:42 * Pause re-labeled to 2° AV Block Type II PR 0.21 QRS 0.12 RR 1.32 QT 0.42



	5SA	UWMC Montlake

Printed on 1/10/2025 00:14:27 Page 1 of 1

Electronically signed by Sande, Nathan R, RN at 1/10/2025 7:41 AM

Thomas, Tamlyn P, RN at 1/10/2025 1530

Patient Summary

Hx: HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcers LLE

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

1/9/25 LLE acute limb ischemia x 48 hrs, bradycardic to the low 40s with EKG showing new RBBB but normal troponins prior to surgery
1/9: admitted post-op to 5sa s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s
1/10/25 syncopal episode after 15" dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. Emergent transvenous pacemaker placed in cath lab

RN shift summary, 07-1530, 1.10.25
Neuro: Pt profoundly HOH, but able to interact in a meaningful and appropriate manner. Difficult to assess orientation - states spont. "They cut off my left leg!" She has been anticipating it for a long time per her son due to non-healing sores. Clearly understands she is in the hospital.
Pain: Pt with zero pain at the beginning of the shift. Ropivicaine peripheral nerve block @ 8ml/hr. Pain mild until around noon when she pointed to posterior L upper thigh and said it was quite sore. Pain level unchanged after scheduled acetaminophen given on return from cath lab for transvenous pacemaker.
CV: Bradycardic mostly about 40, tolerating movement, unable to wean Dopamine gtt but asymptomatic until she had been working w/PT, sitting on side of bed, tolerating well, suddenly after 15-20" pt had an LOC, laid down remained symptomatic laying down, MAP to 54, pt responsive, but fatigued with very low energy and dizzy laying flat, team alerted, Dopa to 10mcg/kg/min, Atropine 2mg IV given in divided doses with little to no effect, Aline placed, sent to cath lab for emergent transvenous pacemaker. Returned from cath lab with working pacemaker. HOB raised 20 degrees and lost consistent capture and sensing - troubleshooting done by ICU team including 1 amp Calcium Chloride IV. CXR done. EP team notified and to bedside. Normotensive on dopamine gtt @ 5mcg/kg/min.
Pulm: Lung sounds clear throughout, on room air, RR reg. ABG WNL.
GI: Dec bowel tones, only on L side, no nausea, no stool
GU: Foley, average 50ml/hr, pale yellow, clear, UO dropped significantly from 1030 to 1400 upon return to cath lab - only 50ml output, but increased quickly in next hour.
Skin: At risk for breakdown, old diaper rash dermatitis healing well, intact, patchy scabs
Social: son in room, very informative, advocating for her. Visited by palliative care today.

Illness Severity
Watcher

Electronically signed by Thomas, Tamlyn P, RN at 1/10/2025 4:33 PM

Tatum, Krista N, RN at 1/10/2025 1949

Shift: 1500-1930
POD: 1
Acute Events:

- Lost capture s/p TVP #1 - cathlab did not lock pacer
  - Bradycardic 30's, neuro: somnolent and less responsive
  - Unable to regain capture with pacemaker adjustments, and placement estimated to be correct via bedside US per CTICU attending
  - Interventional cardiology arrived bedside to discover luer lock not locked - luer hidden under CHG dressing primapore
- Taken to cath lab for TVP replacement
  - New (R) IJ venous sheath
  - TVP #36 cm - Vpaced @70, amplitude 10 threshold 0.2 sensitivity 2
    - Amplitude @5 on arrival, increased to 10 s/p two incidences of noncapture
  - Hypotensive 90's/30's (50's) on arrival s/t Dopamine gtt being switched to PIV per cath lab d/t venous sheath being removed and replaced
    - ABP improved after switched back to central concentration

- UO downtrending at end of shift 90 --> 25
- SLP: chronic dysphagia noted, poor fitting dentures, soft easy chew diet ordered - tolerating well after TVP procedure, no s/s aspiration
- PNC: Ropivicaine @8 ml/hr, unchanged
- Pain: denies for me, per previous nursing endorsed intermittent (L)AKA pain
    - SCH IV Tylenol
- Social Work consulted
    - Working on housing assistance discharge planning
- EP consulted possible pacemaker
- Dopamine @ 5 - unchanged
- Caregiver, Son
    - Concerning behaviors and statements observed by nursing and cath lab personnel
    - During 2nd TVP placement, Son told nursing he was going to get food - left the unit without shoes, went to 2nd floor and tried to get into cath lab. Kicked out by staff. When Son asked why he did this he stated "I don't know where she was, you didn't tell me where she was going", and when cath lab told him he was present bedside for TVP replacement discussion and present when patient taken out of room by staff, he stated "no I wasn't, I was eating a sandwich"
    - Towards end of shift RN placing PIV bedside, Son said "you see those bruises? The way to get rid of them is with a toothbrush. If you brush over them a bunch, it breaks up all the blood and helps them heal."

Electronically signed by Tatum, Krista N, RN at 1/10/2025 8:11 PM

Bertram, Olivia T, RN at 1/11/2025 0647

Patient Summary

Hx: HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcers LLE
1/9/25 LLE acute limb ischemia x 48 hrs, bradycardic to the low 40s with EKG showing new RBBB but normal troponins prior to surgery
1/9: admitted post-op to 5ssa s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction, given atropine x 1, then started on dopamine with HR improvement to 40s
1/10/25 syncopal episode after 15" dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. Emergent transvenous pacemaker placed in cath lab
1/11 delirious, v pacing continued via TVP
Edited by: Bertram, Olivia T, RN at 1/11/2025 0535

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

PRN seroquel for delirium and agitation. Mits applied as pt tries to remove lines and tubes including IJ TVP site. Oriented to self and otherwise disoriented. Continued infusion of ropivacaine via peripheral nerve sheath; pt denies pain.

Continued TVP pacing, VVI 70. No acute pacing events.
Dopamine gtt adjusted for HoTN. Maintenance LR added for continued SBP <100.

Room air.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

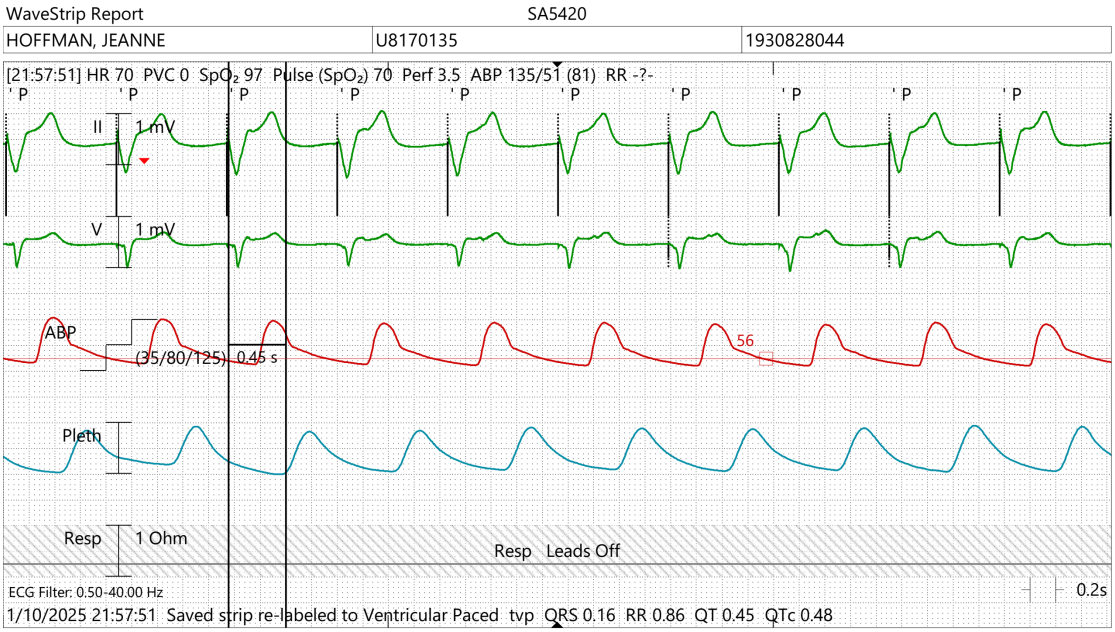
Clinical Notes (group 2 of 17) (continued)

20-35cc/hr UOP.

L stump with no drainage visible on ACE wrap. Dressing change due POD4.

549: observed small (<1cm) area of infiltration s/p starting IVPB infusion of Kcl into L arm PIV. Drug stopped immediately, provider notified, PIV removed, area tx w warm compress, elevated, and injected hyaluronidase SQ per order.

Patient Monitoring Document - Scan on 1/10/2025 10:01 PM: IBE (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

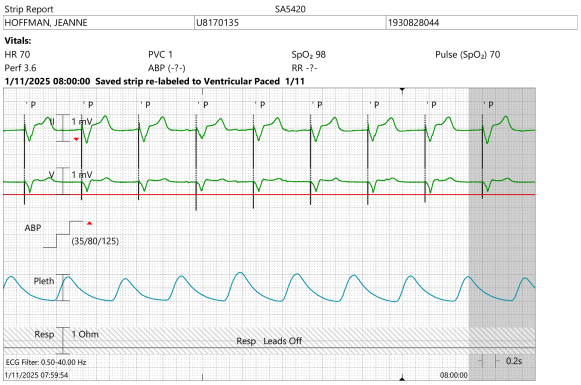
Electronically signed by Bertram, Olivia T, RN at 1/11/2025 6:47 AM

Walks, Tristan H, RN at 1/11/2025 0936

Patient Summary
100F

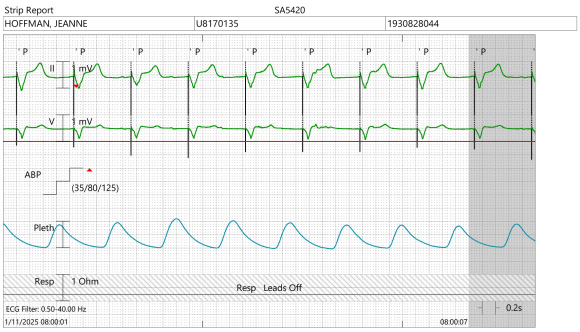
1/11:Delirious, v pacing continued via TVP, wean inotropes. C/f aspiration. Son at bedside.

Illness Severity
Watcher



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Walks, Tristan H, RN at 1/11/2025 9:38 AM

Salick, Dominic J, RN at 1/12/2025 0415

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab

1/11:Delirious, v pacing continued via TVP, wean inotropes. C/f aspiration. Son at bedside.
Edited by: Walks, Tristan H, RN at 1/11/2025 0932

Illness Severity

Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

Pt was delirious throughout night and efforts to reorient were unsuccessful. Restraints required as pt was pulling at TVP line. Sch seroquel and PRN melatonin were given without response. Agitation does not appear to be pain related as PRN pain medications do not seem to relax pt. Q4 NV checks WNL. Pt continually trying to get out of bed, saying she needs to get up and walk. Repositioning not alleviating pt's restlessness. Precedex started for continued agitation.
TVP remains, 100% V paced @ 70. SBP maintained in goal range on dopamine.
Pt on RA w/ spo2 WNL.
Pt took pills crushed in applesauce.
Foley in place w/ adequate output.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

Patient Monitoring Document - Scan on 1/12/2025 6:06 AM: RE-LABELED TO VENTRICULAR PACED (below)

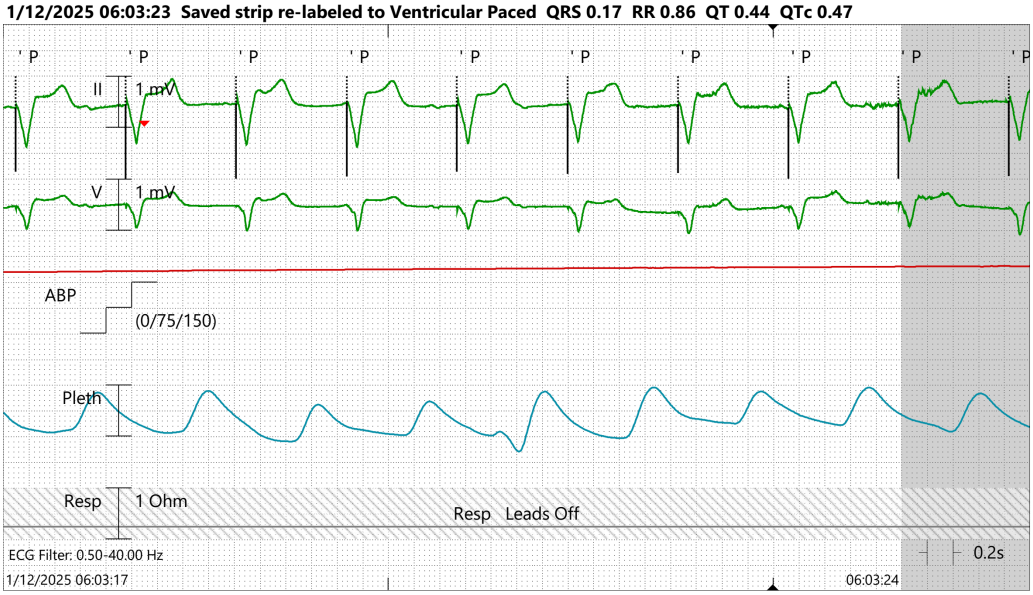
Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 96	Pulse (SpO_2) 70
Perf 6.5	ABP (171?)	RR -?-	

1/12/2025 06:03:23 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.86 QT 0.44 QTc 0.47

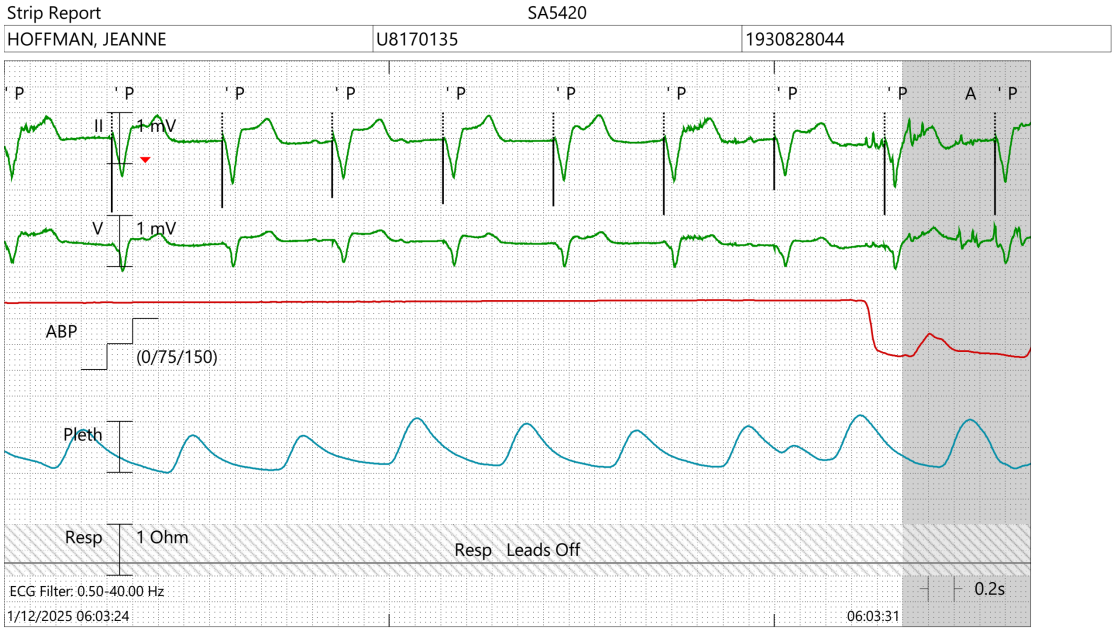


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01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



5SA | UWMC Montlake

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Electronically signed by Salick, Dominic J, RN at 1/12/2025 6:17 AM

Walks, Tristan H, RN at 1/12/2025 1000

Patient Summary

100F

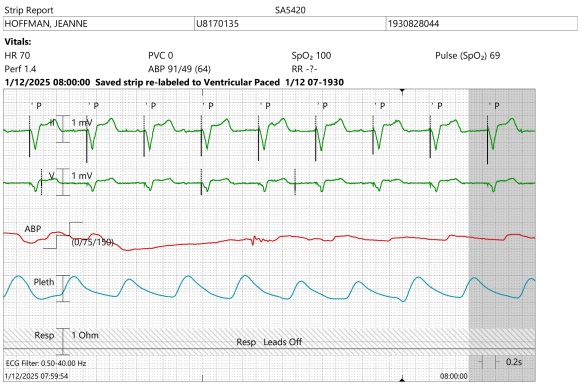
01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

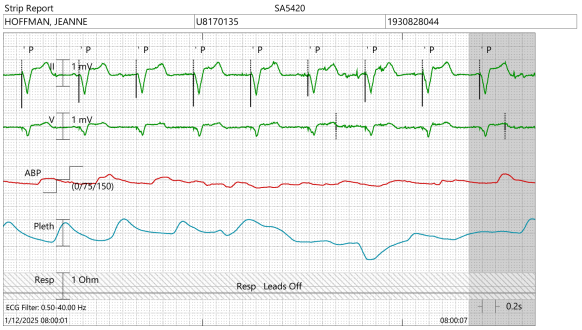
Clinical Notes (group 2 of 17) (continued)

1/11:Delirious/combative at times, v pacing continued via TVP, wean inotropes.

Illness Severity

Watcher





Electronically signed by Walks, Tristan H, RN at 1/12/2025 10:01 AM

Salick, Dominic J, RN at 1/13/2025 0603

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab

1/11:Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Walks, Tristan H, RN at 1/12/2025 1000

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.
NPO from midnight for possible pacemaker in morning

Patient Monitoring Document - Scan on 1/13/2025 6:11 AM: RE-LABELED TO VENTRICULAR PACED 1/13/2025 (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

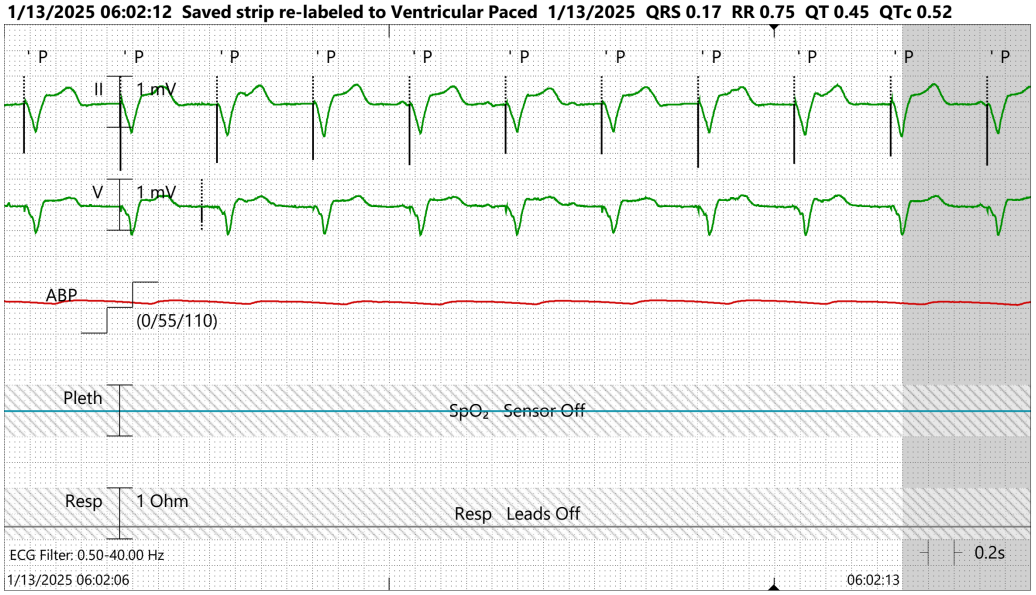
Clinical Notes (group 2 of 17) (continued)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 80	PVC 0	SpO_2 -?-	Pulse (SpO_2) -?-
Perf -?-	ABP 71/64 (68)	RR -?-	

1/13/2025 06:02:12 Saved strip re-labeled to Ventricular Paced 1/13/2025 QRS 0.17 RR 0.75 QT 0.45 QTc 0.52

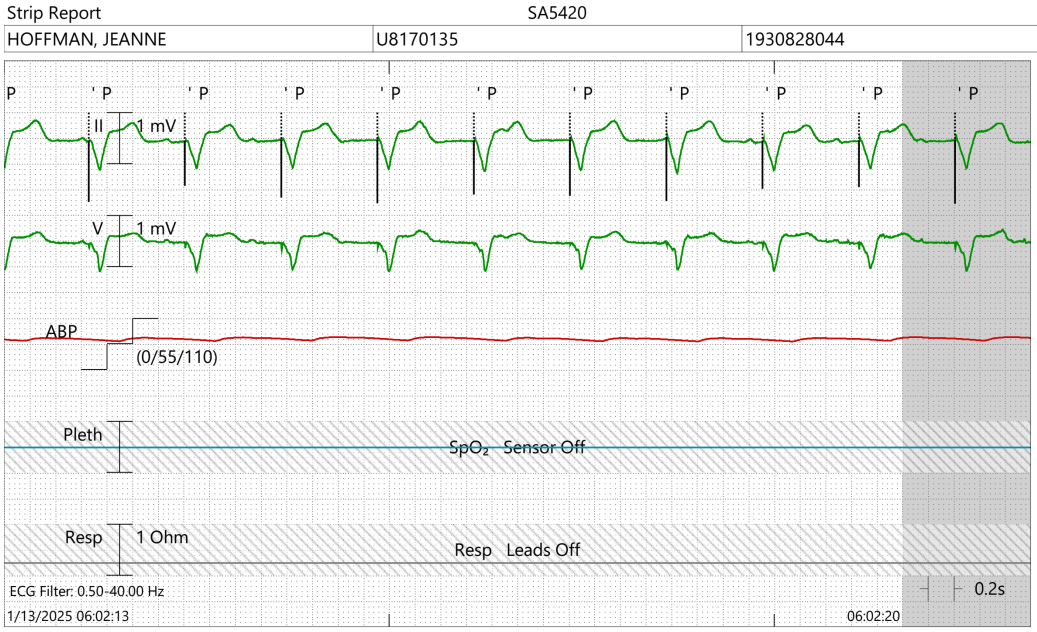


	5SA	UWMC Montlake

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01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Salick, Dominic J, RN at 1/13/2025 7:04 AM

Salick, Dominic J, RN at 1/14/2025 0453

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Salick, Dominic J, RN at 1/13/2025 0604

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.

Electronically signed by Salick, Dominic J, RN at 1/14/2025 9:21 PM

Salick, Dominic J, RN at 1/14/2025 0656

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
Edited by: Salick, Dominic J, RN at 1/13/2025 0604

Illness Severity
Watcher
Edited by: Sande, Nathan R, RN at 1/10/2025 0635

No acute events overnight.
Pt difficult to arouse. Sleeping med held.

Patient Monitoring Document - Scan on 1/14/2025 4:58 AM: RE-LABELED TO VENTRICULAR PACED 1/14/2025 (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

Strip Report SA5420

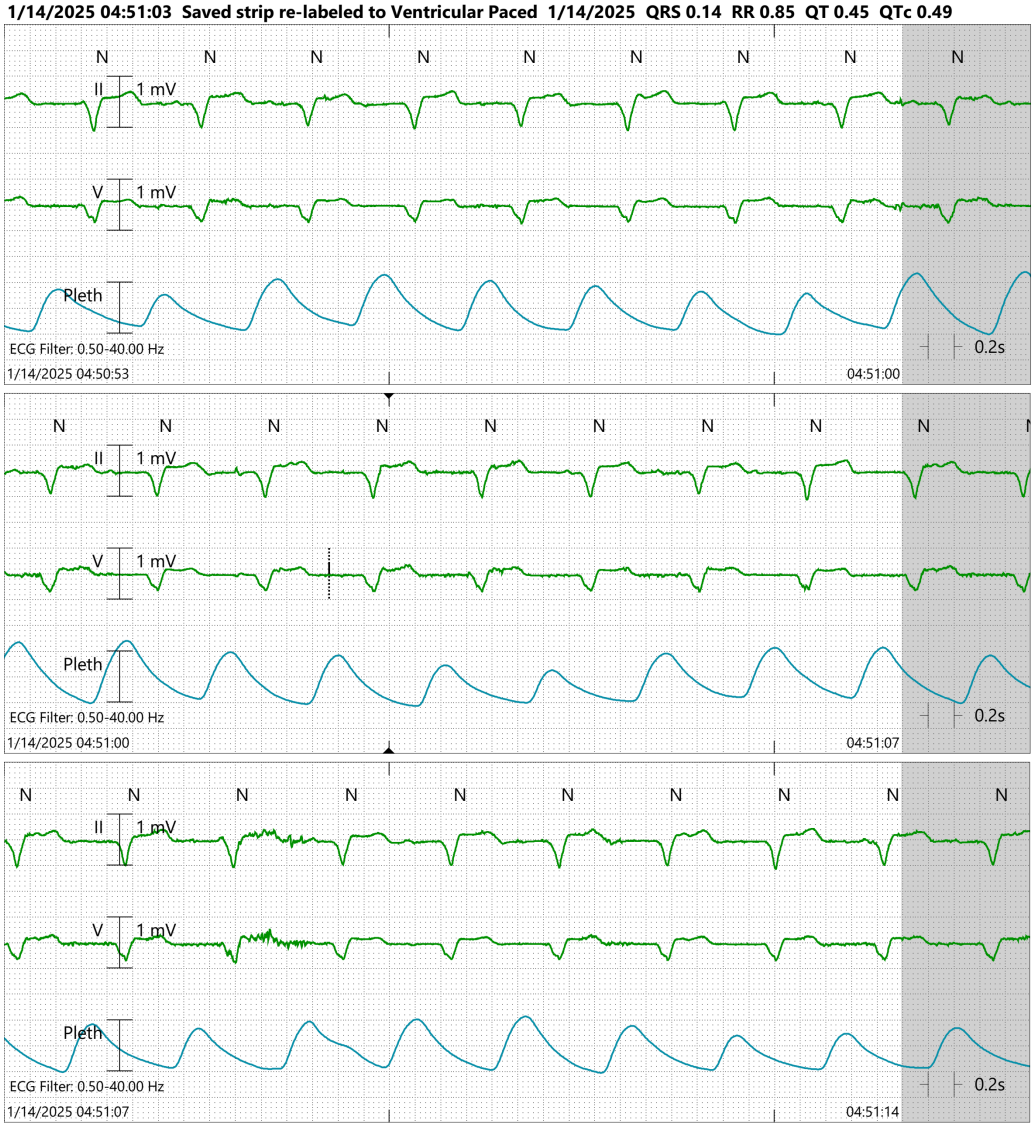
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 72 PVC 0 SpO_2 96 Pulse (SpO_2) 71

Perf 3.1

1/14/2025 04:51:03 Saved strip re-labeled to Ventricular Paced 1/14/2025 QRS 0.14 RR 0.85 QT 0.45 QTc 0.49

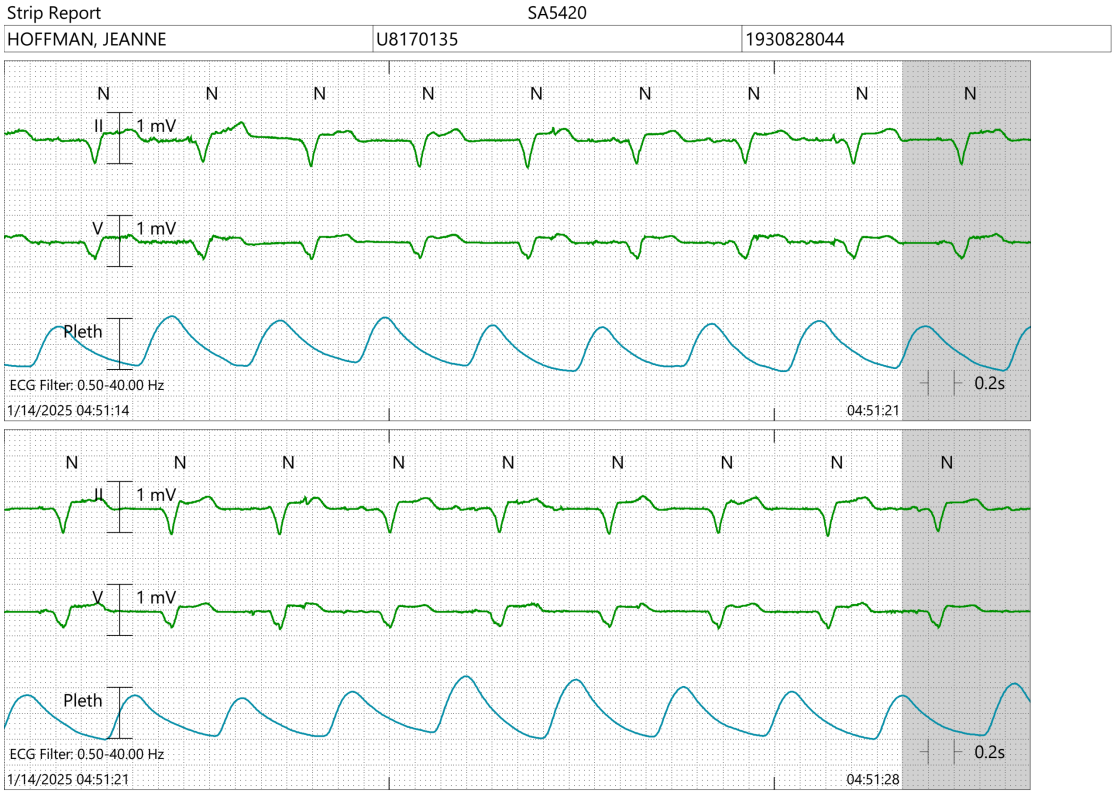


	5SA	UWMC Montlake

Printed on 1/14/2025 04:56:49 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)



Electronically signed by Salick, Dominic J, RN at 1/14/2025 6:57 AM

Santos, Frances Kate Kate, RN at 1/14/2025 1900

Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/13: PPM

Illness Severity
Stable - Acute care

Aox2. More awake/alert today, interacting appropriately. Pain well managed with PNC and PRN Nubain. Nubain moderately sedating despite decreased dose, and hypotensive while sleeping. Easily arousable with improved BP once awake. VSS on RA. Low urine output through foley. Constipated, no BM since admission. AKA CDI. Son at bedside updated to POC. Ongoing social work and goals of care discussions.

Electronically signed by Santos, Frances Kate Kate, RN at 1/14/2025 7:05 PM

Johnston, Christopher L, RN at 1/15/2025 0658

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

Illness Severity
Watcher

Aox2, interacting appropriately. Pain well managed with PNC and PRN Nubain. AVSS on RA. AUOP to foley. Constipated, no BM since admission. AKA CDI.

Electronically signed by Johnston, Christopher L, RN at 1/15/2025 7:00 AM

Nacol, Lani Kusu, RN at 1/15/2025 1620

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

No acute events today. Transferred patient to 7sa around 1400. RN report given to Katie RN.

Electronically signed by Nacol, Lani Kusu, RN at 1/15/2025 4:20 PM

Howey, Alice J, RN at 1/15/2025 2224

Patient Summary
100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

Oriented only to self. Very drowsy for most of day. Alert for dinner. Intermittent pain to pacemaker site. Tele, v-paced. Ate small amount of dinner, large BM in bed pan. Adequate urine output to foley catheter. Dressing over amputation changed. Using whiteboard to communicate due to lack of hearing. Q2 turns. Son in room.

Illness Severity
Watcher

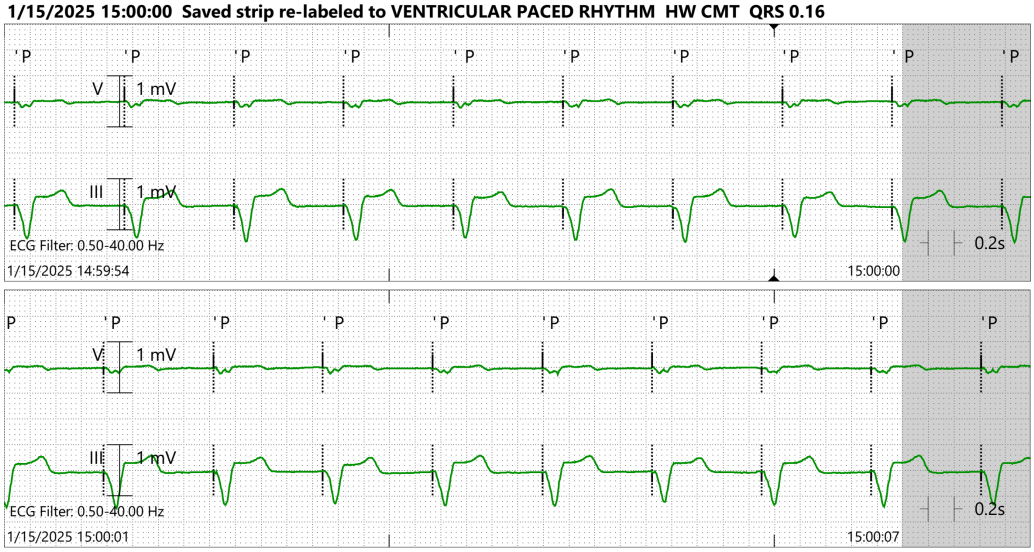
Patient Monitoring Document - Scan on 1/15/2025 6:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM HW CMT (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM HW CMT QRS 0.16



	TELE5NE	UWMC Montlake

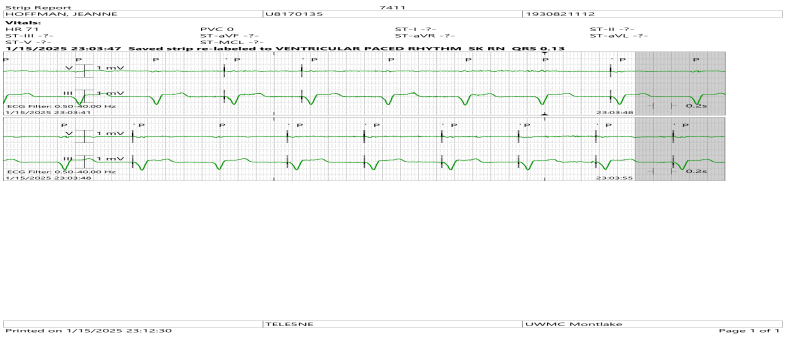
Printed on 1/15/2025 18:42:45 Page 1 of 1

Electronically signed by Howey, Alice J, RN at 1/15/2025 10:33 PM

Aidoo, Nana S, RN at 1/16/2025 0510

Illness Severity

Watcher



Patient Summary

100F w/ Hx HTN, T2DM, HLD, previous DVT (not on AC), chronic venous ulcer LLE & acute limb ischemia x 48 hrs, bradycardic to the low 40s w/ EKG showing new RBBB

1/9: OR>5SA s/p L AKA, marked bradycardia (low 20s) w/ 2nd degree AVB w/ 2:1 AV conduction>atropine>dopamine
1/10: syncopal episode w/ dangling, symptomatic brady to 30 +2 amps atropine, Dopa to 10mcg/kg/min. STAT TVP placed in cath lab
1/11: Delirious/combative at times, v pacing continued via TVP, wean inotropes.
1/15: PPM in place, restless overnight but not combative. No Drips, acute care

2300-0700
Pt A&Ox1. HOH, using whiteboard to communicate. VSS on RA. On Tele V paced. Pain moderately controlled with current regimen Scheduled tylenol. AKA CDI. No acute issues during shift.

Action Items

- q4 NV checks
- Bedrest

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 1/16/2025 5:25 AM

Mikulikova, Julia, RN at 1/16/2025 1836

Illness Severity

Watcher

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&O x1 (oriented to self), VSS on RA. HOH, using whiteboard to communicate. On tele - V paced. Pain managed w/ scheduled tylenol, peripheral nerve catheter and PRN nubain. Decent PO intake, seen by SLP today, continue aspiration precautions. Calorie count started. BG AC/HS, given correctional insulin per orders. Foley in place w/ AUOP, -BM this shift. Wound care to L AKA site done by vascular surgery PA this morning. Worked w/ PT today, 2PA w/ sling to chair (able to sit in chair w/ Posey belt on). Bed alarm on at all times.

Patient Monitoring Document - Scan on 1/16/2025 9:12 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT (below)

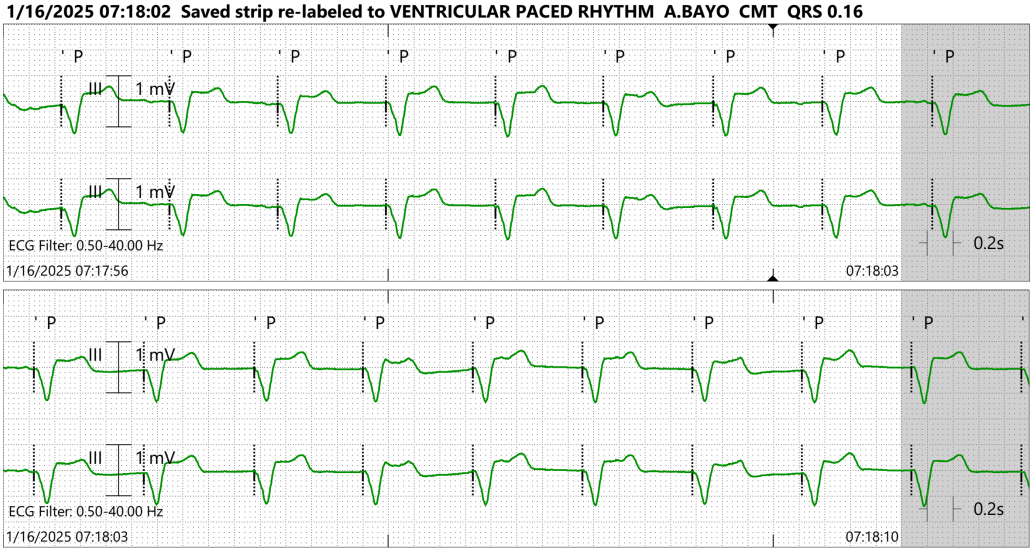
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 07:18:02 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 09:11:20 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 2 of 17) (continued)

Patient Monitoring Document - Scan on 1/16/2025 4:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM LN RN (below)

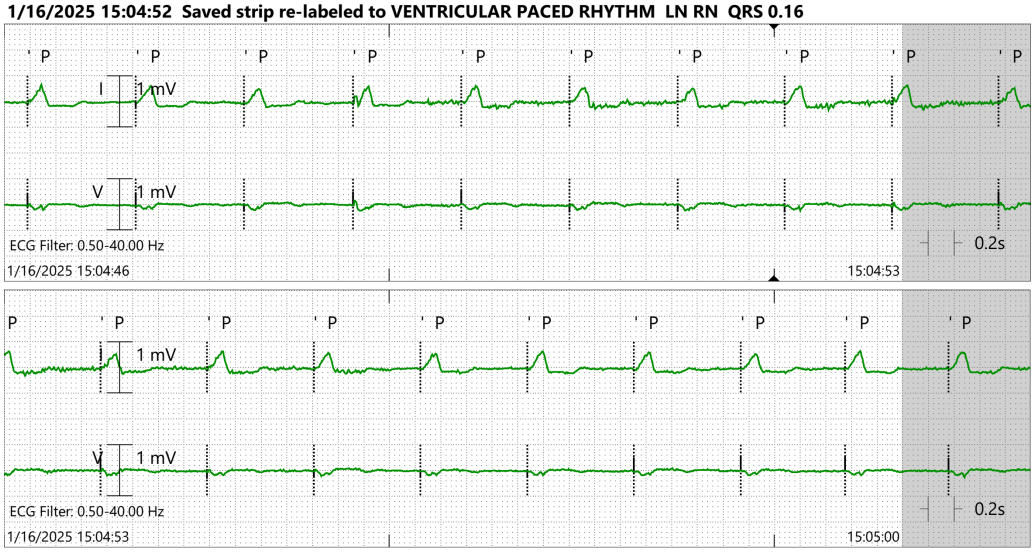
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 15:04:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM LN RN QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 16:48:44 Page 1 of 1

Electronically signed by Mikulikova, Julia, RN at 1/16/2025 6:37 PM

Mazariegos, Oscar, RN at 1/17/2025 0615

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt seemed to be in pain overnight. Nalbuphine was given but pt continued to cry out. Ropivacaine bolus was given but medication seemed to be leaking from catheter insertion site rather than infusing. Surgical site was very tender to touch. Ropivacaine infusion was stopped per APS order. Pt finally calmed down and has been resting for the last few hours. No N/V. Drank 2 ensures last evening. No BM. Adequate UOP to foley.

Edited by: Mazariegos, Oscar, RN at 1/17/2025 0615

Illness Severity
Watcher

Electronically signed by Mazariegos, Oscar, RN at 1/17/2025 6:16 AM

Mikulikova, Julia, RN at 1/17/2025 1854

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&O x1 (oriented to self), tachypneic and hypertensive otherwise VSS on RA. Pain managed w/ scheduled tylenol and buprenorphine patch and PRN nalbuphine. Peripheral nerve catheter capped. Low PO intake, calorie count continued. BG AC/HS, correctional insulin given per orders. Given PRN zofran for nausea. Foley in place w/ AUOP, +flatus/-BM this shift. 2PA for turns, sling when OOB. Able to sit in wheelchair for ~30 mins.

Electronically signed by Mikulikova, Julia, RN at 1/17/2025 6:55 PM

Sirichana, Geraldine N, RN at 1/18/2025 0648

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

A& oriented to name, tachypneic, otherwise VSS. V paced on tele. L stump pain managed w/ scheduled tylenol and Lidocaine patch. Ace wrap reapplied. BG @ HS 86, rechecked at 1:00 am 171. Calorie count done. Encouraged PO intake, no N/V. BM x1, foley in place w/ AUOP. Peripheral nerve catheter capped.. 2PA for turns, sling when OOB. LFA above the PIV site to L brachial area swollen and hard to touch, PIV discontinued. 22G on R wrist inserted.

Electronically signed by Sirichana, Geraldine N, RN at 1/18/2025 6:48 AM

Hwee, Carla, RN at 1/18/2025 1527

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Oriented to self, difficult to assess other orientation status. Tachypneic but VSS. On tele, V paced. Increased stump pain this AM, addressed with scheduled Tylenol and PRN Nalbuphine. Wound care completed (betadine, gauze, Ace wrap).

BG AC/HS, minimal PO, calorie ct. Son able to assist with meals. -BM, +flatus. AUOP via foley. PNC removed by APS this morning.
L forearm with erythema, elevating on pillows. R PIV with mIVF.
1-2PA for bed mobility.

Electronically signed by Hwee, Carla, RN at 1/18/2025 3:27 PM

Clinical Notes (group 3 of 17)

Nursing Note

Burke, Ashley P, RN at 1/18/2025 1855

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Care assumed from 1500-1900. Oriented to self. Tachypneic but VSS. On tele, V paced. Increased stump pain this AM, addressed with scheduled Tylenol and PRN Nalbuphine. This evening, reported stump pain x 1, Tylenol given at that time via spoon feed. Patient amenable to about half the dose, declined the rest. Later this evening, patient grimacing, holding stomach, and moaning. Using whiteboard, patient asked if she had nausea, abdominal pain, or stump pain; patient shook head "no" for all questions. MD to bedside for assessment, holding off on narcotic pain medications at this time. Wound care completed this AM by previous RN (betadine, gauze, Ace wrap). BG AC/HS, minimal PO, calorie ct. Declined dinner and ensure. Son able to assist with meals, sitting at bedside now to keep attempting. -BM, +flatus. AUOP via foley. PNC removed by APS this morning. L forearm with erythema, elevating on pillows. 1-2PA for bed mobility. Q2turns

Electronically signed by Burke, Ashley P, RN at 1/18/2025 6:57 PM

Limyukok, Mysha, RN at 1/19/2025 0351

Illness Severity
Watcher

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Oriented to self. Patient hypertensive overnight, patient agitated while taking blood pressures. On tele, V paced. Patient's leads were off at 0200, attempted to put leads back on, patient refused, MD notified. BG AC/HS, minimal PO, calorie count. Son able to assist with meals. AUOP via foley. L forearm with erythema, elevating on pillows. 2PA for bed mobility. Q2turns. Patient refused turns overnight.

Patient screaming and stating she is in pain. SBP in the 200's. Rosiene MD notified and assessed patient at bedside. No orders for BP. PRN tylenol and nubain given. Patient coughed after taking liquid tylenol, patient suctioned. MD aware. Patient continuing to scream in pain, MD notified and dilaudid ordered.

Electronically signed by Limyukok, Mysha, RN at 1/19/2025 6:31 AM

Gordon, Carrie, RN at 1/19/2025 1415

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500: Oriented to self and birthday. Pt comfortable this Am, but had a pain crisis around noon. MD notified. Two doses of Nubain given and one dose of IV dilaudid 0.2mg. Pt seemed to respond to the second dose of Nubain, saying,
"I'm okay," in response to Rn asking about her pain. Dressing changed to Lt AKA surgical site. Pt refused some turns due to pain. Sheets changed and new Mepilex applied to sacrum. Skin intact to sacral/coccyx region. Pt's AM meds crushed and put in apple sauce. Tolerated well until about 30 sec later, pt started coughing. MD was at bedside. Suctioned with yankour and this Rn gave pt chest PT and coughing stopped. Poor PO intake, likely due to pain. Mag replaced. BG checked. Insulin given per ss this AM. Last BG was 114. MIVF continued at 60cc/hr. Son at bedside. Will continue to monitor.

Illness Severity

Watcher

Patient Monitoring Document - Scan on 1/19/2025 7:25 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

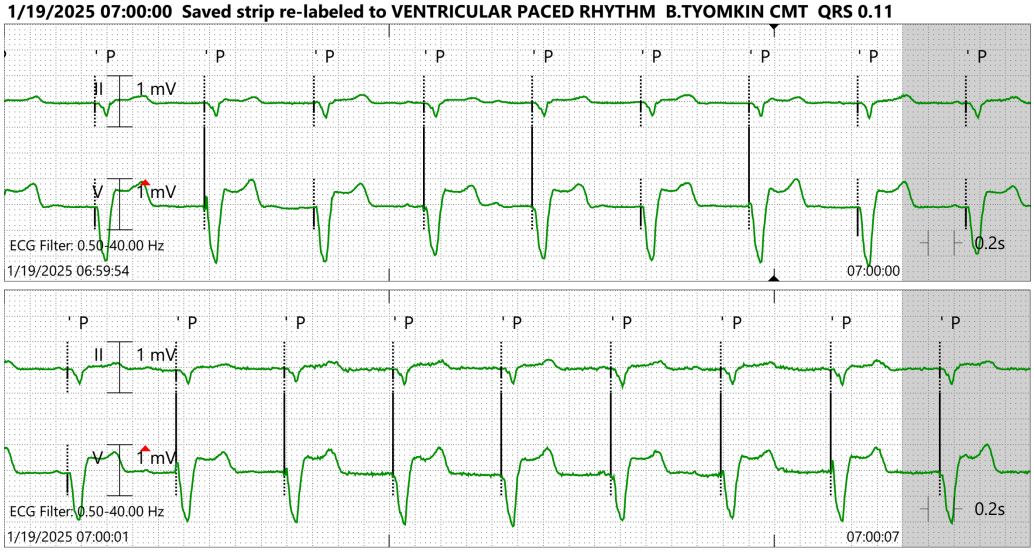
Clinical Notes (group 3 of 17) (continued)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.11



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 07:25:32 Page 1 of 1

Electronically signed by Gordon, Carrie, RN at 1/19/2025 2:51 PM

Johnson, Marita F, RN at 1/19/2025 2238

Illness Severity

Watcher

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Oriented to self. VS WDL on RA. Pain moderately controlled w/ scheduled nubain and prn HM. On tele, V paced.BG AC/HS, minimal PO, calorie count. MIVF infusing as ordered. Son able to assist with meals. AUOP via foley. 2PA for bed mobility, Q2turns.

Electronically signed by Johnson, Marita F, RN at 1/19/2025 10:39 PM

Lyons, Julio Cesar Salazar, RN at 1/20/2025 0611

Illness Severity

Watcher.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Admit: 1/9. LOS: 20-Days.
1/19N: Assumed care at 2300. Pt minimal PO intake. MIVF paused while PIV lost. Attempts were 2x by charge and 4x by Stat w/ US. MIVF restarted. Pain uncontrolled. Tylenol refused.
Neuro: Aox1, self.
Cardiac: VSS on Tele V-Paced.
Pul: Clear on RA.
GI/GU: Reg Diet. POC BG ACHS. (-)N, (-)V, (+)Gas, (-)BM. AUOP. Continent Bowel/Bladder.
Skin/MS: Incision: 2x Sites, Wound: 1x Sites.
Lines: L-UA 20g, Foley.
Mobility: 2PA.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Patient Monitoring Document - Scan on 1/19/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)

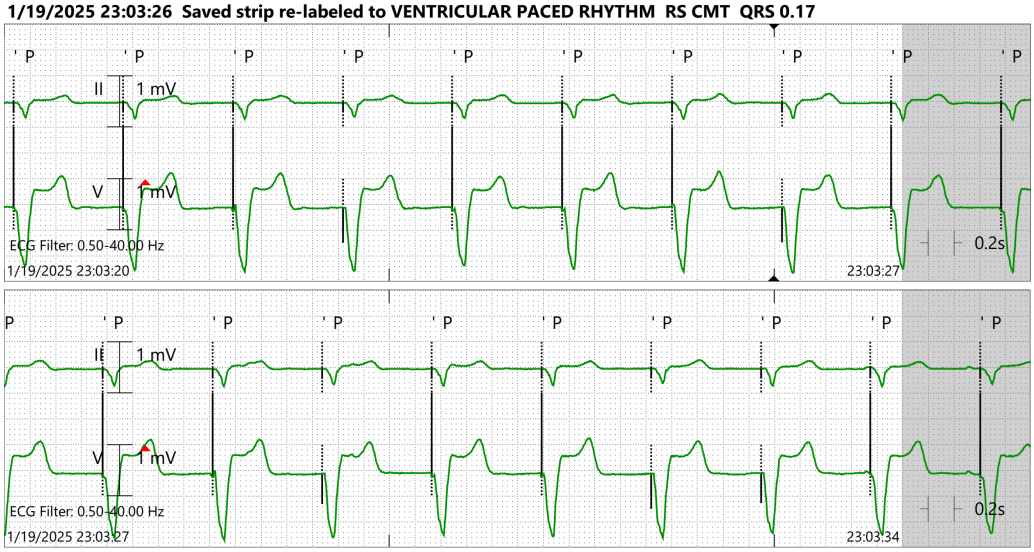
Strip Report 7411

HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 23:03:26 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.17



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 23:48:47 Page 1 of 1

Electronically signed by Lyons, Julio Cesar Salazar, RN at 1/20/2025 6:12 AM

Kim, Christine Yuhyun, RN at 1/20/2025 1851

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Alert at times, oriented to self. Hypertensive at times, VS otherwise stable on RA. On tele, V-paced. Episodes of pain to L stump, managed with PRN IV dilaudid and nalbuphine. Insulin given once for elevated BG, son helps with ordering and feeding meals. Adequate UOP via foley catheter. Continuing mIVF. 2-person assist for repositioning in bed.

Illness Severity
Stable

Patient Monitoring Document - Scan on 1/20/2025 3:33 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM EF RN (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

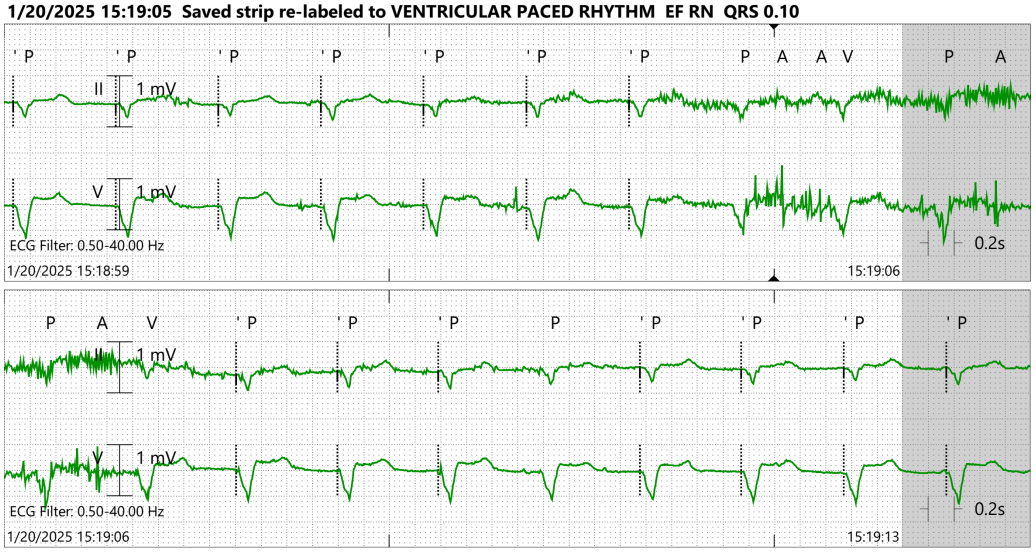
Clinical Notes (group 3 of 17) (continued)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 75	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 15:19:05 Saved strip re-labeled to VENTRICULAR PACED RHYTHM EF RN QRS 0.10



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 15:33:19 Page 1 of 1

Electronically signed by Kim, Christine Yuhyun, RN at 1/20/2025 6:56 PM

Soto, Kalea G, RN at 1/21/2025 0636

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

1900-0700
Oriented to self, unable to answer additional neuro questions d/t confusion. Pt alert, arousable by touch. Hard of hearing, using white board to communicate. VSS on RA. On tele, V-paced.
Able to point to area of pain, L stump, but unable to describe. Managed with scheduled nalbuphine.
GI/GU: aspiration precautions. BG 89, gave juice and now BG >100. foley catheter. Continuing mIVF.
2-person assist for repositioning in bed.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

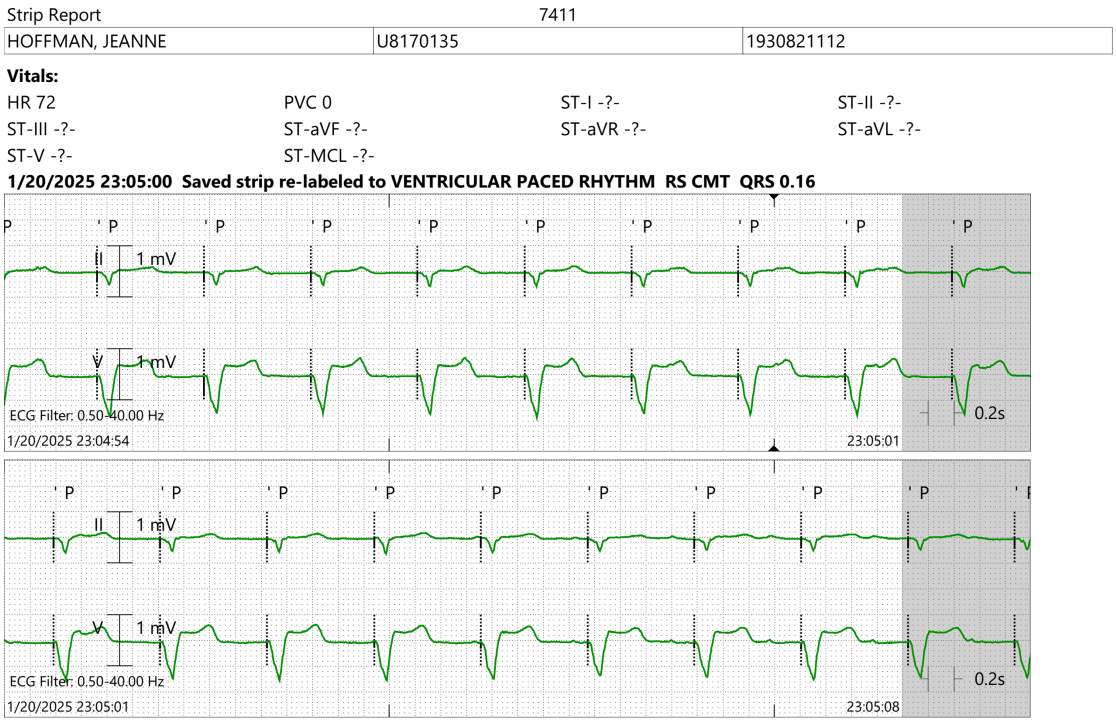
Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Patient Monitoring Document - Scan on 1/20/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)



Electronically signed by Soto, Kalea G, RN at 1/21/2025 6:49 AM

Kaur, Rupinderjit, RN at 1/21/2025 1816

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of

1/14.
A&OX to self, restless. Very HOH, no hearing aids available, communicating via white board
VSS, Sbp to 160s due to agitation, RA, no sob noted
Pain managed with prn dilaudid and nalbuphine
Poor po intake, Conti on IVF, med's crushed in apple sauce, BG 160, 144
Foley intact, draining well, no BM in this shift
Repositioned q2 hrs, blanchable redness noted at buttock, barrier cream applied
Son at bedside very supportive
Safety maintained.

Electronically signed by Kaur, Rupinderjit, RN at 1/21/2025 6:17 PM

Limyukok, Mysha, RN at 1/22/2025 0534

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

A&OX to self, restless. Very HOH, communicating with white board.
VSS, RA. Pain managed with prn dilaudid and nalbuphine. Poor po intake, on IVF, meds crushed in apple sauce.
Foley intact, draining well. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum.

Electronically signed by Limyukok, Mysha, RN at 1/22/2025 5:35 AM

Jeanneret, Amber Marie, RN at 1/22/2025 1543

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1900
A&OX to self, restless. Very HOH, communicating with white board.
VSS, RA. Pain managed with prn dilaudid and nalbuphine. Poor po intake, on IVF, meds crushed in apple sauce.
Foley intact, draining well. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Provider

making adjustments to pain medication. Pt agitated/restless at beginning of shift, crying out, trying to get out of bed, grabbing/clasping stump, taking dressing off. PRN dilaudid given to good relief, pt alert in afternoon, able to take meds crushed in soup, interactive able to read white board still only oriented to self, worked with OT, in afternoon pt became agitated/restless again as in AM, PRN dilaudid given to good relief.

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Jeanneret, Amber Marie, RN at 1/22/2025 6:55 PM

Patino Castro, Jennifer A, RN at 1/23/2025 0542

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

2300-0730
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce. Foley was noted to be leaking and patient kept stating she needed to void, RN attempted to reposition foley but patient in severe pain. Foley discontinued and provider aware, per provider
okay for patient to be on purewick instead.. Incontinent episode x1, bladder scan done x1. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son was sleeping at bedside throughout the whole night.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

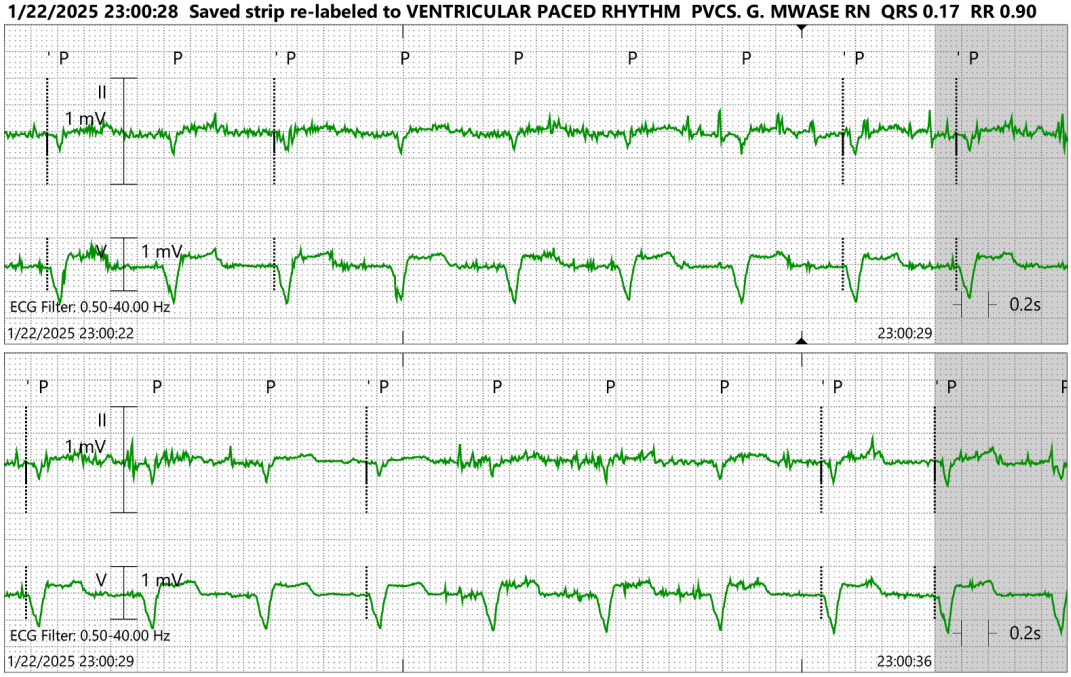
Clinical Notes (group 3 of 17) (continued)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 6	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 23:00:28 Saved strip re-labeled to VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN QRS 0.17 RR 0.90



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 23:07:10 Page 1 of 1

Electronically signed by Patino Castro, Jennifer A, RN at 1/23/2025 6:46 AM

Jeanneret, Amber Marie, RN at 1/23/2025 1147

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1530
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce, voiding via purewick PVRx1 done. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks,. Son at bedside. Worked with PT got Up to wheechair via sling

Action Items

Continue to monitor VS, IO, labs, pain control.
Calorie count.
Due to void at 0800

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Jeanneret, Amber Marie, RN at 1/23/2025 2:35 PM

Kit, Ellen, RN at 1/23/2025 2249

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

1/23 eve:
A&OX to self, restless and crying out often- provider at bedside to assess x2. Very HOH, communicating with white board.
SBP in 150s, other VSS On RA. Pain managed with prn dilaudid and nalbuphine. Butrans patch not found upon assessment, new order placed, med requested. Poor po intake, aspiration precautions. Was able to take some PO meds, coughing frequently. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son at bedside. Up w/ 2PA w/ sling.

Illness Severity

Stable

Electronically signed by Kit, Ellen, RN at 1/23/2025 10:52 PM

Tesfasilassie, Roma T, RN at 1/24/2025 0614

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1530
A&OX to self, restless and crying out. Very HOH, communicating with white board.
Hypertensive but blood pressure improved after pain was controlled. Pain managed with prn dilaudid and nalbuphine given this shift. Poor po intake, aspiration precautions. Was unable to take PO meds at this time due to coughing and confusion. On IVF, meds crushed in apple sauce, voiding via purewick PVRx1 done. Incontinent. Repositioned q2 hrs, blanchable redness noted on buttocks, mepilex on sacrum. Son at bedside

2300-0700
Alert and oriented to self.VSS on RA.regular diet. On aspiration precautions.voiding AUOP via purewick. -BM.L leg AKA incision with sutures intact.turn q2hr.pt son at bedside.call light within reach.
Edited by: Tesfasilassie, Roma T, RN at 1/24/2025 0501

Illness Severity
Stable

Electronically signed by Tesfasilassie, Roma T, RN at 1/24/2025 6:16 AM

Gawat, Maria C, RN at 1/24/2025 1839

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

0700-1900: A&O to self. VSS on RA with exception of SBP to 159. Soft food diet, poor appetite. Swallows pills whole in applesauce. Persistent cough. Pain managed with prn dilaudid Q6h. Some instances of refusal of care and restless, mostly cooperative. AUOP via purewick. Stage 2 pressure wound assessed on midspine, covered with mepilex. L AKA wound treated with betadine, refused dressing. Encouraging Q2H turns. Son at bedside. Bed alarm on.

Action Items
Continue to monitor VS, IO, labs, pain control.
Calorie count.
Due to void at 0800

Situational Awareness

- Louis (son) at bedside; can be difficult to give education
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gawat, Maria C, RN at 1/24/2025 6:39 PM

Porter, Allen, RN at 1/25/2025 0454

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

Electronically signed by Porter, Allen, RN at 1/25/2025 5:10 AM

Hollingsworth, Louise C, RN at 1/25/2025 1922

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.
07-1930:
Mentation: A and O x 0-1.
Pain: Restless intermittently. IV tylenol x 1. Scheduled Nalbuphine in evening. Rectal tylenol x 1.
Mobility: Up to Tilt W/C for hours in am. Sling 2 person assist
Aspiration risk: Swallow eval completed today. Pt made NPO. Ice water swabs OK. NO meds by mouth. If pt were to improve and become more alert, notify MD for change to diet order.
Given 1L bolus. Incontinent of urine x 4. Turns q 2 hours. Pressure injury in R of spine.
Edited by: Hollingsworth, Louise C, RN at 1/25/2025 1922

Illness Severity
Stable
Edited by: Kim, Christine Yuhyun, RN at 1/20/2025 1822

Electronically signed by Hollingsworth, Louise C, RN at 1/25/2025 7:22 PM

Smith, Meagan Q, RN at 1/26/2025 1857

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Neuro: A&O x 0 Responding to some commands. Hard of hearing. Has periods of lucidity and minimal responsiveness.
Resp: Lung sounds clear, diminished bases. Dry mucous membranes. Episodic tachypnea/gasping and increased work of breathing, possibly with laying supine. SpO2 down to 88%, recovers spontaneously
CV: pacemaker
GI/GU: Aspiration risk. Pt NPO since 1/25. Ice water swabs OK. NO meds by mouth. 1L NS given today. If pt were to improve and become more alert, notify MD for change to diet order. Incontinent of urine. No BM x 4-5 days per son.
Skin: incision L AKA (dressing changed this morning), incision on L chest, Mepilex on sacrum and thoracic spine (two bony prominences) - see assessment. Turns q 2 hours.

Illness Severity
Stable

Electronically signed by Smith, Meagan Q, RN at 1/26/2025 7:04 PM

Dickinson, Zoe E, RN at 1/26/2025 2330

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Shift events:
A&Ox1. HOH, mostly non-verbal, some appropriate gestures & garbled words when communicating w/ whiteboard. Tachypnea to mid 20s, other VS WDL on RA.
Pain: CNPI score 2-9, pt unable to report location/describe. Managed w/ sch nalbuphine, dose delayed d/t earlier PRN dose & concern for causing oversedation
Cardio/Pulm: Pacemaker (V-paced). Tachypnea, accessory muscle use at times. Weak dry cough. Dyspnea when flat.
GI/GU: NPO, oral swabs OK. Frequent oral care. Dry oral mucous membranes. Incontinent. +flatus, +BM (smear). AUOP
LDA/skin: L PIV, covered w/ posey sleeve, D51/2NS 80mL/hr. L chest incision CDI. L AKA, incision covered w/ dressing per provider order. Skin pale and cool, cap refill 3-4s.+2 pitting edema RLE, +1 generalized.
Movement: 2PA for turns and cares. Q2 turns done. Bed alarm on.

Illness Severity
Stable

Electronically signed by Dickinson, Zoe E, RN at 1/27/2025 5:36 AM

Yohannes, Mayda, RN at 1/27/2025 0638

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
AOx0. Tachypnea with accessory muscle use, 2x Intermittent desatting to high 70s low 80s, refused NC, recovered spontaneously - team aware. Otherwise VSS, on RA SpO2 at mid 90s. Has pacemaker, V paced at 70bpm. Nonverbal, HOH, occasionally responds to commands, using white board to communicate. Pain managed with scheduled and prn nubain, concern for sedation. 1L D5 1/2 NS infusing overnight. Aspiration precautions. NPO, no PO meds per care plan, ok to use swabs with ice water. If pt were to improve and become more alert, notify MD for change to diet order. -N/V, dry mucous membranes. Incontinent, +BM/+flatus/+UOP. L AKA and L chest incisions, mepilex on sacrum and thoracic spine. L PIV for access, covered with posey sleeve. Q2 turns done. Bed alarm on, attempted to get OOB x2.

Electronically signed by Yohannes, Mayda, RN at 1/27/2025 6:40 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 3 of 17) (continued)

Nursing Note

Smith, Meagan Q, RN at 1/27/2025 1809

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900:
A&Ox0, has periods of lucidness but mostly unable to follow commands at this time. Minimal responsiveness this shift and mostly nonverbal, some appropriate gestures/sounds when communicating w/ nursing staff. VSS on RA w/ exception of periods of tachypnea, will desat down to 88% but will spontaneously recover. Permament pacemaker & V-paced in 70s. Pain managed w/ PRN tylenol & IV nubain. L AKA D+I w/ staples, daily drsg change done w/ betadine, gauze & ace bandage. Incontinent x2, peri care done as needed. Turning q2h as tolerated to prevent further skin breakdown. Blanchable redness to sacrum, mepilex applied. SLP consulted pt, ok to give soft/minced foods when awake & alert. Pt only able to tolerate one oral med pass w/ applesauce this shift. Aspiration precautions reinforced w/ son at beside.

Illness Severity
Stable

Electronically signed by Smith, Meagan Q, RN at 1/27/2025 6:09 PM

Paras, Michael, RN at 1/27/2025 2257

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2330:

Neuro: AOx0. Mostly nonverbal, occasionally intelligible during periods of lucidity. Very hard of hearing, occasionally responds to commands, using white board to communicate.
Resp: During incontinence care, agitated with tachypnea and accessory muscle use, SpO2 did not drop, recovered spontaneously. Otherwise VSS on RA.
CV: Has pacemaker, V paced at 70bpm. Soft BP
GI: PO meds taken 1 at time, needs cut-up for bigger pills
GU: incontinent to urine, 1x unmeasured urine today.
Skin: Sacrum blanchable erythema/clean/dry/barrier cream, has mepilex; medial back has small wound with mepilex on it; heel has blanchable erythema

LDA: PIV LFA.

Pain managed with prn tylenol. scheduled and prn nubain, concern for sedation. . Aspiration precautions. NPO, no PO meds per care plan, ok to use swabs with ice water. If pt were to improve and become more alert, notify MD for change to diet order. -N/V, dry mucous membranes. Incontinent, +BM/+flatus/+UOP. L AKA and L chest incisions, mepilex on sacrum and thoracic spine. L PIV for access, covered with posey sleeve. Q2 turns done. Bed alarm on.

Action Items

*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Paras, Michael, RN at 1/27/2025 10:58 PM

Kirkendall, Katelyn D, RN at 1/28/2025 0624

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
A/Ox0. Nonverbal, grunting/groaning occasionally. Hard of hearing, not responding to commands.
Soft bp otherwise VSS on RA w/permanent pacemaker. X1 desat during episode of agitation, recovered spontaneously, MD aware.
Agitation/pain managed with prn tylenol/nubain. Tylenol given rectally.
Gi: aspiration precautions, PO diet/pills ordered but patient not oriented enough to follow commands/swallow.
Gu: incontinent urine x1
Lines: x1piv
Skin: blanchable erythema covered with mepilex and barrier cream on buttocks, heels elevated off bed. L AKA c/d/I.
Mob: q2 turns, bed alarm on
Son at bedside

Illness Severity
Stable

Electronically signed by Kirkendall, Katelyn D, RN at 1/28/2025 6:24 AM

Gawat, Maria C, RN at 1/28/2025 1841

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: A&Ox0. Nonverbal at times. HOH. Sometimes anxious & uncooperative otherwise sleeping. Refused oral meds. Poor PO intake. VSS on RA w/ exception of respirations to low 20s. No instances of desat on continuous O2. Pain rating
low on scale. +gas -BM AUOP. Incontinent. Barrier cream applied. L AKA dressing changed, betadine applied, covered with 4x4 & ace wrap. Mepilex in place on sacrum and spine. Encouraging Q2H turns, sometimes refuses, using pillows
to float prominences. Bed alarm on at all times, 3 rails up. Son at bedside, call light within reach.

Action Items
*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gawat, Maria C, RN at 1/28/2025 6:41 PM

Aidoo, Nana S, RN at 1/28/2025 2212

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300:
A&Ox0. Nonverbal at times. HOH. Sometimes anxious & uncooperative otherwise sleeping. Meds one at a time with applesauce. Poor PO intake. VSS on RA w/ exception of respirations to low 20s. No instances of desat on continuous O2. Pain rating low on scale. +gas -BM AUOP. Incontinent. Barrier cream applied. L AKA dressing in place CDI. Mepilex in place on sacrum and spine. Encouraging Q2H turns, sometimes refuses,using pillows to float prominences. Bed alarm on at all times, 3 rails up. Son at bedside, call light within reach.

Action Items
*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Aidoo, Nana S, RN at 1/28/2025 10:12 PM

Talmage, Jason M, RN at 1/29/2025 0618

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
AO x0. Patient is very HOH, non-verbal at times and speak is difficult to understand, RN communicating via whiteboard. Patient refused midnight tylenol. VS WDL on RA. No BM this shift, purewick in place with AUOP. Mepilex in place on sacrum and spine. Bed alarm on. Son at bedside, does not assist the patient in pressing the call light to alert staff when she is trying to make needs known.

Electronically signed by Talmage, Jason M, RN at 1/29/2025 6:18 AM

Smith, Melody J, RN at 1/29/2025 1430

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

7-1500
Aox0, irritable, HOH, using white board as communication, patient occasionally speaking comprehensibly. Refusing to take most meds stating "I'm only taking 2 pills, good luck", team aware. Unable to assess for pain, tylenol given per orders; patient intermittently screaming out, but unable to say why and shaking head "no" for every question asked. VSS on RA, crackles heard w/o stethoscope on expiration, satting >93%. Incontinent x2, no bm this shift, purewick
in place although patient found twice with it removed and hanging from cannister upon rounding. Blanchable erythema noted on sacrum, pressure injury UTA d/t pt being combative (grabbing, pinching, swinging staff) during turns. Q2 turns
completed this shift. Wound care on LLE done this AM, patient following commands moving LLE. Worked with PT today, oob standing x1. Bed alarm on at all times, fall mats in place, 3/4 rails up for patient safety, call light within sons reach, rounds done q1hr today because son is not proactive in enforcing fall prevention/making patients needs known and patient is unable to call herself. No acute events this shift

Electronically signed by Smith, Melody J, RN at 1/29/2025 2:32 PM

Bustamante Campusano, Diana, RN at 1/29/2025 2209

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Unable to determine orientation level. Patient speech slurred/mumbled and does not reply when spoke / written to. Patient will point to things she wants and push away things she does not want. Responds to voice and touch.
-Skin: Wound care intact.
-GI/GU: Minimal PO intake. Takes a few sips of ensure at times. +incontinent urine. Purewick in place.
-Mobility: 2PA for turns. Refuses most repositions. Ok with boosting up in bed.

Electronically signed by Bustamante Campusano, Diana, RN at 1/29/2025 10:10 PM

Liu, Kayla W, RN at 1/30/2025 1828

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900:
Unable to determine orientation. Intermittently able to respond to yes/no questions. Incomprehensible at times, otherwise pleasant this shift. Hypertensive to SBP 140s, otherwise VSS on RA. Managing pain with scheduled tylenol, buprenorphine patch removed and reapplied on L upper chest. Crackles heard bilaterally on auscultation, O2 saturation in high 90s on RA. Poor PO intake, high risk for aspiration. BM-. Voids via purewick. L AKA wound dressing changed. Changed flank mepilex and sacral mepilex. Q2hr turns offered, pt often refuses, OOB to wheelchair x1 this shift. Bed alarm on for safety. Pt took crushed meds with cream of wheat and yogurt. Unable to obtain CBC this AM d/t insufficient blood in testing tube, provider aware

Electronically signed by Liu, Kayla W, RN at 1/30/2025 6:47 PM

Mikulikova, Julia, RN at 1/31/2025 0626

Illness Severity
Stable

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess orientation level, patient awakens to loud voice and pain. Tachypneic otherwise VSS on RA. Minimal PO intake in the evening, able to take AM meds crushed in applesauce but needed reminders to fully swallow. Purewick in place w/ diminished UOP, +flatus/-BM. Mepilex to sacrum and spine, both intact. Wound care to LLE completed. Q2H turns completed, bed alarm on at all times for safety. PIV running potassium chloride extravasated ~2200, provider notified and ok'd no PIV access until AM. Area marked, limb elevated, and hot pack applied.

Electronically signed by Mikulikova, Julia, RN at 1/31/2025 6:26 AM

Lyons, Julio Cesar Salazar, RN at 2/1/2025 0620

Illness Severity
Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Admit: 1/9. LOS: 22-Days.
1/31N: NAEON. Pt minimal PO intake. Family asked for Tylenol around 2300. Pt slept most of the night.
Neuro: Aox1, self.
Cardiac: VSS, V-Paced.
Pul: Diminished on RA.
GI/GU: Reg Diet. (-)N, (-)V, (+)Gas, (-)BM. AUOP. Incontinent Bowel/Bladder.
Skin/MS: Incision: 2x Sites, Wound: 3x Sites.
Lines: No PIV (MD Ok) Purewick.
Mobility: 2PA.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-PIV infiltration on 1/30; assess Q2H until 2/1 @ 00:00

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Lyons, Julio Cesar Salazar, RN at 2/1/2025 6:21 AM

Walsh, Julia McKeon, RN at 2/1/2025 0744

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Neuro: Aox1, self.
Cardiac: denies chest pain, normotensive, PPM, v paced when on tele prior
Pul: rhonchi, asp precautions, sats stable RA
GI/GU: minced/moist diet, 1:1 feeds, abd soft, +BS, last bm several days ago, plan for laxative. Incontinent urine, purewilk, care provided, clear urine output.
Skin/MS: LLE dressing +CDI. L chest incision ota, +CDI. Turned q2h, bony prominences offloaded.
Lines: No PIV (MD Ok) Purewick
Mobility: 2PA, lift to wheelchair

Illness Severity

Stable.

Electronically signed by Walsh, Julia McKeon, RN at 2/1/2025 10:40 AM

Johnson, Marita F, RN at 2/1/2025 2208

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300: AxOx1, oriented to self. VS WDL on RA, v-paced. Rhonchi, asp precautions, sats stable RA. On a minced/moist diet, 1:1 feeds but poor PO intake. Abd soft, +BS, last bm several days ago per son. Son does not want us to give suppository until tomorrow. Incontinent urine, purewick in place. LLE dressing change refused, pt requests it done tomorrow morning. 2 PA for Q2 turns, sometimes refused. Lift OOB to TIS w/c. Up to w/c for 3 hours today.

Electronically signed by Johnson, Marita F, RN at 2/1/2025 10:09 PM

Johnston, Kristen L, RN at 2/2/2025 0537

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
UTA orientation status, pt incomprehensible. VS WDL on RA, v-paced. Rhonchi, asp precautions. Pt's son not adhering to aspiration precautions, MD aware. On a minced/moist diet, 1:1 feeds but poor PO intake. Coughs when taking in fluids. Abd soft, +BS, last bm several days ago per son. Son does not want us to give suppository until 2/2. Incontinent urine, purewick in place. LLE dressing change refused, pt requests it done on 2/2. 2 PA for Q2 turns, refuses periodically. Lift OOB to TIS w/c. Not OOB overnight.

Illness Severity

Stable.

Electronically signed by Johnston, Kristen L, RN at 2/2/2025 5:38 AM

Gelgla, Letera D, RN at 2/2/2025 1707

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.
0700-1930
Neuro: Aox0.Non comprehensible speech, aspiration risk, coughs with po meds intake, Pt son not adherent to aspiration precaution.
Pain: Pt was calm and no sign of pain, schedule tylenol given
Cardiac: VSS.
Pul: Diminished lung sound on RA.
GI/GU: minced Diet. (-)N, (-)V, (-)Gas, (-)BM senna and Miralax given. Diminished urine out put , purwick in place Incontinent Bowel/Bladder.
Lines: Pt okay without iv acess.
Mobility: Using a sling to get OOB

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gelgla, Letera D, RN at 2/2/2025 5:09 PM

Obanla, Taiwo O, RN at 2/2/2025 2258

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Neuro: A&O x3. Disoriented to year. aspiration risk, coughs with po meds intake.
Pain: denies any pain this shift
Cardiac: VSS.
Pul: Diminished lung sound on RA. Dyspnea on exertion
GI/GU: minced Diet. (-)N, (-)V, (-)Gas, (-)BM senna and Miralax given. Diminished urine out put , purwick in place

Incontinent Bowel/Bladder.
Lines: Pt okay without iv acess.
Mobility: Using a sling to get OOB

Action Items

Situational Awareness

Electronically signed by Obanla, Taiwo O, RN at 2/2/2025 11:58 PM

Clark, Rachael E, RN at 2/3/2025 2003

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
A&Ox0-1. VSS on RA. Humidified air provided for comfort. Waxing and waning cognition and ability to tolerate PO meds/nutrition. Speech incomprehensible and unable to communicate pain for most of shift, CNPI score of 12. PO tylenol transitioned to rectal. SLP eval completed. Nutrition consulted. Aspiration precautions reinforced with patient and son. Oral medications successfully given x1 during shift with ice cream. Son doing 1:1 feeds. Redness noted on L amputation around incision, marked with skin marker, MD notified and aware, dressing changed per order. Sacral mepilex changed and barrier cream applied to peri area. +BM/+flatus, voiding via Purewick. Awaiting more UOP for UA. Q2 turns completed, not OOB during this shift. Son bedside.

Electronically signed by Clark, Rachael E, RN at 2/3/2025 8:05 PM

Harrell, Mackenzie, RN at 2/3/2025 2225

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-2300
Son at bedside, pt would not arouse enough and swallow to take PM meds, MD aware. Pt does not have IV access, which has been okayed by MD.
Edited by: Harrell, Mackenzie, RN at 2/3/2025 2225

Illness Severity
Stable.

Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Harrell, Mackenzie, RN at 2/3/2025 11:00 PM

Nguyen, Deanna, RN at 2/4/2025 0444

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0730
Unable to assess orientation. Responds to voice/touch, more alert with turns/cares. Pt's speech incomprehensible.
Humidified air for comfort. Sleep promotion
Pain: PRN tylenol available. Restless/crying out intermittently, repositioned for comfort
GI: Aspiration precautions, 1:1 feed
GU: Diminished urine output, purewick in place. Urine sample collected
Lines: No IV OK per MD
Skin: L AKA. Dressing CDI.
Mobility: Q2 turns offered, pt/son refusing at times

Electronically signed by Nguyen, Deanna, RN at 2/4/2025 6:42 AM

Flaherty, Katherine R, RN at 2/4/2025 1051

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1100
Oriented to self. Responds to touch/voice. More alert with turns/cares. Speech is intermittently comprehensible.
Humidified air for comfort. PRN tylenol available for pain. Aspiration precautions, 1:1 feed, pills crushed in applesauce. Pt refused her omeprazole this morning but was able to take all of her 9am medications. Diminished urine output, purewick in place. No IV ok per MD. L AKA, Dressing changed this morning, CDI. Turns as tolerated. Mepilex to buttocks. Son at bedside. Using white board to communicate, pt is hard of hearing.
Edited by: Flaherty, Katherine R, RN at 2/4/2025 1051

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Flaherty, Katherine R, RN at 2/4/2025 10:51 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 4 of 17) (continued)

Clinical Notes (group 5 of 17)

Nursing Note

Avila, Nicole C, RN at 2/4/2025 2227

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300
Unable to assess orientation. Responds to touch/voice. More alert with turns/cares. Speech is intermittently comprehensible. Humidified air for comfort. Pain managed with scheduled tylenol and lidocane patch on left leg. Aspiration precautions, 1:1 feed, pills crushed in applesauce. Refused PO meds in PM. Diminished urine output, purewick in place, MD aware. No IV ok per MD. L AKA, dressing changed this morning, CDI. Turns as tolerated. Mepilex to buttocks. Son at bedside. Using white board to communicate, pt is hard of hearing.

Illness Severity
Stable.

Electronically signed by Avila, Nicole C, RN at 2/4/2025 10:28 PM

Sirichana, Geraldine N, RN at 2/5/2025 0617

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

VSS. Humidified air for comfort. HOH, restless/crying out intermittently tylenol given rectally. Repositioned for comfort. 2PA Q2 turns. Dressing to L AKA done. Aspiration precautions, requires 1:1 feed. BMx2, diminished UOP via purewick. Unable to collect specimen for UA.

Electronically signed by Sirichana, Geraldine N, RN at 2/5/2025 6:18 AM

Wu, Lesly, RN at 2/5/2025 1755

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation. VSS, on humidified air for comfort. HOH. Speech is incomprehensive. Responds to voice/pain. Intermittent agitation and crying out. Pain managed w/ Tylenol. Difficulty following commands and with swallowing. Meds crushed and given w/ pureed food. Decreased PO intake. Aspiration precautions; 1:1 feed. -N/V, +BM, voiding via purewick, diminished UOP. Dressing to L AKA changed. 2PA Q2 turns. OOB x1 into w/c.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Electronically signed by Wu, Lesly, RN at 2/5/2025 5:56 PM

Sirichana, Geraldine N, RN at 2/6/2025 0633

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation, HOH. VSS. Humidified air for comfort. Tylenol and Lidocaine patch given for L AKA pain, rewrapped dressing to L AKA. Aspiration precautions, requires 1:1 feed, poor appetite. BM+, diminished UOP via purewick. Repositioned for comfort. 1-2PA Q2 turns.

Electronically signed by Sirichana, Geraldine N, RN at 2/6/2025 6:33 AM

Wu, Lesly, RN at 2/6/2025 1857

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation. VSS, on humidified air for comfort. HOH. Speech mostly incomprehensive. Responds to voice/pain. Intermittent agitation and crying out. Guarding and resistant to care. Pain managed w/ Tylenol and butrans patch. Meds crushed and given w/ pureed food. Poor PO intake. Aspiration precautions; 1:1 feed. -N/V, +BM, voiding via purewick, diminished UOP. Dressing to L AKA changed. 2PA Q2 turns. OOB x1 into w/c with sling. Worked with PT.

Electronically signed by Wu, Lesly, RN at 2/6/2025 6:57 PM

Yohannes, Mayda, RN at 2/7/2025 0646

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
AOx0. CNPI 11, pain managed with tylenol and butrans patch, prn tylenol suppository administered, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, occasionally responds to commands. Aspiration precautions. Poor PO intake, 1:1 feed - meds crushed and given with pureed food. -N/V, dry mucous membranes. Incontinent, purewick in place. +BM/+UOP. L AKA and L chest incision, mepilex on sacrum and back. No PIV - ok per orders. Q2 turns done. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/7/2025 6:47 AM

Puleo, Rosalie, RN at 2/7/2025 1130

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity
Stable.

RN 7- 1130am

Seen at bedside by MD Hunt. Discussed risk for aspiration. Agreed to hold off on oral medications until patient was more alert. Plan to review pain medications and assess cues for pain. Several attempts made to feed but patient did not appear to swallow after a few bites. Report given to incoming RN.

Electronically signed by Puleo, Rosalie, RN at 2/7/2025 11:51 AM

Kit, Ellen, RN at 2/7/2025 2254

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2/7 eve
AOx0. Severe pain managed w/ prn iv Nubain and butrans patch, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, resting comfrtably after Nubain. Son at bedside this afternoon. Aspiration precautions in place. Incontinent, purewick in place. L AKA and L chest incisions, mepilex on sacrum and back. Refusing turns- grabbing staff and crying out when attempting to turn pt.

Illness Severity
Stable.

Electronically signed by Kit, Ellen, RN at 2/7/2025 10:54 PM

Yohannes, Mayda, RN at 2/8/2025 0651

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
AOx0. CNPI 10, pain managed with IV nubain and butrans patch, prn tylenol suppository available, pt not alert enough for po meds. VSS on RA, prn humidified air for comfort. HOH. PPM in place, V-paced. Incomprehensible speech, agitated and cries out at times, occasionally responds to commands. Aspiration precautions. Poor PO intake, 1:1 feed - meds crushed and given with pureed food. -N/V, dry mucous membranes. Incontinent, purewick in place. +BM/+UOP. L AKA and L chest incision, mepilex on sacrum and back changed. L PIV. Q2 turns, agitated/refusing at times. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/8/2025 6:52 AM

Hwee, Carla, RN at 2/8/2025 1731

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation. Cries during cares, otherwise napping throughout the day. VSS. CNPI 6-8, IV nubain PRN.

Unable to take PO meds this shift, MD aware, no new orders. Minimal PO, coughs with food, frequent oral care. -BM, diminished UOP via purewick.
Daily wound care completed. Redness to sacrum, barrier cream applied, sacral mepilex in place. Q2 turns, son occasionally refused on pt's behalf but amenable with education. Bed alarm on.
IV abx initiated, albumin, mag replaced. Up to chair x1 via sling.

Electronically signed by Hwee, Carla, RN at 2/8/2025 5:32 PM

Sano, Naomi, RN at 2/9/2025 1804

Very drowsy this am, does not follow the directions. Pt made loud sounds "Ah" while giving hygiene care. Unable to describe pain. Very agitated. Given PRN acetaminophen suppo. Pt became calm as soon as hygiene care done. Aspiration risk due to NOT clear mental status, non-cooperative, held all PO medications, notified HO. HO assessed pt, talked with her son, re-started guanfacine PO from this afternoon. Pt became calm and less agitated this early evening, but she pulled PIV by herself. Difficult IV access. Unable to obtain new PIV. Notified HO, OK without IV access tonight. Scheduled ceftriaxone IV due tomorrow am. Turned q2h. Mepilex dressing intact.

Electronically signed by Sano, Naomi, RN at 2/9/2025 6:11 PM

Reese, Megahn Marilyn, RN at 2/10/2025 1849

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess orientation. VS stable on RA, with humidified medical air for pt comfort. Largely unable to communicate with staff, screaming loudly and frequently during cares. Nursing staff attempt to use whiteboard to communicate with limited success. Refused oral care and suctioning frequently. Up to wheelchair x1 today, pt did not tolerate well. 1:1 feed, pt unable to swallow.
Edited by: Reese, Megahn Marilyn, RN at 2/10/2025 1524

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Reese, Megahn Marilyn, RN at 2/10/2025 6:50 PM

Nguyen, Deanna, RN at 2/11/2025 0448

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II

heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0730
Unable to assess orientation. Screaming loudly and agitated during cares and turns, able to rest intermittently otherwise. Able to communicate somewhat via whiteboard. VSS on RA, humidified medical air for pt comfort.
Pain: Managed with buprenorphine patch and rectal tylenol
GI: Aspiration risk. Multiple incontinent Bms this shift
GU: Diminished urine output via purewick
Lines: RA PIV. MIVF infused. IV ceftriaxone given
Skin: L AKA, dressing CDI
Mobility: Q2 turns offered. Bed alarm on for safety

Electronically signed by Nguyen, Deanna, RN at 2/11/2025 4:48 AM

Bennett, Theodore, RN at 2/11/2025 1729

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2-11: Aox0, on RA. Pain managed with prn tylenol. Up in chair and ambulated in hallway with son. Goals of care meeting done with team.

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 2/11/2025 5:32 PM

Tran, Andy, RN at 2/12/2025 0634

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730: UTA orientation, VSS on 6L facetent (occasionally drops to upper 80s on RA), afebrile. Groans and screams at times, seemingly agitated, otherwise resting.
Pain: UTA, FLACC scale suggesting some pain and agitation but only managing with lidocaine patch at L thigh.
HEENT: Deaf. Moderate vision loss. Dry tongue and membranes.
Resp: Clear, diminished.
CV: Pacemaker in place.
Skin: L AKA ACE wrap in place, CDI.
GI: Per pt's son, pt was able to eat and drink a sizeable amount for dinner with his help. Was not present for feeding, unclear how pt handled food and drink considering aspiration risk. Pt needing 1:1 feeds and supervision.
GU: Incontinent void x1, purewick not used because pt moves and pulls at things at times, dislodging placement.
Lines: Coban and ACE wrap around R arm PIV for protection. MIVF orders dc'd ~2000 but was not stopped until ~0400. Provider aware.

Mobility: Bedbound. Heavy 2PA/sling OOB.

Illness Severity
Stable.

Electronically signed by Tran, Andy, RN at 2/12/2025 6:34 AM

Jeanneret, Amber Marie, RN at 2/12/2025 0954

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1900: UTA orientation, VSS, afebrile. Groans and screams at times, seemingly agitated, otherwise resting.
Pain: UTA, CNPI scale suggesting some pain and agitation but only managing with lidocaine patch at L thigh.
HEENT: Deaf. Moderate vision loss. Dry tongue and membranes.
Resp: Clear, diminished.
CV: Pacemaker in place.
Skin: L AKA ACE wrap in place, CDI.
GI: Per pt's son, pt was able to eat and drink about 80% of breakfast with his help. Was not present for feeding, unclear how pt handled food and drink considering aspiration risk. Continued to educate pt's son on aspiration precautions and s/sx of aspiration. Pt needing 1:1 feeds and supervision.
GU: Incontinent void x1, purewick not used because pt moves and pulls at things at times, dislodging placement.
Lines:R arm PIV infiltrated, removed, PICC ordered but pt had no appropriate vasculature, new PIV placed in L forearm by vascular access. Now infusing D5 for hypernatremia treatment. Next sodium draw @0500
Mobility: Bedbound. Heavy 2PA/sling OOB.

PO meds not given due to decreased alertness and aspiration risk, provider aware.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label
- GOC meeting 2/11, team will reconvene at end of week to discuss plans going forward (SNF, hospice, home, etc).

Electronically signed by Jeanneret, Amber Marie, RN at 2/12/2025 6:26 PM

Lam, Elim, RN at 2/12/2025 1422

PICC order received. Unfortunately, pt not a PICC candidate at this time. L pacemaker in place. No veins large enough to accommodate even SL PICC on RUE. Largest vein was basilic at 2.5mm. MD Pillai with Med H and BSRN made aware. 22g PIV placed to R forearm.

Electronically signed by Lam, Elim, RN at 2/12/2025 2:23 PM

Gindi, Jeanna A, RN at 2/13/2025 0630

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Alert to pain, UTA orientation. VSS on RA. Q2 turns/repositioning offered. +1 incontinent void. -BM. FLACC scale suggesting pain and agitation. Lidocaine patch applied to L thigh. Q6h sodium blood draws. Dextrose 5% IVF @100mL/hr. Deaf, moderate vision loss. Utilized whiteboard for communication. L AKA OTA with staples, CDI. LLE wound care done x1 with Betadine, gauze, ACE wrap. Not OOB this shift, heavy 2PA/sling OOB.

Electronically signed by Gindi, Jeanna A, RN at 2/13/2025 6:35 AM

Escalante, Steve, RN at 2/13/2025 1857

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900

UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care.
Some deafness, and moderate vision loss.
VSS on RA.
Unable to assess pain, used FLACC scale, some agitation noted.
R PIV for access,5% dextrose lowered to 50mL/hr today, per provider's order.
Amputation site closed w/ staples no drainage, applied 4x4 gauze w/ betadine and wrapped w/ ACE bandage per order.
+flatus, -BM, dim UOP via female purewick. Incontinent.
Had a visit from social worker.

Worked w/ PT today.
2PA, q2h turns complete, was able to get OOB via sling in to chair for most of the morning.
Son @ bedside, assists w/ various aspects of care.

Edited by: Escalante, Steve, RN at 2/13/2025 1854

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Escalante, Steve, RN at 2/13/2025 6:59 PM

Limyukok, Mysha, RN at 2/14/2025 0520

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care.
Some deafness, and moderate vision loss.
VSS on RA.
Unable to assess pain, used FLACC scale, agitation noted. Patient was yelling out overnight.
R PIV for access,dextrose lowered to 50mL/hr today, per provider's order.
Amputation site closed w/ staples no drainage, applied 4x4 gauze w/ betadine and wrapped w/ ACE bandage per order. Patient removed dressing during shift, new dressing placed.
+flatus, -BM, dim UOP via female purewick. Incontinent.
Had a visit from social worker.
Worked w/ PT today.
2PA, son and patient refused turns tonight. Patient tried to get out of bed multiple times and staff repositioned patient.
Son @ bedside, assists w/ various aspects of care.

Electronically signed by Limyukok, Mysha, RN at 2/14/2025 5:20 AM

Nursing Note

Gill, Loveleen S, RN at 2/14/2025 1459

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500:
UTA orientation status; alert to some degree, nonverbal, but is able to to make sounds; cooperative w/ some aspects of care. Some deafness, and moderate vision loss.
VSS on RA. Using FLACC scale, agitation noted. L PIV placed by Vasc, KCL-D51/2NS infusion started. Amputation site closed w/ staples no drainage, dressing intact with 4x4 gauze + betadine, wrapped w/ ACE bandage. +flatus, Bmx1, dim UOP via female purewick. Incontinent. 2pA/Sling OOB, offering Q2 turns.Son @ bedside, assists w/ various aspects of care. Goal of care meeting today.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gill, Loveleen S, RN at 2/14/2025 3:24 PM

Limyukok, Mysha, RN at 2/15/2025 0551

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient

screaming in pain, IV nubain given with relief. Pain management and reposition has helped to manage discomfort.
-Skin: wound dressing intact on left BLE. Changed.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.

PIV infiltrated overnight, charge RN attempted, STAT nurse attempted an ultrasound guided IV but was unable to insert IV.

Electronically signed by Limyukok, Mysha, RN at 2/15/2025 6:49 AM

Swift, Anna, RN at 2/15/2025 1700

Vascular Access Consulted for PIV insertions. Patient has had 3 PIVs in 48hrs. IV's are failing to last. After discussion with Provider Pillai, Sunita MD it was determined PIV access was not needed at this time and will re-evalute need for access tomorrow.

Electronically signed by Swift, Anna, RN at 2/16/2025 9:33 AM

Drammeh, Saihou, RN at 2/15/2025 1815

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Difficult to assess A&O status due to confusion, hard of hearing and visually impaired.Her son at bed side and helping with feeding and given meds.Pt was up in the wheel chair for a long while per son's request.Pure wick in place while in bed with moderate output.No IV access established and team is aware.Turned Q 2 hours.Pt remains on 1:1 feed for aspiration precautions.Family is helping with feeding Left stump dressing changed.Pt continues to scream.Will continue to monitor.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness
- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time

- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Drammeh, Saihou, RN at 2/15/2025 6:23 PM

Sauder, Jessica, RN at 2/16/2025 0505

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Update: 516am: Patient O2 in the 80s during AM vitals and yelling/restless, gurgling present. Attempts made with a simple face mask but O2 not sustaining above 90%. Provider notified. Nonrebreather applied and Charge called rapid response. Patient currently on high flow at 70L and 100% FiO2.

Unable to assess A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient screaming in pain, prn tylenol given.
-Skin: wound dressing intact on left BLE. Patient removed overnight-Changed.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.
Patient needs IV.

Electronically signed by Sauder, Jessica, RN at 2/16/2025 6:51 AM

Craig, Candace M, RN at 2/16/2025 1043

Request from Sunita Pillai, MD to see if another PIV can be started for IV abx due to new aspiration pneumonia. Upon assessment, L arm with scattered bruises from IV attempts. RUE assessed and attempted x 2 but unable to either advance or not able to access vein. STAT RN attempt x 1 but still unable to access vein. U/S assessment done with multiple collateral veins to BUE, forearm veins small. Last attempt to L hand and not successful. Informed Dr. Pillai of situation and recommending CVC if patient needing stable IV access. But at this time will not attempt any further PIV's.

Electronically signed by Craig, Candace M, RN at 2/16/2025 10:46 AM

Ndiaye, Djenaba L, RN at 2/16/2025 1856

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient hard of hearing and visually impaired. On high flow @ 70L and 70% FiO2, intermittently desats in the 80's and gurgling, RT and MD notified. Suctioned this AM by RT. CNPI scale used for pain score. Pt occasionally screams, repositioned for comfort. PO meds d/c due to high aspiration risk and respiratory distress. Talked to son about this concern, but continues to feed pt despite risk. No PIV access. No bm this shift. Voiding via purewick. 2PA with turns and pt care. Dressing change done.

Electronically signed by Ndiaye, Djenaba L, RN at 2/16/2025 6:56 PM

Moroye, Jessica, RN at 2/17/2025 0700

Illness Severity

Stat watch

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess orientation. Sating >90% on high flow 70L/70% FiO2. Pt frequently restless and crying out, tylenol suppository given w/minimal effect. Pt unable to safely take in anything PO. Voids via purewick, BM-. Son at bedside overnight and would remove O2 mask intermittently to suction. 2PA for Q2 turns, bed alarm on for safety.

Electronically signed by Moroye, Jessica, RN at 2/17/2025 8:36 AM

Bounthong, Vanh K, RN at 2/17/2025 1847

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status, patient HOH and visually impaired. FLACC scale used for pain score. On high flow @ 70L and 70% FiO2, intermittently desats in the 80's and gurgling, RT @ bedside. Pt occasionally screams, refused repositioning d/t pain, oral morphine given. No PIV access. No BM this shift. Voiding via purewick. Minimal PO intake d/t aspiration, suctioning completed by son.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Bounthong, Vanh K, RN at 2/17/2025 6:48 PM

Gawat, Maria C, RN at 2/18/2025 0605

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Unable to assess. Patient able to localize pain. Incomprehensible sounds. FLACC scale used to assess pain level, rating 5-6, 0.5mg subQ dialudid given. 0.25mg IM ativan x1 for agitation. Refusing PO intake. Poor appetite.
Aspiration precautions in place. Oral suction PRN. -BM. Diminished UOP via purewick. L AKA wound OTA, refused dressing. Lidocaine patch applied on stump. Refused Q2H turns. Pillows used for support. MD spoke with son about care expectations
and GOC.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.
-needs daily dressing change to LLE

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Gawat, Maria C, RN at 2/18/2025 6:05 AM

Swift, Anna, RN at 2/18/2025 1546

Vascular Access consulted for PIV. BUE assessed with US. No accessible veins were observed at this time. No attempts were made due inability to identify any accessible vein and per Sons request to hold off on IV access at this. Providers notified.

Electronically signed by Swift, Anna, RN at 2/18/2025 3:48 PM

Porter, Allen, RN at 2/18/2025 1718

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt. Has moments of alertness per sons report. Unable to assess orientation level despite multiple attempts using the white board for communication. I discussed goals of care w/ pt. Son, who is POA, to clarify his expectations for his mother. The son was distressed as he stated "She's starving to death. If we aren't putting in an NG tube then I want her dressed and ready to leave by 1000 so we can catch the ferry." He then went on to discuss his concerns and dissatisfaction about the pt. Not having IV access for fluids. He stated "the reason they haven't gotten an IV on her yet is because they aren't tying the tourniquet tight enough. Yes it hurts her, but she'll be alright. When they come to place it again I will tie the tourniquet for them." He then preceded to tie the tourniquet on the pts. Upper left arm. The pt. Cried out in distress and reached for the tourniquet. I asked the son to remove the tourniquet as we weren't placing an IV at the moment, and son stated "just a minute, I want to show you how her veins pop up." He then showed me her veins, how they roll, and discredited the attempts made by our nursing staff, Stat nurses, and vascular access team. I then removed the tourniquet myself to relieve the pt. from discomfort.
I informed the son that his plans to discharge wouldn't include going home with an NGT or PIV, to which he replied "I can figure out how to hang it somehow. But it's going to be hard to get her to eat since she wont take anything." He then stated that if were to leave her, his plan was to take the pt. To Harborview ER and "demand they place an NGT. But then it would come out that you guys have starved her to death." I explained to the Son that the pt. Would likely be readmitted at Harborview if he were to take her there after discharging here. I also explained the pt. Current O2 demands would prohibit the pt. From safely discharging with just an oxygen tank. The son stated "she will be fine." I

reinforced with him that we would need to wean the pt. Off oxygen so that she could safely leave the hospital if that was the plan. He then began talking about how the pt. Life was no over yet, and that the pt. Has "5- 20 years to live. She wants to live. Our family has strong hearts. If her heart were to stop I would start chest compressions." I then clarified with the Son his statement and reminded him that the pt. Current code status is DNR/DNI. He then stated "That's incorrect, she wants to live, I want her to live, we all want her to live. She made me POA and said that she wants whatever I want, and I want her to live." Lastly, I discussed pain management with the son. He stated that he does not want morphine or dilaudid given because "she's not crying out in pain. That's not a pain cry. See look, she's comfortable." I told him that I believed that was because the pt. Received her pain medication last night, but the son disagreed. The son gave me permission to give tylenol and lorazepam when he requests. I thanked the son for clarifying his wishes and told him I would communicate his concerns to the team so that we could all be on the same page. After sharing this info with the care team, I expressed concerns about his ability to a safe caregiver for the pt. These concerns are in the setting of his behavior observed at the bedside throughout the pt. Stay here. The nursing staff has called multiple rapid responses due to aspiration concerns as the Son has consistently fed the pt. Despite being requested not to and warned of her high aspiration risk. Most recently this lead to her being placed on Hiflow to maintain her SpO2 goals. He has also during this hospital stay attempted to mobilize pt himself, which is contraindicated due to her high risk of injury. Staff utilizes a sling to transfer pt. When necessary to mitigate this risk. The son has also taken the pt. Off unit and down to the water during this stay without permission or awareness of providers or nurses. A major concern I have regarding this pt. Discharging with her POA is his interpretation of her pain. The pt. Cries out most of the time, and scores on the FLACC scale indicate discomfort, however the son denies this as pain and refuses available pain medications for the pt.
Lastly, after attempting to place the pt. NGT but failing, the Son made a concerning comment about providing assistance with a tongue depressor. He stated "Hey! I have a solution. I'll use this to hold her tongue back so that you can visualize which hole to place the tube in!" I declined his assistance and told him that method he suggested is not part of our insertion technique, and that we would try to place NGT tomorrow so that the pt. Can rest. I Updated oncoming RN w/ goals of care changes and POA preferences for continuity of care.

Electronically signed by Porter, Allen, RN at 2/18/2025 6:45 PM

Patino Castro, Jennifer A, RN at 2/19/2025 0416

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700: Alert to voice, very hard of hearing and very hard to understand due to speech. Patient able to localize pain. Incomprehensible sounds at times and can yell and cry out. FLACC scale used to assess pain level, rating up to 10 at times, 0.5mg subQ dialudid given at beginning of shift, since son agreeable to administration. 0.25mg IM ativan x1 for agitation. Strict NPO due to high aspiration risk. Oral suction PRN.+ BM. Diminished UOP via purewick. L AKA wound dressing applied but patient shifts frequently and dressing comes off. Lidocaine patch applied on left thigh. Q2H turns continued when patient allowed. Pillows used for support. Vital signs stable on 60L heated high flow mask, at 60% FIO2. Patient noted to be heated high flow mask at shift change. Patient pulls of mask towards neck but some O2 still manages to blow by her mouth. No NGT placed overnight, son okay with holding off until morning to let patient rest overnight. FLACC scale rating 7/10 towards end of shift, patient screaming and restless in bed, son refusing dilaudid for patient and requesting just tylenol. Son stating "this is just anxiety for her".

Electronically signed by Patino Castro, Jennifer A, RN at 2/19/2025 6:33 AM

Bustamante Campusano, Diana, RN at 2/19/2025 2127

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Pain medication given- tylenol suppository and SubQ dialudid. Patient son declined morphine suppository x3 times, stated
her scream is not pain related.
-Wound care: patient removed dressing, unable to keep on dressing.
-GI/GU: No BM. UOP to purewick, amber output. No PO intake. High aspiration risk.
-Mobility: Turns done every 2 hours as patient allows.

Electronically signed by Bustamante Campusano, Diana, RN at 2/19/2025 9:29 PM

Limyukok, Mysha, RN at 2/20/2025 0452

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Ativan IM given PRN.
-Wound care: patient removed dressing, unable to keep on without patient taking it off.
-GI/GU: No BM. UOP to purewick, amber output. No PO intake. High aspiration risk.
-Mobility: Turns done every 2 hours as patient allows.

Electronically signed by Limyukok, Mysha, RN at 2/20/2025 4:52 AM

Kangleon, Judith Esther J, RN at 2/20/2025 1840

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
UTA A&O status, patient with severe impaired vision and hearing. Throughout the shift, patient will scream when awake. Subq dilaudid PRN given with lots of pain relief, pt able to calm down. Patient removed L leg stump wound dressing, unable to keep on without patient taking it off, betadine reapplied. Incontinent of urine, unmeasured UOP x1. No PO intake. High aspiration risk.Turns done every 2 hours as patient allows.

Pt went down to fluoro at 1400 for another attempt of NGT placement, PRN one time dose of ativan 0.5mg given IM. Pt came back unit, NGT placement was unsuccessful.

Electronically signed by Kangleon, Judith Esther J, RN at 2/20/2025 6:40 PM

Gindi, Jeanna A, RN at 2/21/2025 0659

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status. Pt with severe impaired vision and hearing. subQ Dilaudid and IM ativan given for pain/discomfort. Incontinent voids x3. VSS on RA. NPO, high aspiration risk. Q2 turns done as pt allows. Plan for central line placement today.

Electronically signed by Gindi, Jeanna A, RN at 2/21/2025 7:43 AM

Moffett, Laura, RN at 2/21/2025 1055

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Received patient peacefully sleeping this morning. Unable to assess orientation. Able to place PIV and start maintenance IV fluids. Turned patient Q2 hours. Patient was incontinent of urine x2 this morning. Strict NPO for aspiration risk.

Illness Severity
Stable.

Electronically signed by Moffett, Laura, RN at 2/21/2025 12:21 PM

Walsh, Julia McKeon, RN at 2/21/2025 1702

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-1930:

Intermittent drowsiness vs agitation. Pt hard of hearing. +Pain per FLACC score, occasionally following commands/localizing pain. Prns w/ mod effect. Responsive to physical comforting.
Son at bedside majority of shift, attentive to patient. Strict NPO. Frequent oral care/mouth moisturizer applied. IVF infusing. Unmeasured urine occurrence X1, purewik w/ small measured output. Last bm several days ago per son, abd soft, does not appear tender to palpation. LLE stump w/ staples, OTA, +CDI. Call bell in reach of son. Bed alarm for safely. Turned q2h. Heels and bony prominences offloaded. Asp precautions maintained. Humidified 02. Frequent monitoring.

Illness Severity
Stable.

Electronically signed by Walsh, Julia McKeon, RN at 2/21/2025 5:54 PM

Gindi, Jeanna A, RN at 2/22/2025 0622

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to assess A&O status. Pt with severe impaired vision and hearing. VSS on RA. +Pain per FLACC score, PRN IV Dilaudid given. D5NS with Kcl infusing continuously in PIV. Incontinent, using female purewick without issue. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety.

At 4:30 AM pt started showing signs of increased pain (increased movement, moaning, yelling). Son was not agreeable to giving her Ativan or Dilaudid. Provider notified. After further discussions with pt showing increased signs of pain and discomfort, pt's son agreed to a dose of IV Dilaudid. PRN IV Tylenol ordered for future.

Electronically signed by Gindi, Jeanna A, RN at 2/22/2025 6:27 AM

Nursing Note

Porter, Allen, RN at 2/22/2025 1932

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

UTA pt. Orientation level. VS WNL on RA. Adhering to NPO diet, No emesis, BM-, DIM UOP. Not OOB this shift. FLACC scores suggest pain, gave PRN IV acetaminophen and also lorazepam for agitation when available, encouraged son to allow for prn dilaudid. I overheard the pt. son from the nurses station loudly saying to pt. "Stop it. Stop it. Stop it." And went in to check on them. Pt. Was still crying out. I reeducated pt. son about pain regiment and he was willing to try dilaudid. Pt. appeared restful upon reassessment. Encouraged son to let us stay on top of pain management and explained it's easier to stay on top of pain rather than catch up later.

Electronically signed by Porter, Allen, RN at 2/22/2025 7:42 PM

Jallow, Yusupha, RN at 2/22/2025 2227

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt alert but not able to participate in orientation assessment. VSS on RA. Occasionally cries out but otherwise appears comfortable on this shift. Doesn't appear to be in pain. FLACC score a 2. Lidocaine patch on L thigh. Had one episode of urinary incontinence. Purewic in place. Son reported small BM this AM. Pt with impaired vision and hearing. D51/2NS with 20Kcl infusing continuously in LFA PIV. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety.

Illness Severity
Stable.

Electronically signed by Jallow, Yusupha, RN at 2/22/2025 10:36 PM

Macandile, Jan Kenneth Lantin, RN at 2/23/2025 0446

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300 hrs - Unable to assess orientation. VSS on RA. Lorazepam given x1 for agitation and dilaudid for pain.
GI/GU: No bm this shift, purewick in place.

Mobility: Q2 turns, bed alarm on

Electronically signed by Macandile, Jan Kenneth Lantin, RN at 2/23/2025 4:47 AM

Porter, Allen, RN at 2/23/2025 1824

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Unable to access pt. Orientation status. Upon taking over assignment, pt. Appeared in distress as indicated by her FLACC score. Pt. Son was concerned about pt. Hypertension, which I explained was likely due to her restlessness and pain. Pt. Son agreed to lorazepam, which had good effect at calming pt. Down. I rechecked BP which was WNL, and reiterated to pt. Son the importance of treating her pain and anxiety with available PRN. Later after another dose of IV dilaudid, pt. SpO2 dropped to 80% on RA. Placed on 6L face mask and paged RT and provider to bedside. SpO2 improved on hiflow 50L 50%. Provider discussed code status at bedside w/ pt. Son.
Pt. Son showed me photos of pt. Before hospitalization and vocalized concerns about her starving to death. I attempted to reassure son that until decisions are made about NGT placement we can focus on keeping her comfortable. I consulted spiritual care to provide additional support to pt. Son as he continues to grieve.

Electronically signed by Porter, Allen, RN at 2/23/2025 6:38 PM

Aidoo, Nana S, RN at 2/24/2025 0514

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Pt alert but not able to participate in orientation assessment. VSS on RA. Occasionally cries out but otherwise appears comfortable on this shift. IV dilaudid and Ativan given per orders. FLACC score a 2. Lidocaine patch on L thigh. Purewic in place. NPO, high aspiration risk. Q2 turns done as pt allows. LLE AKA with staples OTA. Bed alarm on for safety. Advanced care planning meeting with Attending and pt's Son done during this shift.

Action Items
-Concern for pressure injury risk - try to clean up incontinence quickly
-IVF, potential discussion Monday of NGT under fluoro

Situational Awareness

- Potential DC to SNF vs home hospice
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 2/24/2025 5:14 AM

Porter, Allen, RN at 2/24/2025 1759

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Pt. Transitioned to comfort care today. Pt. Son expressed remorse about his mother not receiving feeding tube and concerns about being homeless. Accessed pt. And gave prns accordingly to promote comfort during her end of life.

Electronically signed by Porter, Allen, RN at 2/24/2025 6:12 PM

Aidoo, Nana S, RN at 2/25/2025 0608

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Comfort measures only. PRN Dilaudid, Haldol and Lorazepam given per orders. Pt appears comfortable. This AM Pt's Son Louis expressed wanting an NGT for pt, MD made aware.

Action Items

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing

- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Aidoo, Nana S, RN at 2/25/2025 6:08 AM

Drammeh, Saihou, RN at 2/25/2025 1813

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1930
Remains on comfort care measures.Given prn IV twice this shift per son's request for comfort.Pt's son requested for the Pt to be transferred to a different hospital but was refused by medical team. Will continue to monitor.
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Action Items

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Drammeh, Saihou, RN at 2/25/2025 6:16 PM

Yohannes, Mayda, RN at 2/26/2025 0640

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0700
Comfort measures only. UTA orientation. Prn supplemental oxygen for comfort. HOH. FLACC score 5, prn SQ dilaudid and IM haldol given, butrans patch and lidocaine patch applied. NPO. No IV access. Purewick in place, with dark red output - team aware. Bed alarm on.

Electronically signed by Yohannes, Mayda, RN at 2/26/2025 6:41 AM

Fresnoza, Frances F, RN at 2/26/2025 1440

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500:
Comfort measures maintained, UTA pt's orientation. Supplemental oxygen PRN for comfort. Pt's diet advanced to CLD d/t son's request to be able to give her sips of broth, reinforced education on pt's aspiration risk. Purewick in place with minimal output.
Edited by: Fresnoza, Frances F, RN at 2/26/2025 1436

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Fresnoza, Frances F, RN at 2/26/2025 2:41 PM

Sano, Naomi, RN at 2/26/2025 1807

1500-1930: Awake, sit up right, pt's son at bedside, assisting broth small sips. Aspiration precaution taken. Pt's face relaxed. Purewick in place. O2 sat monitor at times upon son's request, SpO2 98% on room air.

Electronically signed by Sano, Naomi, RN at 2/26/2025 6:10 PM

Harman, Kendall M, RN at 2/27/2025 0635

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
Comfort measures maintained. UTA orientation. Eyes opening spontaneously, mostly incomprehensible speech, unable to follow commands. Occasional signs of restlessness, agitation, moaning, and grimacing. Sub-q dilauaid and ativan given,
with reduction in signs of discomfort. Reposition offered for comfort.

CLD per son's request to be able to give her sips of broth, reinforced education on pt's aspiration risk. Purewick in place with minimal output, son requesting urinalysis this AM.

Electronically signed by Harman, Kendall M, RN at 2/27/2025 8:01 AM

Long, Lijie, RN at 2/27/2025 1846

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Comfort measures maintained. O2 15L blow-by per son request, discussed with provider face-to-face, provider approved. UTA orientation. Eyes opening spontaneously, mostly incomprehensible speech, unable to follow commands. Son requested CLD, giving pt water with straw, tomato soup and coffee with mouth swaps. Education on aspiration risk reinforced multiple times during the day. Son reported aspiration once when feeding pt water, education reinforced. Occasional signs of restlessness, agitation, moaning, and grimacing. Reposition offered for comfort. Tylenol suppository given per son's request.Purewick in place for minimal output.

Illness Severity
Stable.

Electronically signed by Long, Lijie, RN at 2/27/2025 6:46 PM

Bennett, Theodore, RN at 2/28/2025 0509

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2-27 night shift: Comfort measures only. Ativan and dilaudid given for agitation and pain. Son at bedside.

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 2/28/2025 5:10 AM

Dimitrov, Alexey T, RN at 2/28/2025 1747

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1900
Comfort measures maintained. O2 15L blow-by per son request, NPO however team is ok w/ son feeding pt. Alert and follows directions today. HOH. Does not appear in pain and needed no medication. Some restlessness and aggegation in
PM - received sq ativan. Son provides bulk of care for the pt. New L side Parotitis, w/ abx started. L AKA w/ small dehiscence. Team is working on SNF placement.

Electronically signed by Dimitrov, Alexey T, RN at 2/28/2025 5:48 PM

Quito, Daniel-Jayson Irabon, RN at 3/1/2025 0617

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

Comfort measures. BM + 2x. Son by bedside, occasionally takes vitals. Stating hopes of patient to get better. States frustration regarding comfort care situation. Patient shows signs of pain by grimacing, given 1x dose of dilaudid SQ, with good effect. L AKA dehiscense, replaced mepilex dressing. Purewick at night. Possible SNF placement Monday.

Electronically signed by Quito, Daniel-Jayson Irabon, RN at 3/1/2025 6:18 AM

Gill, Loveleen S, RN at 3/1/2025 1109

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1100
Comfort measures. Son by bedside, occasionally takes vitals. Stating hopes of patient to get better. States frustration regarding comfort care situation. Patient shows signs of pain by grimacing, dilaudid SQ available, notified oncoming nurse. L AKA dehiscense. Purewick at night. Possible SNF placement Monday.

Situational Awareness
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gill, Loveleen S, RN at 3/1/2025 11:10 AM

Johnson, Marita F, RN at 3/1/2025 2214

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1100-2300: Comfort measures maintained. O2 15L blow-by per son request. Alert and follows some directions today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. HOH. Some pain noted, son prefers trying milk of magnesia to relieve stomach cramps rather than pain meds. L AKA dehiscense, replaced mepilex dressing. Purewick at night. Possible SNF placement Monday.

Electronically signed by Johnson, Marita F, RN at 3/1/2025 10:14 PM

Tadesse, Caleb S, RN at 3/2/2025 1418

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1500
Comfort measures maintained. O2 15L blow-by per son request. Alert and follows some directions today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. HOH. Some pain noted, son prefers trying milk of magnesia to relieve stomach cramps rather than pain meds. +Bm/+Flatus w/ barrier creamL AKA dehiscence w/ mepliex, Purewick in place, with one accident. Possible SNF placement Monday.

Illness Severity
Stable.

Electronically signed by Tadesse, Caleb S, RN at 3/2/2025 2:18 PM

Gelgla, Letera D, RN at 3/3/2025 1853

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

0700-1930
Comfort measures maintained. Alert and follows some directions during turns today, speaking to son and nursing intermittently. Team ok w/ son feeding pt. Some pain noted, son prefers non pharmacological interventions. +Bmx5/+Flatus w/ barrier creamL AKA dehiscence w/ mepliex, Purewick in place. Possible SNF placement soon.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (+)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by
-Slept well

Action Items

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate

Electronically signed by Gelgla, Letera D, RN at 3/3/2025 6:53 PM

Smith, Melody J, RN at 3/4/2025 1452

Illness Severity

Stable.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

7-1500
Aox1 to person. CMO measures in place. Son continues to feed patient per MD orders. This RN visibly watched patient aspirate 5x while eating breakfast. When brought to attention of son he replied "yeah well everyone aspirates how
else is she going to learn." No bm this shift. L AKA wound dehisced on r medial section. Wound care done and grippy sock placed over stump. Purewick in place, potential dc this afternoon to SNF. Patient occasionally experiencing episodes of lucidity for short duration of time; during this she is able to read the white board, follow comands, verbally answer questions

Electronically signed by Smith, Melody J, RN at 3/5/2025 11:33 AM

Bennett, Theodore, RN at 3/5/2025 0456

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

3-4: Comfort measures only. Possible d/c today pending insurance.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 7 of 17) (continued)

Illness Severity
Stable.
Edited by: Lyons, Julio Cesar Salazar, RN at 2/1/2025 0444

Electronically signed by Bennett, Theodore, RN at 3/5/2025 4:57 AM

Negrete Maldonado V, Karla, RN at 3/5/2025 1852

07-1930:
Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

A/Ox1 (self). CMO in place. Very HOH, use whiteboard to communicate, hearing is better in L ear. L AKA incision slightly dehisced on right inner medial section. Purewick in place, incontinence care as needed, perineum pink/tender. Mepilex dressing on back, C/D/I. Up to wheelchair w/2PA + hoyer x1, PT placed for 'comfort-based rehab', son at bedside assisting with cares - notifies staff when additional help needed. Unwitnessed fall - ensure bed alarm and low bed AT ALL TIMES and provide reminders to son as needed.

Illness Severity
Stable

Electronically signed by Negrete Maldonado V, Karla, RN at 3/5/2025 6:53 PM

Bennett, Theodore, RN at 3/6/2025 0506

Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

3-6 night shift: On comfort care. 2 view x-ray done showing R femur fracture from fall on 3-5. Son very insistent about going forward with surgery. Told this RN that if this did not happen he would leave hospital as he feels nothing is being done for her. Primary provider at bedside to discuss plan of care with son. Ortho-surg provider at bedside to discuss possibility of surgery. Plan of care still unknown.

Illness Severity
Stable
Edited by: Negrete Maldonado V, Karla, RN at 3/5/2025 1318

Electronically signed by Bennett, Theodore, RN at 3/6/2025 5:14 AM

Tran-Thien, Quynh Phuong, RN at 3/6/2025 1853

Patient Summary
100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

0700-1930:
A/Ox1 (self). Comfort measures in place. Very HOH, use whiteboard to communicate, hearing is better in L ear. L AKA incision slightly dehisced on right inner medial section. Purewick in place, incontinence care as needed, perineum pink/tender. Mepilex dressing on back, C/D/I. Up to wheelchair w/2PA + hoyer x1, PT placed for 'comfort-based rehab', son at bedside assisting with cares. Pt's son notified this nurse that pt was having pain but says "see she is in pain, but she doesn't want to tell you guys because she is afraid of you" pt seen visibly grimacing and uncomfortable, this RN offered pain meds or repositioning to enhance comfort for pt. Pt son refused says "I don't want pain meds given because I don't want her sedated, I want her off comfort care it is a death sentence, and I don't want her moved before someone fits her for a leg brace." This RN reiterated that pt is on comfort measures, that staff is trying to keep pt comfortable but a greater conversation is needed to come off comfort care. MD notified and came to address concerns with son this afternoon.
Given SQ dilaudid with improvement - pt able to calmly sleep while son was away. Hygiene done with comfort measures. Pt able to swallow morphine solution, w/ pain relief. Possible DC tomorrow, ambulance ordered for 12pm.

Illness Severity
Stable

Electronically signed by Tran-Thien, Quynh Phuong, RN at 3/7/2025 8:13 AM

Patino Castro, Jennifer A, RN at 3/6/2025 2355

Patients son Louis came up to this writer to inform that he has an early appointment at Harborview and will leave at 0840, and he will be taking all his belongings and wheelchair and will not come back at all and that he will not sign any papers in regards to transferring Jeanne to Bainbridge Island Rehab. When clarifying what he meant regarding not coming back he stated "there's no point of being her caregiver when you guys are starving her, and I can't win when I have everyone here attacking me". Patient also states that staff were criminals and committing fraud, and that due to Trumps policies patients in rehabs are getting "thrown out onto the street" so he will not be sending her to a place where it also smells like urine and where they won't let him in. He also is stating he didn't want to be in the room with a "vegetable", so he will be sleeping in the family room overnight.
This writer reinforced that staff is not attacking him, and that we are trying to care for Jeanne and make her comfortable. This writer asked Louis if he could stay in the morning to talk to Social work and the day team providers regarding his concerns, and Louis stated he was going to try to reschedule his appointment but that he will let us know in the morning.

Primary RN Reese notified and provider Abay, made aware by Reese RN.

Electronically signed by Patino Castro, Jennifer A, RN at 3/7/2025 12:18 AM

Omo, Reese, RN at 3/7/2025 0503

Illness Severity

Stable

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
A/Ox0-1 (self). Intermittently able to nod appropriately. Comfort measures in place. Occasionally cries out in pain, given PRN PO morphine & SQ dilaudid. Slightly agitated and restless at times, given PRN SQ lorazepam. Oral care done PRN. L AKA incision slightly dehisced on right inner medial section. R hip fracture from 3/5 fall, slight swelling noted, abduction pillow ordered. Bed alarm on, fall mats in place, fall precautions enforced. Purewick in place, incontinence care as needed. Mepilex dressing on back. Repositioning as needed.

At 0000: Pt's son reported to Jenn charge RN that he has an early appointment, he will be leaving at 0840,and he will not be coming back. He expressed he will be refusing to sign anything in regards to transferring Jeanne to the Bainbridge Island Rehab. He is willing to further discuss with day team about further plans. He is verbal and is continuously reporting that the healthcare team is "starving her to death" and "there is no point to continuing to care for her & being a caregiver". Provider notified, no new orders.

At 0555: While going in to round & assess pt, son told me to "please leave" to which I did. I attempted a second time to go in with my charge RN to which he responded "please leave us alone, we don't need anything from you, she's fine". my charge nurse and I tried explaining that we still have a responsibility to assess and care for Jeanne to which he replied "you are killing her and doing a good job at it so please leave". We reinforced that we and other staff would like to be treated with respect to which the son replied "I am respecting you, leave". Provider notified.

Electronically signed by Omo, Reese, RN at 3/7/2025 6:03 AM

Puleo, Rosalie, RN at 3/7/2025 1646

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity

Stable

Impaired Coping- Son present at bedside will often delay meaningful interventions; like pain medication for cleaning and turning. Son also talks about interventions not aligning with safe practice given aspiration and fall risk. Team comes to bedside and attempts to assess son's concerns.

Aspiration- Patient has difficulty swallowing and is at risk for aspiration. Son educated to ensure she is positioned appropriately and to only offers small amounts of fluid/food.

Transfer- Patient is cleared to transfer to a rehab facility on Bainbridge Island. When team comes to consent for POLST needed for transfer patient appears to have some magical thinking. He states that he does not want to sign it that he can do "soft compressions" and that "she is not going to die." Team attempts to educate son that there is not

effective chest compressions outside of the norm and CPR would likely cause harm/suffering without meaningfully extending her life.

Brace- Patient requests a brace to minimize movement of femoral fracture. He states he wants to reduce pain through immobilizing. Orthotics team come to fit brace on patient.

Electronically signed by Puleo, Rosalie, RN at 3/7/2025 5:47 PM

Quito, Daniel-Jayson Irabon, RN at 3/8/2025 0640

Illness Severity

Stable

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

1900-0730:
Aox0-1, Comfort care measures in place. L AKA incision dehisced, covered with mepilex. R hip fracture 3/5, hip brace in place. Okay for log roll. Nonblanchable redness middle back, mepilex applied. Bed alarm on, fall mats in place, fall precautions enforced. Incontinent. Given suppository, waiting to have BM.

2020: This nurse notified the on call MD. "Patient's son is yelling, stating that he doesn't want any pain medication given to the patient so that she could be more awake to eat. This nurse said that if the patient is in pain, (if she's restless, looks uncomfortable) I'll be giving pain medication. He refuses for any pain medication to be given and stated "I'll fight you on that,"
Son states that the reason she's in pain is because of cramps and that she needs to eat.
At the moment, patient looks comfortable. Last given pain med was 1800.

At midnight, patient seems to be in a lot of pain. Given suppository and tylenol, with good effect. At 0320, given PO oxy for r hip pain. Possible D/C today before 11am.

Electronically signed by Quito, Daniel-Jayson Irabon, RN at 3/8/2025 6:41 AM

Puleo, Rosalie, RN at 3/8/2025 1135

Patient Summary

100YO w/Hx of HTN, T2DM, HLD, prior DVT, PAD admitted on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-op bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Illness Severity
Stable

Report give to Rehab Facility on Bainbridge island. Transfer documents filled out by MD.

Impaired Coping- Son continues to exhibit impaired coping. Son sets up food tray on patients lap including coffee and dentures in a cup and leaves her unattended. Son advised that dentures are expensive and need to be on a stable surface. Son places coffee in patients hand and she proceeds to spill it on herself. I advise him she may be burned and cannot feed herself he argues "She needs to eat! She is starving" Son re-educated about aspiration precautions.

Aspiration- Patient has difficulty swallowing and is at risk for aspiration. Son educated to ensure she is positioned appropriately and to only offers small amounts of fluid/food.

Transfer- Patient is cleared to transfer to a rehab facility on Bainbridge Island. When team comes to transport son interrupts report and shouts "Do no listen to what she says! I am her doctor!" Transport team advised to review POLST form.

Brace- Brace to minimize movement of femoral fracture in place.

Electronically signed by Puleo, Rosalie, RN at 3/8/2025 11:58 AM

Operative Note

Surgeon:
Matthew C Smith, MD PhD

Assistant:
Schwarz ,MD Resident

Date: 1/9/2025 **Location:** UWMC MAIN OR

Name: Jeanne Leonie Hoffman, **DOB:** 1/6/1925, **MRN:** U8170135

Pre Procedure Diagnosis
Pre-op Diagnosis
* Acute lower limb ischemia [I99.8]

Post Procedure Diagnosis
Post-op Diagnosis
* Acute lower limb ischemia [I99.8]

Procedures:
Left above knee amputation

Procedure Summary
Anesthesia: General **ASA:** IV

Indications: Jeanne Leonie Hoffman is a 100 year old female who presents with Rutherford class III acute limb ischemia presenting with an insensate left lower extremity at the level of the high shin on the left which has been going on for somewhere between 2 weeks and 2 days. As the patient is a relatively poor historian. She had no motor function or distal leg. I offered her the options of palliative pain control versus an above-knee amputation and counseled her on a very high risk of mortality in either case as well as severe disability from the amputation. The patient and her son understood this and wished to proceed with amputation.

Findings: Amputation of left leg above the knee

Procedure Details: After obtaining informed consent in the preoperative care unit the patient was brought to the operating room was placed in a comfortable supine position on the operating room table. A timeout was performed indicating the appropriate patient, left above-knee amputation as the procedure and need for preoperative antibiotics. General and regional anesthesia was induced and the left leg an incision was made just above the kneecap on the left leg was prepped and draped in the usual sterile fashion. And Bovie cautery was used to carry the dissection down through subcutaneous tissues including the muscle. This was carried down to the level of the bone circumferentially. The muscle appeared healthy and there was a small amount of bleeding in both muscle and fat tissues. The bone was transected with an oscillating bone saw the femoral vessels were then controlled and independently ligated. The femoral nerve was identified and injected with additional ropivacaine and tied off using a 2 oh tie. I then used Bovie to transect the remainder of the muscular attachments in the posterior leg. The wound was irrigated and then closed in

multiple layers using 2-0 and 3-0 Vicryl followed by staples at the skin. The wound was dressed in Xeroform, Kerlix and an Ace wrap

As the attending surgeon, I was present and scrubbed for the entire case, all needle, sponge and instrument counts were correct at the end of the procedure.

Drains:

Urethral Catheter 01/09/25 (Active)

Site Assessment	Skin intact	01/10/25 0800
Care & Maintenance	Bag emptied	01/10/25 1400
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	01/10/25 0800
Securement Method	Right thigh	01/10/25 0800
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0800
Output (mL)	90 mL	01/10/25 1600

Specimens

ID	Source	Type	Tests	Collected By	Collected At	Frozen?	Priority	Lab ID
1	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1650	No	Routine	SU25-01173
	Description: Left leg and left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							
2	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1714	No	Routine	SU25-01173
	Description: left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							

Complications: None.

Estimated Blood Loss: 20 mL

Condition: stable

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 8 of 17) (continued)

Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:34 PM

Procedure Nursing Note

Forsyth, Kevin K, RN at 1/9/2025 1621

Pt stable in the PACU with bradycardia in the 35-38. Pt denied pain. Dressing CDI. Pt transferred to 5SA. On transport pt HR went down to 24, but pt still mentating. Bedside report given to 5SA RN.

Electronically signed by Forsyth, Kevin K, RN at 1/9/2025 7:51 PM

Inpatient Initial Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

Reason for Consult: Nutrition Assessment and Unintentional Wt Loss

Nursing Nutrition Screen

In the past 3 months, have you had unintentional weight loss?: Yes, less than 7kg or 15 lbs
Are you currently receiving TPN or tube feeds?: No
Have you been eating poorly for at least 7 days because of decreased appetite?: Yes

Recommendations/Interventions:
Oral Nutrition:
-- Diet per SLP. Rec remove CHO restriction iso poor PO
-- Ensure Plus BID auto-send per pt's son request
-- 1:1 feeds

Meds/Vitamins:
-- Daily multivitamin w/ minerals
-- Proposed to check Vit D levels:
- if serum levels <30, start Ergocalciferol 50000 international units po once weekly x 8 wks, then Cholecalciferol 2000 IU po once daily.
- If serum levels >30, Cholecalciferol 1000 international units po once daily for maintenance.

-- 100 mg thiamine for refeeding risk

Wound Healing:
-- Obtain current Vitamin C lab. If low, replete 500-1,000mg daily x 10-14 days
-- Obtain current Zinc lab. If low, replete 220mg zinc sulfate daily (PO) x10-14 days

Education:
-- Nutrition education prior to discharge as needed

Subjective
Nutrition History PTA:
- Spoke to son in hallway - pt was receiving procedure.
- Son reports good PO intake prior to December. Was eating 3 meals/day w/out issue.
- PO intake declining in last month. Struggling to eat solids. Maintained 3-4 Ensures/day
- No PO intake in ~5 days PTA
- Has full dentures but a little too big and doesn't like to use glue

Nutrition-Focused Physical Assessment:

Conducted 01/10/25
Global severe muscle and fat loss present. Age related loss compounding recent loss.

Edema/Fluid: None

Current Nutrition Assessment:
FEN: Diet advanced per SLP this AM. Soft/bite sized w/ thins.
GI: dysphagia. No BM since admit
Wounds Present: Yes, acute lower limb ischemia s/p LLE amputation

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
MAGNESIUM	2.8 (H)	01/10/2025
PHOSPHATE	2.7	01/10/2025
CA	8.5 (L)	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	134 (H)	01/10/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	134 (H)	01/10/2025
GLUCOSE	152 (H)	01/10/2025
GLUCOSE	172 (H)	01/10/2025
GLUCOSE	240 (H)	01/10/2025
GLUCOSE	125	01/09/2025
GLUCOSE	92	01/09/2025
GLUCOSE	117	01/09/2025
GLUCOSE	126 (H)	01/09/2025
GLUCOSE	183 (H)	01/09/2025
GLUCOSE	202 (H)	01/09/2025

Medications:
acetaminophen, 500 mg, Intravenous, q6h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-4 units, Subcutaneous, q HS
insulin LISPRO, 0-5 units, Subcutaneous, TID before meals

thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

DOPamine, 0-20 mcg/kg/min (Dosing Weight), Last Rate: 9 mcg/kg/min (01/10/25 1241)
ROPivacaine,

Lines/Drains/Airways/Wounds:

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0400
Line Status	Infusing	01/10/25 0400
Dressing Type	Transparent	01/10/25 0400
Dressing Status	Clean;Dry;Intact	01/10/25 0400
Reason Not Rotated	Not due	01/10/25 0400
Phlebitis Grade	0	01/10/25 0400
Infiltration Grade	0	01/10/25 0400

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0500
Line Status	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	01/10/25 0500
Dressing Type	Transparent	01/10/25 0500
Dressing Status	Clean;Dry;Intact	01/10/25 0500
Reason Not Rotated	Not due	01/10/25 0500
Phlebitis Grade	0	01/10/25 0500
Infiltration Grade	0	01/10/25 0500

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/10/25 0500
Line Status	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	01/10/25 0500
Dressing Type	Transparent	01/10/25 0500
Dressing Status	Clean;Dry;Intact	01/10/25 0500
Reason Not Rotated	Not due	01/10/25 0500
Phlebitis Grade	0	01/10/25 0500
Infiltration Grade	0	01/10/25 0500

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/10/25 0400
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	01/10/25 0400
Collection Container	Standard drainage bag	01/10/25 0400
Securement Method	Right thigh	01/09/25 2000
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0400
Output (mL)	100 mL	01/10/25 0600

Wound 10/05/20 #18 Right Lower Leg (Active)

Date First Assessed/Time First Assessed: 10/05/20 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes

Assessments	10/5/2020 11:05 AM	11/2/2020 8:43 AM
Thickness	Full thickness without exposed support structure	Full thickness with exposed support structure
Wound Length (cm)	9.5 cm	9 cm
Wound Width (cm)	7.5 cm	7.5 cm
Wound Depth (cm)	0.1 cm	0.2 cm
Wound Volume (cm^3)	7.12 cm^3	13.5 cm^3
Wound Healing %	—	-90 cm
Wound Surface Area (cm^2)	71.25 cm^2	67.5 cm^2
Exudate Amt	Large	Small
Exudate Type	Yellow	Serosanguineous
Foul Odor After Cleansing	No	No
Granulation Amt	None Present	None Present
Necrosis	None Present	None Present
Slough	Large - 67-100%	Large - 67-100%
Structure Exposed	None Present	Adipose
Margin	Distinct, Outline Attached	Distinct, Outline Attached
Tunneling	none	none
Undermining	none	none
Peri-wound Assessment	Hyperpigmented	Intact;Hyperpigmented
Temperature	No Abnormality	No Abnormality

No associated orders.

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/10/2025 11:22 AM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Unable to assess
Closure	Sutures;Staples;Other (Comment)	Unable to assess;Other (Comment)
Drainage Amount	—	None
Dressing	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	Clean;Dry;Intact

No associated orders.

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Pink

Drainage Amount	None
Dressing	Barrier Cream
Dressing Changed	New
Edges	Undefined edges
Non-staged Wound Description	Partial thickness

No associated orders.

Allergies:
Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Active Diet Order: Yes
Diet: General Carb Managed
Dysphagia Modification: 6-Soft and Bite Sized and 0-Thin Liquids

Nutrition Support: No

Admission Anthropometrics:
Height: 152.4 cm (5')
Weight: 45.5 kg (100 lb 6.4 oz) **- bed scale wt on admit**
BMI not applicable
Female: Hamwi IBW/kg (Calculated) Female: 45.36

UBW: ~100 lbs

Historical Weight Data:

Wt Readings from Last 15 Encounters:

01/10/25	45.8 kg (100 lb 15.5 oz)
12/03/24	48.5 kg (107 lb)
11/28/23	**(!) 40.9 kg (90 lb 2.7 oz)**
10/10/22	45 kg (99 lb 3.3 oz)
10/05/20	51.1 kg (112 lb 9.6 oz)
09/16/20	49.9 kg (110 lb)
06/17/20	45.4 kg (100 lb)
11/25/19	50.8 kg (112 lb)
09/23/19	48.1 kg (106 lb)
08/20/19	50.4 kg (111 lb 1.6 oz)
03/28/19	51.7 kg (114 lb)
02/28/19	50.3 kg (111 lb)

01/31/19	46.3 kg (102 lb)
10/08/18	50.8 kg (112 lb)
09/26/18	51.1 kg (112 lb 9.6 oz)

5.5% wt loss in 1 month - clinically significant: Yes

Assessment/Plan

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to wound healing as evidenced by calculated kcal/pro needs

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission (in setting of acute illness/injury) related to anorexia as evidenced by PO intake < 50% of needs for > 5 days, 5.5% wt loss in 1 month.

Interventions:
Coordination of Care:
Chart reviewed.
Patient seen, unable to interview.
Discussed status, point of care/goals with APP and family.
Discussed current intake and tolerance with APP and family.
Setup and/or adjusted nutrition supplement(s).
Sent secure message to APP

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.
To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Adjust supplements/snacks/meals.
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Knowling, Molly Christine, RD at 1/10/2025 1:35 PM

Barbour, Mohammed Fadel, MBBS at 1/10/2025 0753

Attestation signed by Terman, Gregory William, MD at 1/10/2025 4:57 PM

Date of Service: 01/10/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
Left PACU with severe bradycardia, pacer pads placed and on dopamine gtt. Today HR in 40s, appears to be chronic.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.3 °C (01/10/25 0400) **BP:** **(!) 132/34** (01/10/25 0700) **HR:** **(!) 41** (01/10/25 0700)
RR: 15 (01/10/25 0500) **SpO2:** 99 % (01/10/25 0700) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 0753
Last data filed at 1/10/2025 0700

Intake	2423.46 ml
Output	830 ml
Net	**1593.46 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:
regular rhythm
bradycardia
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left

Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19		9.4			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	20	0.75	172	12.5	><	123	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				4						
eGFR: >60		Ca: 8.5		30			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: 11.19 ALC: 1.74					BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/10/2025: Heart rate in 40s, appears to be patient's baseline. Patient denies pain this morning. No changes to plan.

CONT:
Ropivacaine 0.2% @8ml/hr, pump

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Smith, Grace, MD at 1/10/2025 11:33 AM
Electronically signed by Terman, Gregory William, MD at 1/10/2025 4:57 PM

Patterson, Kristopher T, MD at 1/10/2025 0905

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- POD 1 from L AKA
- Cardiology consulted for persistent bradycardia (20-30's) post-op
- Started on dopamine gtt, HR improved to 30-40's, BP stable
- Pain well controlled with Left femoral PNC

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 3 mcg/kg/min (01/10/25 0700)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN

- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.3 °C (01/10/25 0400) **BP:** **(!) 132/35** (01/10/25 0800) **HR:** **(!) 41** (01/10/25 0800)
RR: 16 (01/10/25 0823) **SpO2:** 99 % (01/10/25 0800) Room air
T range: Temp Min: 36 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 0905
Last data filed at 1/10/2025 0700

Intake	2423.46 ml
Output	830 ml
Net	**1593.46 ml**

Physical Exam

General: Sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: Bradycardic, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping, did not respond to verbal stimuli
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	19		9.4			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.0	20	0.75	172	12.5	><	123	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				4						
eGFR: >60		Ca: 8.5		30			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.8		PO4: 2.7		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 1
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- TTE for embolic workup
- Hold anticoagulation pending TTE
- Foley out
- Palliative consult
- Disposition: CTICU

#Sinus Bradycardia
#2:1 AV Block
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable.
Cardiology consulted, appreciate recommendations:
- Potentially vagally mediated after her surgery, I recommended 1mg of atropine and heart rate improved from high 20s to low 40s. Has some underlying conduction system disease given baseline 1st degree AV block and RBBB
- Telemetry
- Keep pacing pads on
- TSH, BMP to evaluate for hyperkalemia after surgery
- Atropine PRN for HR<25
- If patient develops acute symptomatic bradycardia (hypotension, altered mental status), recommend starting dopamine drip
- If significant arrhythmias on dopamine drip or does not respond rapidly, contact our cardiology team for consideration of TVP
- I discussed goals of care and patient's quality of life with son at bedside (patient is profoundly hard of hearing) and he reported that permanent pacer would be within goals of care (would have to discuss with EP) if it were indicated. States that she has good quality of life and is longevity focused

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/10/2025 3:22 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Santangelo, Olivia Jane, SLP at 1/10/2025 1020

Speech Language Pathology Eval

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/10/25
Treatment Duration: 20 Minutes (sw eval)
Subjective
Patient Report/Self-Assessment: pt. awake and alert, sitting upright in bed

Patient Stated Goal: to eat/drink

Prior Function
Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table

Objective
Patient Information
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Straw;Self Fed (with assist)

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Self Fed

Consistencies Assessed Comment: Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing. no overt s/s aspiration with puree or graham cracker, no significant oral residuals

Patient/Caregiver Training: SLP education provided regarding patients current swallow function

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Volitional cough: Within Functional Limits
Labial ROM: Within Functional Limits
Labial Symmetry: Within Functional Limits
Labial Strength: Within Functional Limits
Lingual ROM: Within Functional Limits
Lingual Symmetry: Within Functional Limits
Lingual Strength: Within Functional Limits
Soft Palate: Within Functional Limits
Vocal Quality: Within Functional Limits

ASSESSMENT/PLAN

Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow.

Aspiration Risk: Moderate

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: presbyphagia
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow eval
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Updated

Electronically signed by Santangelo, Olivia Jane, SLP at 1/10/2025 11:02 AM

Phan, Janet, MD at 1/10/2025 1312

Attestation signed by Nikravan, Sara, MD at 1/10/2025 6:10 PM

Date of Service: 01/10/25

Critical care is necessary because this patient requires continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. This includes close monitoring and adjustment of hemodynamic data as necessary.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

Assessment:
This patient has a high probability of imminent or life-threatening deterioration resulting from her symptomatic bradycardia and likely Mobitz II heart block refractory to significant pharmacologic improvement with atropine and dopamine infusion.

Plan:
The following intervention(s) impact decision-making required to stabilize the patient:
vasopressors for shock: hypotension in the setting of signficant bradycardia, requiring dopamine infusion.
#Heart block: with HR in 20's patient appeared to be in a Mobitz II heart block, symptomatic and hypotension despite dopamine infusion at 6mcg/kg/min. Atropine administered (1mg in total) and Dopamine infusion increased to 10 mcg/kg/min with minimal increase in HR (from 28 - upper 30's). Patient is now s/p transvenous temporary pacemaker placement. Initially capturing well, but lost capture despite what appears to be adequate positioning on CXR and bedside basic cardiac POCUS. Interventional team to retake patient to cath lab for readjustment of TVP under fluoroscopic guidance. Have consulted EP for further evaluation.

Critical Care Time:
I spent a total of 60 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.
This critical care time includes meeting with the patient's family for the sole purpose of data gathering, discussion of treatment options, and care planning (patient incapable of participating in medical decision making).

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Overnight, continued to be bradycardic to the 20s. Cardiology consulted. She became hypotensive, so was started on a dopamine infusion.
- Unable to wean from dopamine this AM due to hypotension.
- Worked with PT/OT and became dizzy and diaphoretic with acute drop in HR from 40s to 20s. Unresponsive to atropine pushes bedside. Patient was taken down emergently for a transvenous pacer in cath lab. Tolerated procedure without complications.

Objective

OBJECTIVE

T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 38** (01/10/25 1545)
RR: 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1545) Room air
T range: Temp Min: 36 °C Max: 36.7 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/10/2025 1557
Last data filed at 1/10/2025 1500

Intake	1943.08 ml
Output	1145 ml
Net	**798.08 ml**

Respiratory Data:
Resp: 20 (01/10 0900)
SpO2: 100 % (01/10 1545)
Pulse Oximetry Type: Continuous (01/10 1545)
Oxygen Therapy: None (Room air) (01/10 1545)

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Appearance: She is ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Bradycardia present.
Heart sounds: Murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.

Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: She is oriented to person, place, and time. Mental status is at baseline.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	109	19		14.8	9.9 >< 6	181	AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.1	20	0.72	130				AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.4			32		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.5		ANC: - ALC: -					BNP: - INR: 1.1	Anti-Xa: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB
- Emergent TVP placement with interventional cardiology
- Appreciate continuing recs from cardiology service
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Dopamine gtt

#Acute limb ischemia
#S/p L AKA
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM **(NPO now given possibility of cath lab procedure)**
- Insulin gtt for BG management; ok to transition to SQI once up in ICU

- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley
- Nutrition/IVF: Regular diet post procedure
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Phan, Janet, MD at 1/10/2025 3:57 PM
Electronically signed by Nikravan, Sara, MD at 1/10/2025 6:10 PM

Munton-Spray, Brooke M, PT at 1/10/2025 1525

Physical Therapy

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

1/10/2025
Duration of session: 71 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia

- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018

- Thrombocytopenia (HCC) 11/2/2016
- Leg weakness, bilateral 1/6/2015
- Weakness of trunk musculature 1/6/2015
- Vertebral fracture 12/13/2012
  Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed
- Thyroid nodule, uninodular 12/13/2012
  CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.
- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly.
Patient Stated Goal(s): "When can I start walking again?"

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)

Prior Level of Function : limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Objective
RUE Assessment
RUE Assessment: Within Functional Limits

LUE Assessment
LUE Assessment: Within Functional Limits

RLE Assessment

RLE Assessment: Within Functional Limits
RLE Assessment Comments: her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: AKA. limited assessment of L hip AROM 2/2 pain/soreness

Sensation
Light Touch: WFL

Static Sitting Balance
Static Sitting Balance Comments: sitting at EOB w/o back support, no foot support. intermittent retropulsion
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Comments: scooting forward, pulling on mattress or bed rail w/BUE
Dynamic Sitting Balance Level of Assistance: Contact guard assist (touching/steadying assistance)
Static Standing Balance
Static Standing Balance Comments: deferred standing at this time

Activity Tolerance
Endurance: Tolerates 30 min of activity with multiple rests
Endurance Comments: bradycardia throughout session; stable BP

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed
Sit to Supine: Dependent (greater than 75% help needed)
Scooting: Dependent (greater than 75% help needed)

Interventions:

Theract: Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home

ASSESSMENT/PLAN

Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging.

Barriers to Discharge: unable to safely ambulate or transfer OOB 2/2 bradycardia

Discharge Equipment: TBD; pt has FWW and transport chair

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Amb with AD, Contact guard assist (touching/steadying assistance) (> 15 feet)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25

Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: 1-2 person assist for dangle at EOB or ceiling lift transfer to chair

Brooke M Munton-Spray, PT

Electronically signed by Munton-Spray, Brooke M, PT at 1/10/2025 3:29 PM

Aguirre, Christopher J, LICSW at 1/10/2025 1539

Social Work Progress Note

ASSESSMENT:
Admit reason: 100YO F admitted for Arterial occlusion [I70.90]k Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC TBD
Potential barriers/concerns: Unhoused, open Adult Protective Service case
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker. SON; Louis 206.780.6885

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

(I am covering the CTICU Service today only, contact x84583 for updates)

-MSW Aguirre providing care coordination + assistance in DC Planning for Cardiology C / CCU / CICU Cardiology Services. Writer reviewed patient's hospital status and current admission, DC TBD. Chart review performed and social work needs were identified re: care coordination

-MSW spoke w/medical team re; patient and identified SW needs. Patient currently lives in tent w/son who is an older adult as well, located on Bainbridge Island. From chart review, it is indicated that recently while at HMC they had been given hard copies of housing materials for patient and son; they did not wish to have patient discharged to SNF. It is documented that DSHS Adult Protective Services had been notified; Caroline Ventrice 360.814.9682

-MSW only able to leave a VM for the APS investigator, w/summary of patient's current admission details. Writer left contact number and requested a return call when able

-MSW provided the above information to the medical team. Writer will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support for today only. For SW updates call x84583

PLAN or OUTCOME:

-MSW provided the above information to the medical team. Writer will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support for today only. For SW updates call x84583

Christopher Aguirre, MSW, LICSW
UWMC Social Work & Care Coordination
CCU / CICU / CARDS C Services
Office # 206*597*3069
Pager# 206*314*1496

SW CONSULT REQUESTS ARE NOT SEEN IN EPIC BY WKND/HOLIDAY STAFF

Kindly page/call staff directly;

Weekend/Holiday SW:
Office# 206*598*6456
Pager# 206*645*0792

Emergency Department SW:
Office# 206*598*4222

Electronically signed by Aguirre, Christopher J, LICSW at 1/10/2025 3:47 PM

Patterson, Kristopher T, MD at 1/11/2025 0558

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Symptomatically bradycardic yesterday despite dopamine gtt, taken to cath lab for transvenous pacemaker placement
- Now hemodynamically stable, paced at 70bpm, remains on dopamine gtt
- Received some prn Seroquel for delirium and agitation
- Still on PNC for pain control
- SLP evaluated yesterday, noted chronic dysphagia with recs for soft and bit size textures
- Palliative consulted yesterday
- TTE yesterday with normal LVEF and moderate aortic stenosis, no embolic source identified

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 7 mcg/kg/min (01/11/25 0400)
- lactated ringers, 35 mL/hr, Continuous, Last Rate: 35 mL/hr (01/11/25 0400)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- QUEtiapine, 12.5 mg, q HS PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.2 °C (01/11/25 0000) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **70 (01/11/25 0500)**
RR: 19 (01/11/25 0200) **SpO2:** 96 % (01/11/25 0500) Room air
T range: Temp Min: 36.2 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 0558
Last data filed at 1/11/2025 0400

Intake	454.79 ml
Output	905 ml
Net	**-450.21 ml**

Physical Exam

General: awake in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Disoriented, moving all extremities spontaneously
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20		9.5			AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.0	22	0.81	205	12.4	><	164	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.7		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/11: Patient now POD 2 from L AKA and overall recovering well from a surgical standpoint. Was symptomatically bradycardic yesterday and went for an urgent TVP placement with interventional cardiology. Now hemodynamically stable, paced at 70bpm. TTE yesterday without evidence of embolic source, therefore we will hold off on anticoagulation at this time. Plan for the weekend will be to engage in therapies and continue to work with social work for dispo planning. Will plan to remove L AKA dressing on POD 4.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 2
- NWB LLE once able to get up

- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Sinus Bradycardia
#2:1 AV Block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 70bpm and hemodynamically stable.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *Atropine PRN for HR <25*
- *Dopamine gtt*

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/11/2025 7:00 AM
Electronically signed by Smith, Matthew C, MD at 1/11/2025 10:41 AM

Barbour, Mohammed Fadel, MBBS at 1/11/2025 0812

Attestation signed by Terman, Gregory William, MD at 1/11/2025 3:27 PM

Date of Service: 01/11/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEON, pain well controlled. Dopamine up to 7. Pain exacerbation this AM, bolused PNC 4cc and increased rate to 10

SUBJECTIVE

PAIN ASSESSMENT:

Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: **(!) 35.8 °C** (01/11/25 0800) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **74 (01/11/25 0800)**
RR: 16 (01/11/25 0800) **SpO2:** 97 % (01/11/25 0800) Room air
T range: Temp Min: 35.8 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 0812
Last data filed at 1/11/2025 0730

Intake	673.63 ml
Output	950 ml
Net	**-276.37 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:

regular rhythm
bradycardia

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20	205	12.4	9.5 >< 164		AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.0	22	0.81					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.7			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: - ALC: -					BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Clinical Notes (group 9 of 17) (continued)

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/11/2025: In pain with movement this AM, bolus 4cc through PNC and increased rate to 10. Pain resolved with bolus. Now on pacing for heart rate. No other changes to plan.

CONT:
Ropivacaine 0.2% @10ml/hr, pump

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Barbour, Mohammed Fadel, MBBS at 1/11/2025 3:22 PM
Electronically signed by Terman, Gregory William, MD at 1/11/2025 3:27 PM

Mahdi, Elaa, MD at 1/11/2025 1034

Attestation signed by Nikravan, Sara, MD at 1/11/2025 7:03 PM

Date of Service: 01/11/25

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Sara Nikravan, MD
CT Anesthesiology
Critical Care Medicine

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers

Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Underwent urgent TVP yesterday for HR 20s mobitz 2 and hypotension. Post-procedure, HR still in 20s-30s, taken for repositioning of TVP. Now paced HR 70s, normotensive on Dopamine 7 mcg/kg/min
- Episode of delirium overnight, received seroquel
- Poor PO intake, started on LR 35 mL/hr x 4 hours overnight in conjunction with MAPs in 50s

Objective

OBJECTIVE

T: **(!) 35.8 °C** (01/11/25 0800) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **70 (01/11/25 1000)**
RR: 16 (01/11/25 0900) **SpO2:** 99 % (01/11/25 1000) Room air
T range: Temp Min: 35.8 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/11/2025 1034
Last data filed at 1/11/2025 0900

Intake	751.04 ml
Output	1050 ml
Net	**-298.96 ml**

Respiratory Data:
Resp: 16 (01/11 0900)
SpO2: 99 % (01/11 1000)
Pulse Oximetry Type: Continuous (01/11 0700)
Oxygen Therapy: None (Room air) (01/11 0900)

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sitting up in bed**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:

Heart sounds: Murmur heard.
Comments: **Paced at 70 bpm**

Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.

Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.

Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.

Skin:
General: Skin is warm and dry.

Neurological:
Mental Status: Mental status is at baseline.
Comments: **Alert and oriented to self**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
138	108	20		9.5			AST: -	ALT: -	7.41/-/-/21 | -/-/-/-	
4.3	22	0.81	176	12.4	><	164	AP: -	T bili: -	Lact (a): -	Lact (v): -
				4						
eGFR: >60		Ca: 8.7		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 4.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: 1.1	

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 70s
  Underlying rate 38-39 with 1st degree block - prolonged PR intervals.
  Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 5 - **attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol**
- Appreciate continuing recs from cardiology service - f/u with cards and EP about long-term plan
  - Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.

- Plan for single lead PPM next week
- NPO at MN on Sunday for possible procedure Monday pending lab availability
- Hold all heparin products the night before procedure and afterwards.

- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- TTE:
- No anticoagulation indicated

#**DM Type 2**
- Bgs > 180 on SSI
- **Increase SSI to medium range dose**
- Monitor BGs

#Delirium
- Seroquel qHS

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley
- Nutrition/IVF: Regular diet
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, Resume POD1
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Mahdi, Elaa, MD at 1/11/2025 4:30 PM
Electronically signed by Nikravan, Sara, MD at 1/11/2025 7:03 PM

Kondamudi, Nitin, MD at 1/11/2025 1411

Attestation signed by Akoum, Nazem Walid, MD at 1/11/2025 5:59 PM

Date of Service: 01/11/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.
High degree AV block s/p temporary transvenous pacemaker. Will need a permanent device next week.

Cardiac Electrophysiology Brief Follow Up Note

Jeanne Leonie Hoffman is a 100 year old female with no known cardiovascular disease history admitted 1/9/2025 for acute ischemic limb with post op course c/b symptomatic Mobitz II AV block s/p TVP.

TVP placed overnight
Remains in Mobitz II AV block when pacing rate is reduced

BP (!) 94/41 | Pulse 70 | Temp (!) 35.8 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 43.8 kg (96 lb 8 oz) | SpO2 100% | BMI 18.85 kg/m²

PHYSICAL EXAM
BP (!) 94/41 | Pulse 70 | Temp (!) 35.8 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 43.8 kg (96 lb 8 oz) | SpO2 100% | BMI 18.85 kg/m²
GEN: thin, elderly
LUNGS: clear to auscultation bilaterally
CV: RRR, nl S1/S2, no appreciable m/g/r
ABD: soft, nondistended
EXT: no edema
SKIN: no ecchymosis
PSYCH: appropriate, oriented
NEURO: grossly intact

TTE: LVE 74%

Impression:
Mobitz II AV Block: Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.

Recommendations:
- Check baseline rhythm daily
- NPO at MN on Sunday for possible procedure Monday pending lab time availability
- Hold all heparin products the night before procedure and afterwards.

Assessment and plan discussed with Dr. Akoum

Nitin Kondamudi, MD
Cardiac Electrophysiology Section
Division of Cardiology

Electronically signed by Kondamudi, Nitin, MD at 1/11/2025 2:17 PM
Electronically signed by Akoum, Nazem Walid, MD at 1/11/2025 5:59 PM

Patterson, Kristopher T, MD at 1/12/2025 0556

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEO, remains paced with TVP and hemodynamically stable on dopamine gtt
- Interventional cardiology attempted to transition dopamine gtt to isoproterenol gtt, but patient became hypotensive so isoproterenol was discontinued
- Plan for single lead PPM early this week
- Continues to be delirious overnight, refractory to Seroquel and dilaudid, placed in soft restraints and started on precedex this morning
- PNC remains in place for pain management

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- QUEtiapine, 12.5 mg, Once
- QUEtiapine, 25 mg, q HS
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dexmedeTOMIDine, 0-1.5 mcg/kg/hr (Dosing Weight), Continuous, Last Rate: 0.8 mcg/kg/hr (01/12/25 0515)
- DOPamine, 0-5 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/12/25 0500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/12/25 0500)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN

- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.05 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.1 °C (01/12/25 0400) **BP:** **(!) 117/54** (01/11/25 2300) **HR:** **70 (01/12/25 0500)**
RR: 16 (01/12/25 0500) **SpO2:** 99 % (01/12/25 0500) Room air
T range: Temp Min: 35.8 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 43.8 kg (96 lb 8 oz) (01/11/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 0556
Last data filed at 1/12/2025 0500

Intake	1652.08 ml
Output	1960 ml
Net	**-307.92 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19		10.3			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	149	12.6	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
				7						
eGFR:		Ca: 8.1		31			Prot: -	Alb: -	Trop I: -	D-dimer: -

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 9 of 17) (continued)

>60 Mg: 1.7 PO4: 3.4	ANC: - ALC: -		BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/12: POD 3, doing well from a surgical standpoint. Interventional cardiology planning for PPM placement early this week (possibly 1/13). Remains hemodynamically stable, paced at 70bpm on a dopamine gtt. Continues to exhibit delirium overnight with light sedation started this morning. Plan to take L AKA dressing down tomorrow. No other changes from a vascular surgery standpoint at this time, appreciate care from CTICU and cardiology teams.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 3
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Advance to regular diet
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 70bpm and hemodynamically stable. Plan for PPM placement on 1/13.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *Atropine PRN for HR <25*
- *Dopamine gtt*
- *PPM placement pending*

Plan discussed with attending vascular surgeon Dr. Smith

Electronically signed by Patterson, Kristopher T, MD at 1/12/2025 7:18 AM
Electronically signed by Smith, Matthew C, MD at 1/12/2025 10:38 AM

Barbour, Mohammed Fadel, MBBS at 1/12/2025 0912

Attestation signed by Terman, Gregory William, MD at 1/12/2025 12:57 PM

Date of Service: 01/12/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
NAEON, delirious overnight. No exacerbations in pain

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.1 °C (01/12/25 0600) BP: (!) 127/42 (01/12/25 0800) **HR: 70 (01/12/25 0800)**
RR: 16 (01/12/25 0700) **SpO2:** 100 % (01/12/25 0800) Room air
T range: Temp Min: 36 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 0912
Last data filed at 1/12/2025 0749

Intake	1877.41 ml
Output	1620 ml
Net	**257.41 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:
regular rhythm
bradycardia
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

: L thigh.
Depth at Skin: 15 cm.
Unable to assess motor, sensory function.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral
Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19		10.3			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	154	12.6	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
				7						
eGFR: >60		Ca: 8.1		31			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 3.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/12/2025: No pain overnight. PNC still providing analgesia. Delirious overnight per bedside nurse. No changes to plan today. Got x2 hydromorphone 0.05 overnight. Somewhat sedated this morning. Discontinuing PRN HM. Added PRN PNC clinician bolus 4cc Q4

CONT:
Ropivacaine 0.2% @10/hr w/ 4cc Q4PRN CB

SCH:
APAP 500mg IV q6hrs

PRN:

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Barbour, Mohammed Fadel, MBBS at 1/12/2025 9:24 AM
Electronically signed by Terman, Gregory William, MD at 1/12/2025 12:57 PM

Mahdi, Elaa, MD at 1/12/2025 1213

Attestation signed by Nikravan, Sara, MD at 1/12/2025 5:16 PM

Date of Service: 01/12/25

While not critically ill, this patient requires therapies or monitoring only available in an ICU setting.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

I saw and evaluated this patient today with the resident(s)/fellow(s). I have reviewed their findings and agree with it.

Sara Nikravan, MD
CT Anesthesiology
Critical Care Medicine

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Delirium overnight, attempted to get out of bed and pull lines - seroquel dose increased, soft restraints placed, and started on dexmed (stopped this am)
- Remains on dopamine 5 mcg/kg/min --> attempted to transition to isopeterenol yesterday, but discontinued due to hypotension. Continues to be paced at 70 bpm
- Poor PO intake - given LR 500 mL for hypotension with improved BP
- Cardiology recs yesterday: **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.
- UOP 1.9 L, net -428 mL

Update from rounds:
- Paced at 80 bpm with improved BP
- Given additional 250 mL and started on mIVF in setting of low UOP, poor PO intake, and hypotension. Remains fluid responsive

Objective

OBJECTIVE

T: 36.8 °C (01/12/25 1200) BP: (!) 79/48 (01/12/25 1100) **HR: 80 (01/12/25 1110)**
RR: 18 (01/12/25 1200) **SpO2:** 98 % (01/12/25 1110) Room air
T range: Temp Min: 36 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)

Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/12/2025 1213
Last data filed at 1/12/2025 1200

Intake	2313.16 ml
Output	2120 ml
Net	**193.16 ml**

Respiratory Data:
Resp: 18 (01/12 1200)
SpO2: 98 % (01/12 1110)
Oxygen Therapy: None (Room air) (01/12 1200)

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sitting up in bed**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Heart sounds: Murmur heard.
Comments: **Paced at 70 bpm**
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: Mental status is at baseline.
Comments: **Alert and oriented to self**

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
139	109	19			10.3		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	20	0.82	86	12.6	><	160	AP: -	T bili: -	Lact (a): -	Lact (v): -
				7						

eGFR: >60	Ca: 8.1	31	Prot: -	Alb: -	Trop I: - D-dimer: -
Mg: 1.7	PO4: 3.4	ANC: - ALC: -			BNP: - Anti-Xa: - INR: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	
Radiology	☒	☒	
EKG/Tele/Echo	☒	☒	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 70s - **increase to pacing at HR 80. Thresholds stable**
    Underlying rate 38-39 with 2nd degree block
    Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 5
    - attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol 1/11
- Appreciate continuing recs from cardiology service - f/u with cards and EP about long-term plan
    - **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Tentative plan for single chamber pacemaker 1/13.
    - Continue TVP use over the weekend, reach out to EP if there are questions regarding TVP.
    - Plan for single lead PPM next week
    - NPO at MN on Sunday for possible procedure Monday pending lab availability - **order placed**
    - Hold all heparin products the night before procedure and afterwards. - **order placed**
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- TTE:
- No anticoagulation indicated

#**DM Type 2**
- Bgs > 180 on SSI, improved since SSI increase
- SSI medium range dose (increased 1/11)
- Monitor BGs

#Delirium

- Seroquel qHS - **not effective despite increased dosing, d/c 1/12**
- Start guanfacine 1 mg BID
- D/c precedex

#Poor PO intake, high risk malnutrition
- Start mIVF
- Nutrition consult for TF recs
- Aspiration precautions

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley, RRAL, RIJ venous sheath and TVP
- Nutrition/IVF: Regular diet - **NPO at midnight**
- Analgesia/sedation: acetaminophen and PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin
- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, SQH
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by Mahdi, Elaa, MD at 1/12/2025 12:20 PM
Electronically signed by Nikravan, Sara, MD at 1/12/2025 5:16 PM

Patterson, Kristopher T, MD at 1/13/2025 0704

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEO, BP remained soft yesterday, TVP increased to 80bpm with improved hemodynamics, weaned dopamine gtt to 3.5mcg/kg/min
- Started mIVF
- Nutrition consult for poor po intake
- UOP improved this morning (>50cc/hr)
- Off precedex, PNC for pain
- NPO for possible PPM placement today

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lactated ringers, 250 mL, Once
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 3.5 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 3.5 mcg/kg/min (01/13/25 0700)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 0700)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 0700)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.5 °C (01/13/25 0600) **BP:** (!) **113/47** (01/13/25 0700) **HR:** **80 (01/13/25 0700)**
RR: 16 (01/13/25 0700) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 36 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0704
Last data filed at 1/13/2025 0700

Intake	2693.21 ml
Output	1405 ml
Net	**1288.21 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air, equal bilateral breath sounds, no audible wheezes/stridor
GI: Abdomen non-distended
MSK: No gross bony deformities
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
138	107	16	150	10.4	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	23	0.72		9.61 >< 174	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.0		32	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.6		ANC: - ALC: -			BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/13: Overall doing well, hemodynamics improving with TVP rate increase to 80bpm and starting mIVF, still requires dopamine gtt for support. Nutrition consulted yesterday I/s/o poor po intake. Plan for PPM placement early this week (possibly today). Vascular team will take down L AKA dressing today.

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 4
- NWB LLE once able to get up
- Dressing management per vascular - **dressings down POD4**
- Advance to regular diet, follow nutrition recs

- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: CTICU

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. Now paced at 80bpm and hemodynamically stable. Plan for PPM placement on 1/13.
Cardiology consulted, appreciate recommendations:
- Telemetry
- Atropine PRN for HR <25
- Dopamine gtt
- PPM placement pending

Plan discussed with attending vascular surgeon Dr. Matthew Smith

Electronically signed by Patterson, Kristopher T, MD at 1/13/2025 7:14 AM
Electronically signed by Smith, Matthew C, MD at 1/13/2025 8:18 AM

Smith, Grace, MD at 1/13/2025 0708

Attestation signed by Wu, Jiang, MD at 1/13/2025 7:07 PM

Date of Service: 01/13/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:

lower extremity

Pain Severity:
Worst Pain: 0
Least Pain: 0

Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied

Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.5 °C (01/13/25 0600) **BP: (!) 113/47** (01/13/25 0700) **HR: 80 (01/13/25 0700)**
RR: 16 (01/13/25 0700) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 36 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0708
Last data filed at 1/13/2025 0700

Intake	2693.21 ml
Output	1405 ml
Net	**1288.21 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate

regular rhythm

Pulmonary:

effort normal

no respiratory distress

Abdominal:

flat

soft

Skin:

Capillary Refill: capillary refill less than 2 seconds

Neurological:

no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)

Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)

Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)

Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

: L thigh.

Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
138	107	16	150	10.4	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	23	0.72		9.61 >< 174	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.0		32	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.6		ANC: - ALC: -			BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course

is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/13/2025: 4X CB in last 24 hours. No reported pain overnight per bedside son's observatoin. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Plan to discontinue PNC CB but continue at current rate. Patient has also had significant sedation with HM during this hospital course. Plan to add nalbuphine 5mg q4h PRN as adjunct, as partial agonist may produce fewer side effects vs HM.

The challenges to pain management:
1. Elderly with difficult communication and difficult pain assessment;
2. Highly sensitive to opioids
3. Partial pain relief from Femoral PNC for AKA
4. Local anesthetic infusion in the patient Bradycardia and 2nd degree heart block
5. Need further PPM for bradycardia, which means more surgical pain.
6. Carefully observe the toxicity from pain regimen.

CONT:
Ropivacaine 0.2% @10/hr

SCH:
APAP 500mg IV q6hrs

PRN:
Nalbuphine 5 mg q4

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Wu, Jiang, MD at 1/13/2025 7:07 PM

McKinstry, Mia, MD at 1/13/2025 0807

Attestation signed by Lewis, Christopher P, MD at 1/13/2025 2:32 PM

Date of Service: 01/13/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Critical care is necessary because this patient requires continuous observation and interventions to respond to emergent changes in their medical condition and prevent further deterioration in their clinical state. This includes close monitoring and adjustment of hemodynamic data as necessary.
I am treating conditions outside the scope of care typically provided by the surgical or procedural team(s) for this type of ICU patient.

Assessment:
This patient has a high probability of imminent or life-threatening deterioration resulting from her high degree AV block and hypotension requiring vasopressors.

Plan:
The following intervention(s) impact decision-making required to stabilize the patient:

1. AV block: s/p TVP, paced at 80; pending PPM today
2. Hypotension, on dopamine: suspect that dopamine was started earlier for HR during acute bradycardia; now remains on for hypotension. If still requiring pressor after PPM to maintain MAP of 65 will switch to levophed; titrate as tolerated. May require midodrine longer term given chronic deconditioning and suspected poor vascular tone at baseline.
3. Delirium: team last week trialed multiple agents; started guanfacine yesterday which seems to have been effective at least in the short term. Will continue for now but hope to be able to liberalize restraints/precautions after PPM which may also help delirium.

1.
2.
3. **Critical Care Time:**
4. I spent a total of 35 minutes personally providing critical care to Jeanne Leonie Hoffman. This does not include time spent teaching or performing any separately billable procedures.
5.

Progress Note - Critical Care

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA. Admitted to the CTICU for hemodynamic monitoring. Hospital course complicated by new Mobitz II AV block necessitating TVP, paced at 80.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Started Guanfacine for delirium yesterday, appears to have helped
- Plan for pacemaker placement today
- Would like to consider NGT and tube feeds after procedure for poor PO intake
- On dopamine 3.5 mcg/kg/min (down from 5) --> attempted to transition to isopeterenol 1/11 but discontinued due to hypotension
- Cardiology recs: **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement, being paced at 80. Tentative plan for single chamber pacemaker 1/13 todav
- UOP 1.4L, net +1.2L

Objective

OBJECTIVE

T: **(!) 35.9 °C** (01/13/25 0800) **BP:** **(!) 113/47** (01/13/25 0700) **HR:** **80 (01/13/25 0700)**
RR: 18 (01/13/25 0800) **SpO2:** 93 % (01/13/25 0700) Room air
T range: Temp Min: 35.9 °C Max: 37.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/13/2025 0808

Last data filed at 1/13/2025 0800

Intake	2269.18 ml
Output	1505 ml
Net	**764.18 ml**

Respiratory Data:
Resp: 18 (01/13 0800)
SpO2: 93 % (01/13 0700)
Oxygen Therapy: None (Room air) (01/13 0800)

Physical Exam

Vitals and nursing note reviewed.
Constitutional:
General: She is not in acute distress.
Comments: **Sleeping**
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are dry.
Cardiovascular:
Comments: **Paced at 80 bpm**
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Right lower leg: No edema.
Left lower leg: No edema.
Skin:
General: Skin is warm and dry.
Neurological:
Comments: **Sleeping, will wake to provider**

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
138	107	16	132	10.4	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.0	23	0.72		9.61 >< 174	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.0		32	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.6		ANC: - ALC: -			BNP: - INR: 1.1	Anti-Xa: -

Data Review:

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☐	
Radiology	☒	☐	

EKG/Tele/Echo	☒	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA, hospital course complicated by new Mobitz II AV block necessitating TVP, paced at 80.

#Symptomatic bradycardia
#2ndd degree AVB s/p emergent TVP placement and repositioning 1/10
- Now paced at HR 80s
  Underlying rate 38-39 with 2nd degree block
  Pt has reported history of 1st degree block in the past
- Dopamine gtt @ 3.5
  - attempted to transition to isopeterenol but became hypotensive --> discontinued isopeterenol 1/11
- Appreciate continuing recs from cardiology service
  - **Mobitz II AV Block:** Has RBBB at baseline, now with symptomatic Mobitz II AV block, meeting class 1 indication for permanent pacing. She is now s/p TVP placement. Plan for single chamber pacemaker 1/13.
- Telemetry
- Keep pacing pads on
- Atropine PRN for HR<25
- Bedrest while on TVP

#Acute limb ischemia
#S/p L AKA
- NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for regular diet
- SSI
- SBP 100-160
- Palliative following
- No anticoagulation indicated
- Pain control: APS following for Left Femoral PNC

#**DM Type 2**
- Bgs > 180 on SSI, improved since SSI increase
- SSI medium range dose (increased 1/11)
- Monitor BGs

#Delirium
- Guanfacine 1 mg BID
- Seroquel not effective

#Poor PO intake, high risk malnutrition
- Start mIVF
- post procedure NG tube placement, Nutrition consult for TF recs
- Aspiration precautions

CHRONIC/STABLE/RESOLVED ISSUES

CTICU CHECKLIST:
- Tubes/lines/drains: PIV, Foley, RRAL, RIJ venous sheath and TVP
- Nutrition/IVF: Regular diet - **NPO until post procedure**
- Analgesia/sedation: acetaminophen and Left femoral PNC
- Anti-infectives: not indicated
- Daily mobility goal: bedrest due to invasive lines/devices
- Glycemic control: subQ insulin

- GI ppx: not indicated
- Bowel regimen/last BM: senna and miralax per protocol / PTA
- VTE ppx: SCDs, SQH
- Anti VAP care: not indicated
- Code status: ACLS
- Date next Interim Summary due: 1/17/24
- Family contact: Louis (206) 780-6885

The patient was seen on multidisciplinary rounds and the plan was discussed and developed in conjunction with Critical Care Attending, Vascular Surgery

DISPOSITION
ICU level care is necessary because the patient requires continuous physician/advanced practice provider observation and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Electronically signed by McKinstry, Mia, MD at 1/13/2025 11:46 AM
Electronically signed by Lewis, Christopher P, MD at 1/13/2025 2:32 PM

McBryde, Marquette S, MSW at 1/13/2025 1648

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns:
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

This SW called the pt's son to discuss the plan of care. He was not able to speak long, but stated he would be coming to the hospital to visit the pt. He reiterated not wanting the pt to go to a SNF and wanting permanent housing. SW informed him that there are extreme limitations to locating permanent housing while inpatient and that is something that he would have to work with community entities to obtain. He acknowledged understanding and shared that he would like permanent housing to be a collaborative effort between SW and community support; SW acknowledge and noted realistic expectations in obtaining permanent housing quickly.

SW called Caroline Ventrice, 360.814.9682, DSHS Adult Protective Service and LVM with contact information and requested a returned call.

SW later met with the pt's son at bedside. SW explained that they would discuss pt's care on the next day. He shared that he has started a Go Fund Me for the pt. He also shared that his mother's condition is due to “bad predators” and “bad landlords.” He shared that he believes the pt has 7-10 more years of life and she would like to have end of life be with her friends. He also requested staff to ask the pt's scenario type questions for events that have never occurred to engage her and build rapport, i.e., “when are you going to see Al Roker.” Louis also shared that he has also been working with APS regarding the pt's well-being.

PLAN or OUTCOME:

SW will continue to work on patient's care coordination/safe medical discharge and remain available for patient/family support

Marquette McBryde, MSW
206-598-4583

Electronically signed by McBryde, Marquette S, MSW at 1/14/2025 1:21 PM

Patterson, Kristopher T, MD at 1/14/2025 0628

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- S/p PPM placement yesterday, paced at 70bpm, hemodynamically stable weaned off dopamine last night
- Off sedation, delirium improved from yesterday, no PRNs given
- UOP approx 20cc/hr
- Continues on PCN for pain control

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals

- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 0600)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.2 °C (01/14/25 0000) **BP:** **(!) 147/43** (01/14/25 0400) **HR:** **71 (01/14/25 0400)**
RR: 16 (01/14/25 0400) **SpO2:** 97 % (01/14/25 0400) Room air
T range: Temp Min: 35.9 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 0628
Last data filed at 1/14/2025 0600

Intake	1606.58 ml
Output	980 ml
Net	**626.58 ml**

Physical Exam
General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air
GI: Abdomen non-distended

MSK: No gross bony deformities, L AKA site C/D/I, dressed with dry gauze and ace wrap
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions



Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98	9.20	><	9.5 191	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4				29	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: - ALC: -					BNP: -	Anti-Xa: -
									INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

Update 1/14: S/p PPM placement yesterday, now paced at 80bpm and hemodynamically stable off dopamine. L AKA site dressing taken down yesterday and is well approximated, healing well. Per RN this morning patient's delirium has improved yesterday and she did not received any of her PRN medication. SW continues to work on dispo planning. No changes in her management from a vascular surgical perspective.

#Acute limb ischemia
#S/p L AKA (1/9/25)

POD 5
- NWB LLE once able to get up
- Dressing management per vascular
- Advance to regular diet, follow nutrition recs
- SQI for glucose management
- SBP 100-160
- Palliative care following
- PT/OT
- No anticoagulation at this time
- Disposition: Medicine acute care

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
Cardiology consulted, appreciate recommendations:
- *Telemetry*
- *PPM management per cardiology*

Plan discussed with attending vascular surgeon Dr. Matthew Smith

Electronically signed by Patterson, Kristopher T, MD at 1/14/2025 9:47 AM
Electronically signed by Smith, Matthew C, MD at 1/14/2025 12:38 PM

Smith, Grace, MD at 1/14/2025 0938

Attestation signed by Wu, Jiang, MD at 1/14/2025 5:16 PM

Date of Service: 01/14/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:

Pain Location:
lower extremity

Pain Severity:
Worst Pain: 0
Least Pain: 0

Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied

Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 158/56** (01/14/25 0900) **HR:** **70 (01/14/25 0900)**
RR: 16 (01/14/25 0900) **SpO2:** 98 % (01/14/25 0900) Room air
T range: Temp Min: 36 °C Max: 37.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 0938
Last data filed at 1/14/2025 0700

Intake	1514.64 ml
Output	980 ml
Net	**534.64 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:

Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98		9.5		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69		9.20	><	191	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course

is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/14/2025: No reported pain overnight per nursing observation. Good sleep last night. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, nalbuphine improving with comfort but still causes sedation. Plan to decrease to 1.5 q6h. PNC site nontender to palpation.

The challenges to pain management:

6. Elderly with difficult communication and difficult pain assessment;
7. Highly sensitive to opioids, sleepy since on Nalbuphine;
8. Partial pain relief from Femoral PNC for AKA
9. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
10. S/p PPM, with the 2nd source of procedural pain.
11. Carefully observe the toxicity from pain regimen.

CONT:
Ropivacaine 0.2% @10/hr

SCH:
APAP 500mg IV q6hrs

PRN:
Nalbuphine 1.5 mg q6

Discussed With: APS attending, primary team, patient

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Wu, Jiang, MD at 1/14/2025 5:16 PM

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-successful placement of PPM yesterday, remained hemodynamically stable overnight off dopamine
-pain under good control
-multiple trials of NGT placement given poor PO intake but unsuccessful
-pt ate breakfast this AM per nursing staff
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge

When I visited pt this afternoon, son was at bedside. Pt reported she feels fine and was in the middle of eating some mashed potatoes.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 1100)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: **(!) 37.9 °C** (01/14/25 0800) **BP:** **(!) 99/47** (01/14/25 1000) **HR:** 70 (01/14/25 1000)
RR: 18 (01/14/25 1000) **SpO2:** 97 % (01/14/25 1000) Room air
T range: Temp Min: 36 °C Max: 37.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/14/2025 1119
Last data filed at 1/14/2025 1100

Intake	1702.7 ml
Output	955 ml
Net	**747.7 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
HEENT: normocephalic, RIJ sheath in place c/d/I
CARDIAC: RRR, extremities warm and well perfused
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, bandage in place, clean without strikethrough/bleeding

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	110	12	98		9.5		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	19	0.69		9.20	><	191	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.4			29		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

IMAGING:
I have reviewed the latest radiology results

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

- need PT and OT re-evaluations now that pt is off TVP to determine disposition/needs at discharge
- ongoing close monitoring of PO intake (CT ICU had planned to initiate tube feeds but unable to insert NGT, pt ate 100% of breakfast AM 1/14, holding off for now)
- please see Marquette McBryde's note from today re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team and follow up on APS involvement
-note that I share the concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted
    - PT last eval 1/10, OT last eval N/A, both will need to re-evaluate pt now that she no longer has TVP in place
- SQ heparin for DVT ppx restarted 1/14 (ok with both Cardiology and Vascular Surgery)
- Pain control per APS, appreciate recs
    -femoral PNC in place (ropivacaine)
    -scheduled tylenol 500 mg IV q6h
    -PRN nalbuphine 1.5 mg q6h

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
Cardiology consulted, appreciate recommendations:
- Continuous telemetry
- PPM management per cardiology, appreciate recs

#Delirium
Started on guanfacine 1mg BID by ICU team, will continue for now. Of note, Seroquel reportedly ineffective.

#T2DM
- SSI while inpatient

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Wilson, Julia, MD at 1/14/2025 2:46 PM

McBryde, Marquette S, MSW at 1/14/2025 1343

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns:
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated:

This SW met with the pt's son Louis at bedside to discuss DCP.

Housing: He shared that he and the pt lived at Village Homes which he described as “prisons” from June 2019-Oct 2024. During this period, he shared that the stove did not work for 1.5 years, the shower did not work for 5 years, they did not have a working refrigerator, and they used a bucket for toileting. He shared that he and the pt were coerced to live there through the Cross Sound Church and the Housing Resource Board. He stated that the goal of Cross Sound Church and the Housing Resource Board is to want to kill the pt and kill him. When prompted, he stated that after eviction, he and the pt went on a “business tour,” lived in hotels and took train trips (Oct-Dec). When prompted, he shared that he and the pt both have state housing vouchers; he prefers to be the primary lessee and the pt is the co-renter. He stated that he and the pt currently live in CERT tents.

Housing Goal: Louis stated that the goal post hospitalization is for the pt to return to independent living, and he will continue as her caregiver (30 years). He shared that he does not want to consider subsidized housing due to poor past experiences. If needed, he would also prefer HH PT/OT. He shared that he has been working with Shannon McDonald at HMC and Donna from Bainbridge Island but has not had much movement to secure permanent housing.

Family support: Louis shared that he has a brother Doug who lives locally. However, he shared that there is a restraining order again him because “he wants her dead” and has tried to hurt her in the past. He shared that the pt does not have any living siblings and other family members live throughout the US and Europe. When prompted, he stated that family members are not aware of their unhoused status. He shared that the pt's wishes is to be buried next to her family and friends on Bainbridge.

Financial & Employment: Louis shared that the pt's income is about 2k per month (undisclosed source). However, he stated that the pt has items of value that she can sell for income as needed. He shared that he and the pt have operated a rail and senior service travel business for 25-30 years. He also shared that he has a background in business, IT, construction, photography and he has also studied in the Netherlands during WWII.

SW and Louis discussed he and the pt's aversion to SNF placements when it was recommended by PT/OT and medical Providers. He stated that the pt went to a few SNFs for rehab and he ultimately had her removed due to what he thought was inadequate care. He describes SNFs as “places where people go to die” and the pt's quality of life is a priority for him. He also shared that he has spoken with personal injury attorney lawyers, HUD and WHRC and they also all investigating his claims regarding the pt's care and housing discrimination.

Pt's son appears to have some fixed paranoid delusions regarding housing inequities, people wanting kill him and the pt and appears to have unrealistic expectations about the pt's health and prognosis. During the discussion, he also made grandiose and verbose statements, was tangential and had to be redirected often. It is unclear if he understands the extent of the pt's care needs and if he can meet those needs while housed/unhoused. He stated that one of the goals post hospitalization is for the pt to use prosthetics and travel with him to visit Al Roker and other family members in New York. He stated that he has geriatric training that he has learned through various forms of media to include CD's and online and shared that he knows more than most MDs at HMC. When prompted, he shared that he does not have a car and uses public transport to get the pt to appointments. He mentioned that he also operates a wheel chair service.

SW called Caroline Ventrice, 360.814.9682, DSHS Adult Protective Service and she did not answer: APS referral confirmation # 653P6EZK0BN5S. SW called DSHS Adult Protective Service Supervisor Gaylan Warnock, 360-968-4610 and LVM.

_____

SW consulted with Shannon McDonald, MSW, W. Specialty Clinic Social Worker, Harborview Medical Center, 206-744-8036 who shared that she referred the pt and Louis to Helpline House (HH) and that he needs to follow up with them

SW met with Louis again at bedside to discuss housing referral. He shared that he has spoken with Donna of HH and she sided with the housing review board to have them evicted. He continued to lament about Bainbridge trying to “sweep people off the island” and not provide any housing support. Louis shared that he was not opposed to the pt going to rehab for 90 days but was adamantly against the pt going to a long term care facility (LTCF). He stated that the pt going to a LTCF would mean that he would lose everything and become homeless; there appears to be some secondary gain. He also stated that he did not want to use any of the pt's social security to pay for long term care. This SW explained the differences between LTC vs. SNF for rehab vs. outpatient rehab and further explained limitations and barriers to either of those options. He shared that the pt has willed everything to him and they have 3 storage units full of items as they wait for permanent housing. He was again tangential and sometimes spoke loudly, but redirectable. No other questions or concerns identified.

SW called Helpline House to get an update from Donna, 206-842-7621 and LVM.

PLAN or OUTCOME:

SW will continue to provide support as needed.

Marquette McBryde, MSW
206-598-4583

Electronically signed by McBryde, Marquette S, MSW at 1/14/2025 3:43 PM

Segerson, Karen Elaine, MD at 1/15/2025 0843

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-successful placement of PPM 1/13, no issues
-she is responding affirmatively for all questions asked today, so unclear if her answers are meaningful
-multiple trials of NGT placement given poor PO intake but unsuccessful
-she is eating and drinking
-coughed once during evaluation
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge
- Son Louis is at bedside. He spoke at length about caregiver efforts, obstacles related to unstable housing, frustration with most recent living situation and intent to litigate as he feels the housing manager contributed to current illness and hospitalization. Describes firing would care at NWH.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/14/25 2100)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN

- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37.1 °C (01/15/25 0800) **BP: (!) 131/58** (01/15/25 0400) **HR:** 70 (01/15/25 0800)
RR: 18 (01/15/25 0400) **SpO2:** 95 % (01/15/25 0800) Room air
T range: Temp Min: 36.6 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/15/2025 0843
Last data filed at 1/15/2025 0700

Intake	1505 ml
Output	805 ml
Net	**700 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: She wakes for questions, looks at whiteboard to read, shakes head, but all answers were affirmative (pain, CP, SOB, where are we? All with same response).
HEENT: normocephalic, RIJ sheath in place c/d/I
CARDIAC: RRR, extremities warm and well perfused
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, bandage in place

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	111	13	103	8.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	22	0.63		7.44	><	204	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		27			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

IMAGING:
I have reviewed the latest radiology results

CXR 1/14/24
FINDINGS AND
IMPRESSION
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/15
- PT and OT re-evaluations to determine disposition/needs at discharge
- ongoing close monitoring of PO intake (CT ICU had planned to initiate tube feeds but unable to insert NGT, has been eating holding off for now). Nutrition consult.
- swallow eval
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team and follow up on APS involvement

#Acute Pain- per APS
- Please see note from acute pain service
- Still on IV medications
-Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, nalbuphine improving with comfort but still causes sedation. Plan to decrease to 1.5 q6h. PNC site nontender to palpation.
-Current reg:
Ropivacaine 0.2% @10/hr
APAP 500mg IV q6hrs
Nalbuphine 1.5 mg q6

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted
    - PT last eval 1/10, OT last eval N/A, both will need to re-evaluate pt now that she no longer has TVP in place
- SQ heparin for DVT ppx restarted 1/14 (ok with both Cardiology and Vascular Surgery)
- Pain control per APS, appreciate recs
    -femoral PNC in place (ropivacaine)
    -scheduled tylenol 500 mg IV q6h
    -PRN nalbuphine 1.5 mg q6h

#Anemia
-Hct today 27, down from 29 ,no active signs of bleeding

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID , continues bid, will try holding today to improve sedation and eval
-Of note, Seroquel reportedly ineffective.

#Disposition planning
Per SW "SW met with Louis again at bedside to discuss housing referral. He shared that he has spoken with Donna of HH and she sided with the housing review board to have them evicted. He continued to lament about Bainbridge trying to “sweep people off the island” and not provide any housing support. Louis shared that he was not opposed to the pt going to rehab for 90 days but was adamantly against the pt going to a long term care facility (LTCF). He stated that the pt going to a LTCF would mean that he would lose everything and become homeless; there appears to be some secondary gain. He also stated that he did not want to use any of the pt's social security to pay for long term care. This SW explained the differences between LTC vs. SNF for rehab vs. outpatient rehab and further explained limitations and barriers to either of those options. He shared that the pt has willed everything to him and they have 3 storage units full of items as they wait for permanent housing. He was again tangential and sometimes spoke loudly, but redirectable. No other questions or concerns identified."
-SW called Helpline House to get an update from Donna, 206-842-7621 and LVM.
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile, and not clearly answering questions today**

#FEN:
- at high risk of refeeding given inadequate oral intake >5 days.
- Recommend BMP + Mg/Phos Q 12H for 3 days or until lytes stable
- Replacing phos today
- Replacing Mg today
-Replace lytes to WNL prior to EN initiation and/or advancement
-Maintain BGs <200 prior to EN initiation and/or advancement
-Request updated vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
-Request updated zinc level to determine need for supplementation for wound healing
-Now on oral thiamine
-Nutrition had recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS, started today 1/15, OK to continue oral thiamine as ordered
-prenatal multivitamin 1 tab PO or per FT daily
- ascorbic acid 500 mg BID x 14 days PO or per FT
Pending zinc level:
- recommend zinc sulfate 220 mg daily x 14 days PO or per FT
-Hold vit D supplementation until updated lab
-Continue oral vit B12 as ordered
-Re consult SLP today for swallow eval
PRIOR NUTRITION RECS:

Enteral Nutrition
Await NGT placement, appropriate for bridled tube insertion to prevent dislodgement by patient

Start @ 10 mL/hr, adv 10 mL Q 4H to goal rate
Jevity 1.5 @ 40 mL/hr
= 880 mL TF, 1320 kcal, 56 gm protein, 190 gm CHO, 18.5 gm fiber, 669 mL free water
Minimum 30 mL free water flush q 4 hours while TF are running to maintain tube patency
Calculated over 22 hrs to allow for interruptions for care

Oral Nutrition
6- soft and bite sized, 0- thin liquids per SLP
- if c/f aspiration risk, hold PO and request SLP re-eval

Appreciate nursing assistance in meal ordering/tray set up/feed assist PRN
Can adjust to non-select, automatic meal delivery for ease if indicated
Offer ONS in place of missed/skipped meals
Appreciate nursing documentation of % intake of meals/snacks/supplements

#T2DM
- SSI while inpatient

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT contacted today to request dispo eval (1/15)

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/15/2025 12:47 PM

Jerbi, Jennifer, LICSW at 1/15/2025 0904

Social Work Progress Note:

MSW received handoff from previous MSW, see previous MSW notes for more details. Previous MSW found following information for patient's other son - Douglas Hoffman (possible address - 10790 Hyla Ave NE, Bainbridge Island; 206.842.8360; 425.971.8286).

MSW spoke with Caroline, APS CM (360.814.9682, fax 360.478.4570). Caroline confirms there is an open investigation but no determination has been made. Caroline will continue to follow.

MSW participates in discharge huddles/multidisciplinary rounds to discuss ongoing medical plan and discharge planning Monday through Friday. Patient remains medically active and requiring IV pain medications. Medicine team will continue to evaluate patient's decision making capacity.

MSW continues to follow for discharge planning, care coordination, and support.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/15/2025 10:57 AM

Smith, Grace, MD at 1/15/2025 0948

Attestation signed by Wu, Jiang, MD at 1/15/2025 7:07 PM

Date of Service: 01/15/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.
Per nursing, difficulty falling asleep but was comfortable once asleep

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 37.1 °C (01/15/25 0800) **BP: (!) 119/47** (01/15/25 0800) **HR: 70 (01/15/25 0800)**
RR: 18 (01/15/25 0400) **SpO2:** 95 % (01/15/25 0800) Room air
T range: Temp Min: 36.6 °C Max: 37.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.4 kg (102 lb 4.7 oz) (01/12/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/15/2025 0948
Last data filed at 1/15/2025 0900

Intake	1345 ml
Output	1030 ml
Net	**315 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist
Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left

Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
142	111	13	88	8.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	22	0.63		7.44	><	204	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		27			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 2.4		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/15/2025: No reported pain overnight per nursing observation. Comfortable sleep last night with some difficulty falling asleep. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, ongoing reports of nalbuphine causing drowsiness. Plan to CTM nalbuphine side effects. PNC site nontender to palpation, at 15 cm.

The challenges to pain management:
2. Elderly with difficult communication and difficult pain assessment;
3. Highly sensitive to opioids, sleepy since on Nalbuphine;
4. Partial pain relief from Femoral PNC for AKA
5. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
6. S/p PPM, with the 2nd source of procedural pain.
7. Carefully observe the toxicity from pain regimen.

1.
2. CONT:
3. Ropivacaine 0.2% @10/hr
4.
5. SCH:
6. APAP 650 mg q8
7.
8. PRN:
9. Nalbuphine 2.5 mg q8

10.
11. Discussed With: APS attending, primary team, patient
12.
13. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
14.
15.
16.
17.
18.
19.

Electronically signed by Wu, Jiang, MD at 1/15/2025 7:07 PM

Liuzzi, Christina M, OT at 1/15/2025 1409

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

Hand Function:

Coordination:
Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

Proprioception:
Vision: Vision Comments: wears glasses
Perception:
Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

,
Balance:
Sitting:
Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted
Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of

R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,

ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

Electronically signed by Liuzzi, Christina M, OT at 1/15/2025 2:10 PM

Jerbi, Jennifer, LICSW at 1/15/2025 1428

Discharge Planning Assessment

See other SW notes for more details on discharge planning.

Visit Information:
Patient is a 100 yrs female admitted on 1/9/2025 for Acute lower limb ischemia.
Discharge Planning Assessment Type: Discharge Planning Assessment (Chart Review)
Is an interpreter used:: No
Is this a planned admission: No, Admission Source: Admitted through ED
Did pt/family decline dc planning evaluation/assistance? No

Living Situation Prior to Admit:
Living Situation Prior to Admission: Tent (in tent per son, referred to as "homestead")

Pt reports that they felt their needs were met in living situation: Unable to assess/deferred
Home Accessibility Concerns: Narrow doorway/hallways;Unhoused
Primary Caregiver: Children
Support System: Children;Case manager/social worker
Physical/Cognitive/Functional History: Physical Limitations;Cognitive Limitations
Access to Healthcare Prior to Admit:
Activities of Daily Living Prior to Admission:
PTA-Independent with ADLs?: No
PTA-Memory Adequate to Safely Complete Daily Activities: No
PTA- Adequate self-medication management: Unable to assess
PTA-Patient Able to Express Needs/Desires: Unable to assess
PTA-Dressing: Needs assistance
PTA-Feeding: Needs assistance
PTA-Bathing: Needs assistance
PTA-Toileting: Needs assistance

PTA-In/Out Bed: Needs assistance
PTA-Walks in Home: Needs assistance
PTA-Assistive Devices: Wheelchair;Walker;Comments (son states home equipped with railing system to aid with walking)

Verifications:

Home Address Verified with Patient/LNOK: No
321 High School Rd Ne
Ste D3 Pmb 292
Bainbridge Island WA 98110
Coverage Verified with Patient/LNOK: Primary verified;Secondary verified

Insurance Information

MOLINA HEALTHCARE MEDICARE/MOLINA MEDICARE OPTIONS PLUS HMO D-SNP		**Phone:**	800-869-7175
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	80008802464 86
Group#:	QMXEM01571	**Precert#:**	PUM2501025 137
Authorization#:	PUM2501025137	**Effective Date:**	02/01/23
WA MEDICAID/QMB-QUALIFIED MEDICARE BENEFICIARY		**Phone:**	800-562-3022
Subscriber:	Hoffman, Jeanne Leonie	**Subscriber#:**	100675002W A
Group#:	S03	**Precert#:**	--
Authorization#:	--	**Effective Date:**	02/01/82

Financial Concerns/Information: Needs longterm care for placement
PCP Verified with Patient/LNOK: Unable to verify
Navalurkar, Reema, MD
Preferred Pharmacy Verified with Patient/LNOK: Unable to verify
Rubenstein Pharmacy

Emergency Contact Verified with Patient/LNOK: Yes
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Secondary Emergency Contact: NONE
Home Phone: 206-000-0000
Mobile Phone: 206-000-0000
Relation: NONE PROVIDED BY PT

Health Care Decision Making:

Does the patient have a Healthcare DPOA? None on file

Discharge Plan:
EDD:1/21/2025
Patient Discharge Goals were/are: Other (Comment) (Chart review)
Patient expects to be discharged to: home with son
Post-discharge facility and service information was: N/A
Anticipated living situation post discharge: Home with family/support
Anticipated Assistance Needed at discharge:
Anticipated Resources/Services Needed at discharge: Medically unstabe, to be determined
Post Discharge Caregiver Confirmation: Discussed with caregiver, agreed
Post Discharge Caregiver Contact Information: Son Louis

Discharge Transportation:
Does the patient need dc transportation arranged? No
Transportation Type: Private vehicle

Potential Barriers to Discharge: Homeless
Discharge Complexity Level:3-Complex
Initial Discharge Planning Assessment Complete: Yes

Jennifer Jerbi, LICSW

Electronically signed by Jerbi, Jennifer, LICSW at 1/15/2025 2:28 PM

Jerbi, Jennifer, LICSW at 1/16/2025 0744

Social Work Progress Note:

MSW received following email from Donna Dahlquist with Helpline Housing. It has been forwarded to new primary MSW:

Hello Jennifer,

Several weeks ago Jeanne and her son, Louis Alloin, met with me and gave permission for Helpline House to communicate with UW Medical Center staff and shared what high regards he has for UWMC. At the time they were staying in a local hotel after a lengthy eviction process.

I was also given permission to contact two local subsidized housing providers that Louis and Jeanne had applied to. I learned one declined them after not receiving a reference from previous landlord. The other had an opening for a two bedroom apartment that was declined by Louis and Jeanne.

My understanding is new wait list applications would need to be completed. We have a county wide housing specialist on site weekly on Tuesdays and I can assist with applications if they are open to it but that is a very long-term possible solution.

I will call you tomorrow about 9:30.

Kind regards,

Donna Dahlquist

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/16/2025 7:45 AM

Bustamante, Nicole Alexandra, SLP at 1/16/2025 0902

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/16/25
Treatment Duration: 20 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss.
Patient Stated Goal: None stated

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist
Leisure and Hobbies: travel

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well (utilized white board to write questions/directions/information- pt responded verbally or w/ head shake yes/no)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids;Hard solids

0-Thin Liquids - Presentation: Straw

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Spoon
Hard Solid - Presentation: Self Fed

Oral Phase: Prolonged mastication (w/ hard solids suspected; oral residue w/ hard solids- cleared w/ liquid rinse)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Observations: Consistent w/ prior CNE

ASSESSMENT/PLAN

Pt seen for swallow tx w/ no overt s/sx of aspiration across numerous trials though mastication of hard solids continues to appear prolonged w/ incomplete oral clearance. Given prior assessment, pt cue her to take small, single sips, which she was able to do without issue. Given stable respiratory status, Jeanne appears ok to continue current diet given supervision/assist 2/2 delirium and adherence to aspiration precautions. SLP to continue to follow.

Dysphagia: Other (?presbyphagia)
Aspiration Risk: Low;Moderate (pending mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: delirium
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet

Estimated Completion Date: 01/24/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Progressing

Electronically signed by Bustamante, Nicole Alexandra, SLP at 1/16/2025 12:02 PM

Smith, Grace, MD at 1/16/2025 1029

Attestation signed by Wu, Jiang, MD at 1/16/2025 1:35 PM

Date of Service: 01/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
Subjective

INTERVAL HISTORY:
NAEO, No reported exacerbations in pain.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.2 °C (01/16/25 0739) BP: 133/61 (01/16/25 0739) HR: 70 (01/16/25 0739)
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1029
Last data filed at 1/16/2025 0742

Intake	800 ml
Output	1315 ml
Net	**-515 ml**

Physical Exam:
Constitutional:
no acute distress
not toxic-appearing
No Sedation
HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm
Pulmonary:
effort normal
no respiratory distress
Abdominal:
flat
soft
Skin:
Capillary Refill: capillary refill less than 2 seconds
Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	129	6.55	9.0 >< 220		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70			29		AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8					Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/16/2025: No reported pain overnight per nursing observation. PNC still providing analgesia. Given postoperative exacerbation in heart block/bradycardia, plan to be cautious with total amount of local anesthetic delivered per day. Per nursing, ongoing reports of nalbuphine causing drowsiness. Plan to CTM nalbuphine side effects. PNC site nontender to palpation, at 15 cm. More awake and alert today. Will decrease rate of PNC to 6cc/hr. If no change in pain, can discontinue PNC tomorrow.

The challenges to pain management:
20. Elderly with difficult communication and difficult pain assessment;
21. Highly sensitive to opioids, sleepy since on Nalbuphine;
22. Partial pain relief from Femoral PNC for AKA
23. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
24. S/p PPM, with the 2nd source of procedural pain.
25. Carefully observe the toxicity from pain regimen.

1.
2. CONT:
3. Ropivacaine 0.2% decrease to 6 from 10/hr
4.
5. SCH:
6. APAP 650 mg q8
7.
8. PRN:
9. Nalbuphine 2.5 mg q8
10.
11. Discussed With: APS attending, primary team, patient
12.
13. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
14.
15.
16.
17.
18.
19.

Electronically signed by Wu, Jiang, MD at 1/16/2025 1:35 PM

Decker, Troy, PA-C at 1/16/2025 1109

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
Subjective

SUBJECTIVE

INTERVAL HISTORY:
- S/p PPM placement. Limiting arm activity for rehab.
-Starting to strengthen, eating. Moving toward DC.
-No concerns for amp incision.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.2 °C (01/16/25 0739) **BP:** **133/61 (01/16/25 0739)** **HR:** **70 (01/16/25 0739)**
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1109

Last data filed at 1/16/2025 0742

Intake	800 ml
Output	1315 ml
Net	**-515 ml**

Physical Exam

General: sleeping in bed, frail appearing, no acute distress
HENT: Normocephalic, atraumatic
Eyes: No conjunctival injection
CV: paced at 70bpm, warm well perfused, no pitting edema
Respiratory: Unlabored respirations on ambient air
GI: Abdomen non-distended
MSK: No gross bony deformities, L AKA site C/D/I, dressed with dry gauze and ace wrap
Neuro: Sleeping
Skin: Exposed skin without erythema, ecchymoses, lacerations, or abrasions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	129	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, previous DVT (not on AC) who presented with LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).

#Acute limb ischemia
#S/p L AKA (1/9/25)
POD 7
- I talked to PT/OT.. No activity restrictions from AKA standpoint. Obviously a fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- Recommend PMR consult. Pt will need walker, wheel chair (seating exam), for transfers. Need training for hip extension exercises and prone positioning 3x per day (if able) to prevent hip contracture.
- Disposition: I spoke to Hospitalist. Soon to TCU vs home with son.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Electronically signed 1/16/2025 11:40 AM

Electronically signed by Decker, Troy, PA-C at 1/16/2025 11:40 AM

Segerson, Karen Elaine, MD at 1/16/2025 1320

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-Much more awake today. Answering questions accurately and speaking some today, whereas yesterday only mumbling.
-she is eating and drinking
-not sob or coughing today
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge
- communicated extensively this am with patient without Louis. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN

- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 37 °C (01/16/25 1220) BP: 125/66 (01/16/25 1220) HR: 81 (01/16/25 1220)
RR: 18 (01/16/25 0739) **SpO2:** 93 % (01/16/25 0739) Room air
T range: Temp Min: 36 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54 kg (119 lb 0.8 oz) (01/16/25 0742)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/16/2025 1320
Last data filed at 1/16/2025 1300

Intake	1367 ml
Output	1210 ml
Net	**157 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: She wakes for questions, looks at whiteboard to read, shakes head, and speaks. She asked for her glasses and answered questions appropriately. Rated her pain as a small amount.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: no increased work of breathing on room air
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Dressing was removed for exam.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	12	217	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	22	0.70		6.55	><	220	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.1		PO4: 2.9		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/15
- ongoing close monitoring of PO intake. Nutrition following. No e/o aspiration
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

-Per APS involvement she may be able to DC IV pain management tonight or tomorrow

#Acute Pain- per APS
- Please see note from acute pain service
- Weaning IV medications
-Current reg:
Ropivacaine 0.2% @6/hr
APAP 650mg q8h
Nalbuphine 2.5 mg q8

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery"
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- PMR consult. Pt will need walker, wheel chair (seating exam), for transfers. Need training for hip extension exercises and prone positioning 3x per day (if able) to prevent hip contracture.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
- PT/OT consulted, needs re-evaluate pt now that she no longer has TVP in place

#Anemia
-Hct today 27, down from 29 ,no active signs of bleeding

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
20. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
21. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. **#Delirium**
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. **#Disposition planning**
8. -SW following, see notes
9. - currently unhoused, living in tent
10. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

11.
12. **#Aspiration risk**
13. -Improved per SLP, working toward patient and family education
14. -Swallow Recommendations
15. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
16. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
- at high risk of refeeding given inadequate oral intake >5 days.
- Eating now in good amounts, so plan 2 more days of monitoring for refeeding syndrome (end 1/18, will feel comfortably stable for DC from elyte standpoint on 1/19). She will complete high dose thiamine on 1/17.
- Phos was replaced 1/15, now in normal range
- Mg replace 1/15, now in normal range
-Replace lytes to WNL and maintain glc <200. She did have one elevated at 217 today
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity
-Request updated zinc level to determine need for supplementation for wound healing
-Now on oral thiamine
-Nutrition had recommend high dose thiamine: 500 mg IV TID for 3 days given ongoing AMS, started today 1/15, OK to continue oral thiamine as ordered
-prenatal multivitamin 1 tab PO (initiated 1/15)
-ascorbic acid 500 mg BID x 14 days PO (initiated 1/15)
Pending zinc level:
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-Hold vit D supplementation until updated lab
-Continue oral vit B12 as ordered

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/16/2025 2:10 PM

Whitney, Kelly, PT at 1/16/2025 1510

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/16/2025
Duration of session: 60 Minutes

Subjective
Patient Report/Self-Assessment: Nods yes to reviewing exercises and getting up to chair. Written on whiteboard

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: Supine edu ther ex to son and pt: SLR B, hip add with pillow. Provided written handout with pictures of these two exercises to pts son
Theract: Rolling side to side to don sling, pt needing clean up (dependent for pericare) Lift to pts transport chair, likely not enough support with pts core weakness but able to get her positioned (lifting/lowering several times to get better positioning in chair, needed to tip transport chair back). Pt not able to keep self upright without assistance as she was fatiguing, placed posey belt around pt to better support her chest
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne continues to demonstrate impaired cognition but is able to follow simple commands. Provided education on several exercises she can perform on her own with her son. She needs heavy assistance for rolling in the bed, lift utilized to get her to her personal transport chair, which at this time is not supportive enough with new amputation and her hospital aquired weakness -ordered rental tilt in space wheelchair for pt. Posey belt added support to pts trunk for brief sitting period in her transport chair.

In regard to post amputee training: It should be noted that her kyphotic posture and recent pacemaker make prone positioning challenging at this acute stage in her healing- not trialed this session. She is also very limited on what devices she can use to transfer, as her pacemaker precautions prevent the use of a walker or a slideboard. She will also not be able to perform self propulsion in a wheelchair until her precautions are lifted. Her recent amputation and her pacemaker precautions make her dependent for all of her care, and **subacute rehab is strongly recommended**

at this time for discharge.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Sit unsupported for (30 mins)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: Fit to TIS, dangle at EOB; STS practice; pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Kelly Whitney, PT

Electronically signed by Whitney, Kelly, PT at 1/16/2025 3:18 PM

Barnhart, Shelley Lea, RD at 1/16/2025 1540

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- diet per team
- added high calorie / high protein to diet order
- encourage oral nutrition supplements:Ensure Plus TID

- Calorie Count: appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- thiamine IV 500 mg TID
- 220 mg zinc sulfate, **x14 days**
- 500 mg ascorbic acid**, x14 days**

Subjective

Current Nutrition Assessment:
FEN:
- visited pt/family at bedside, reports today first day of improved intake, last night pt consumed x1 ensure. Ensure HP at bedside, discussed changing to Ensure Plus with Son, agreed and son requested 3x/day. Breakfast good yesterday and today, x2 oatmeal, usually add peanut butter and banana to oatmeal but not today.
- per nursing documentation:

Patient Vitals for the past 96 hrs:

	Percent Meals Eaten (%)
01/16/25 1339	33
01/16/25 1033	33
01/15/25 1928	33
01/15/25 0900	100
01/14/25 1300	75
01/14/25 0900	100

	Oral Nutritional Supplement Intake (mL)
01/16/25 1300	237 mL
01/16/25 0800	0 mL
01/15/25 1300	0 mL
01/15/25 0800	0 mL
01/14/25 1259	225 mL
01/14/25 0800	0 mL
01/13/25 1300	0 mL
01/13/25 0743	0 mL

- estimate pt consumed 60% of estimated energy/protein needs in 24 hours, most likely will improve

GI: dysphagia. SLP recommendations for soft and bite size
Edema/Fluid: +1 RUE
Weight: wt gain d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective

Labs:

Lab Results

Component	Value	Date
SODIUM	141	01/16/2025

POTASSIUM	4.1	01/16/2025
MAGNESIUM	2.1	01/16/2025
PHOSPHATE	2.9	01/16/2025
CA	7.8 (L)	01/16/2025
BUN	12	01/16/2025
CREATININE	0.70	01/16/2025
GLUCOSE	217 (H)	01/16/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	217 (H)	01/16/2025
GLUCOSE	129 (H)	01/16/2025
GLUCOSE	164 (H)	01/16/2025
GLUCOSE	176 (H)	01/15/2025
GLUCOSE	143 (H)	01/15/2025
GLUCOSE	182 (H)	01/15/2025
GLUCOSE	88	01/15/2025
GLUCOSE	103	01/15/2025
GLUCOSE	114	01/14/2025
GLUCOSE	124	01/14/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
[Held By Provider] guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/16/25 1047)
ROPivacaine,
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/16/2025 10:00 AM
Closure	Sutures;Staples;Other (Comment)	—
Dressing Changed	—	Changed

Active Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/16/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	None - Open to air
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/16/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan

Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/16/25 0742	54 kg (119 lb 0.8 oz)
01/12/25 0600	46.4 kg (102 lb 4.7 oz)
01/11/25 0600	43.8 kg (96 lb 8 oz)

01/10/25 0600 45.8 kg (100 lb 15.5 oz)

Current Body mass index is 23.25 kg/m².

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 1/16/2025 7:29 PM

Smith, Grace, MD at 1/17/2025 0751

Attestation signed by Wu, Jiang, MD at 1/17/2025 3:32 PM

Date of Service: 01/17/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
Pt appeared to be in pain per nursing overnight. Nalbuphine given. LA solution appeared to be leaking out of PNC insertion site, so infusion order held.

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.4 °C (01/17/25 0739) BP: (!) 144/69 (01/17/25 0739) **HR: 69 (01/17/25 0739)**
RR: (!) 28 (01/17/25 0739) **SpO2:** 94 % (01/17/25 0739) Room air
T range: Temp Min: 36.4 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:

Intake/Output Summary (Last 24 hours) at 1/17/2025 0751
Last data filed at 1/17/2025 0739

Intake	1902 ml
Output	2000 ml
Net	**-98 ml**

Physical Exam:

Constitutional:
no acute distress
not toxic-appearing
No Sedation

HENT:
Head:
normocephalic
atraumatic
Mouth/Throat:
moist

Cardiovascular:
Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:
effort normal
no respiratory distress

Abdominal:
flat
soft

Skin:
Capillary Refill: capillary refill less than 2 seconds

Neurological:
no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)
Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral
Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	114	14	124	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	23	0.71		7.09	><	280	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/17/2025: Pain exacerbated overnight and PNC found to be leaking. Pain appears to be well controlled this morning. PNC site nontender to palpation, remains at 15 cm. Will leave capped. Will add buprenorphine for additional pain control. Will monitor for side effects and if tolerating buprenorphine, can consider PNC removal tomorrow.

The challenges to pain management:
19. Elderly with difficult communication and difficult pain assessment;
20. Highly sensitive to opioids, sleepy since on Nalbuphine;
21. Partial pain relief from Femoral PNC for AKA. However it starts to leak and lose its efficacy since yesterday.
22. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
23. S/p PPM, with the 2nd source of procedural pain.
24. Carefully observe the toxicity from pain regimen.
25. Slowly wean off PNC.

1.
2. CONT:
3. Ropivacaine 0.2% 6ml/hr (Cap)
4.
5. SCH:
6. APAP 650 mg q8
7. **+ Buprenorphine patch 5mcg q7 days**
8.
9. PRN:
10. Nalbuphine 2.5 mg q8 for itching
11.
12. Discussed With: APS attending, primary team, patient
13.
14. APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
15.
16.
17.
18.
19.

20.

Electronically signed by Wu, Jiang, MD at 1/17/2025 3:32 PM

Hunter, Nancy Lynn, RD at 1/17/2025 0957

Inpatient Follow Up Calorie Count

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- diet per team
- added high calorie / high protein to diet order
- encourage oral nutrition supplements:Ensure Plus TID
- Calorie Count: appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
Current:
ascorbic acid, 500 mg, Oral, BID (x 14 d)
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
zinc sulfate, 220 mg, Oral, Daily (X 14 d)

Subjective

Current Nutrition Assessment:
FEN:
1/17 661 kcals/1145 kcals = 57% goal
Calorie Count

	1/16
Breakfast	Oatmeal (156 kcals, 6 g pro)
Lunch	Yogurt x 1 and bites of soup and potatoes (155 kcal, 13 g pro)
Dinner	Not recorded
Supplements	Ensure plus x 1 (350 kcal, 20 g pro)
Total	661 kcal, 39 g pro

See note 1/16 - (1/16) estimate pt consumed 60% of estimated energy/protein needs in 24 hours,

- per nursing documentation:
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
01/16/25 1339	33
01/16/25 1033	33

GI: dysphagia. SLP recommendations for soft and bite size
Edema/Fluid: +1 RUE
Weight: wt gain d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	145	01/17/2025
POTASSIUM	4.2	01/17/2025
MAGNESIUM	1.8	01/17/2025
PHOSPHATE	2.8	01/17/2025
CA	7.6 (L)	01/17/2025
BUN	14	01/17/2025
CREATININE	0.71	01/17/2025
GLUCOSE	136 (H)	01/17/2025
A1C	6.6 (H)	01/10/2025
VITD	46.8	04/27/2022

Lab Results

Component	Value	Date
GLUCOSE	136 (H)	01/17/2025
GLUCOSE	124	01/17/2025
GLUCOSE	160 (H)	01/16/2025
GLUCOSE	144 (H)	01/16/2025
GLUCOSE	217 (H)	01/16/2025
GLUCOSE	129 (H)	01/16/2025
GLUCOSE	164 (H)	01/16/2025
GLUCOSE	176 (H)	01/15/2025
GLUCOSE	143 (H)	01/15/2025
GLUCOSE	182 (H)	01/15/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
[Held By Provider] cholecalciferol, 2,000 units, Oral, Daily

cyanocobalamin, 500 mcg, Oral, Daily
[Held By Provider] guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine, 500 mg, Intravenous, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/16/25 1047)
[Held By Provider] ROPivacaine, , Last Rate: Stopped (01/17/25 0122)
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:
See Wound Sheet

Active Diet Order: Yes
Active Diet Orders
Nourishments
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)
Diet
Adult Diet Regular; Carbohydrate managed; Heart healthy; High calorie/high protein

Assessment/Plan
Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Hunter, Nancy Lynn, RD at 1/17/2025 10:17 AM

Segerson, Karen Elaine, MD at 1/17/2025 1131

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
-MS still clear and awake today.
-She had significant pain overnight. There was a leaking catheter and APS was contacted. IV meds were off. There was also concern she may have had a positional pillow abutting her incision/staples, exacerbating pain
-This am has had nausea. Not able to eat. Has been dry heaving. Now has an associated cough.
-Tachypnea noted with some new sob.
-not sob or coughing today
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.

Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- [Held By Provider] guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine, 500 mg, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/16/25 1047)
- [Held By Provider] ROPivacaine, , Continuous, Last Rate: Stopped (01/17/25 0122)

- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.6 °C (01/17/25 1118) **BP: (!) 153/73** (01/17/25 1118) **HR:** 70 (01/17/25 1118)
RR: (!) 26 (01/17/25 1118) **SpO2:** 95 % (01/17/25 1118) Room air
T range: Temp Min: 36.4 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/17/2025 1131
Last data filed at 1/17/2025 0800

Intake	2022 ml
Output	2000 ml
Net	**22 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	114	14	171	7.09	9.0 >< 29	280	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	23	0.71					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.6					Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

I personally reviewed CXR and found evidence of improvement of L lower lung opacity. Read pending.

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/17
- Some concern for aspiration, more related to GERD/dry heaves than swallow, will limit po intake today. CXR official read pendning
-RX for nausea.
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team
-Paging APS re- increased pain

#Acute Pain- per APS
- Please see note from acute pain service today to address worsened pain o/n
Ropivacaine 0.2% 6ml/hr
APAP 650 mg q8
Buprenorphine patch 5mcg q7 days
Nalbuphine 2.5 mg q8 for itching

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.

-Added to EP follow up list and will be called to schedule an appointment.

Device care instructions:

- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

21. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
22. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. - at high risk of refeeding given inadequate oral intake >5 days.
25. - Was eating well until currently nausea (? Pain related) good amounts, so plan 2 more days of monitoring for refeeding syndrome (end 1/18, will feel comfortably stable for DC from elyte standpoint on 1/19). She will complete high dose thiamine on 1/17.
26. - Phos was replaced 1/15, now in normal range
27. - Mg replace 1/15, now in normal range
28. -Replace lytes to WNL and maintain glc <200.
29. -Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
30. -Request updated zinc level to determine need for supplementation for wound healing
31. -Now on oral thiamine
32. -Completes high dose thiamine: 500 mg IV TID for 3 days today (given 1/15-1/17), OK to continue oral thiamine as ordered
33. -prenatal multivitamin 1 tab PO (initiated 1/15)
34. -ascorbic acid 500 mg BID x 14 days PO (initiated 1/15)
35. Pending zinc level:
36. -zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
37. -Hold vit D supplementation until updated lab
38. -Continue oral vit B12 as ordered
39.
40. #T2DM
41. - SSI while inpatient, has had one glc> 200
42.

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Segerson, Karen Elaine, MD at 1/17/2025 11:52 AM

Hand, Cameron, MD at 1/17/2025 1539

Palliative Care Sign Off Note

After conversation with the patient and her son Louis their goals have remained clear at that time to pursue the medical treatments currently being offered and remaining full code. Jeanne has expressed multiple that she trusts and defers medical decisions to Louis. At this point palliative care will sign off, feel free to reengage our team if there is changes in medical situations or new discussions on goals of care needed.

Electronically signed by Hand, Cameron, MD at 1/17/2025 3:42 PM

Smith, Grace, MD at 1/18/2025 0725

Attestation signed by Wu, Jiang, MD at 1/18/2025 7:44 PM

Date of Service: 01/18/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Jiang Wu MD

Brief progress note, Pain service

PNC was capped overnight 1/16-17. Patient's pain level has remained stable on nalbuphine and buprenorphine patch since capping.
PNC was removed with tip intact 1/18 at 0900. Site is clean and dry, no bleeding, no tenderness.

APS is signing off, please page with any questions via the Operator.

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.

Subjective

INTERVAL HISTORY:
- 1 dose nalbuphine yesterday (stable)

SUBJECTIVE

PAIN ASSESSMENT:
Pain Location:
lower extremity
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Treatment Satisfaction: satisfied
Patient Reported Treatment Side Effects:
No Nausea:
Not constipated
No drowsiness
No itching
No urinary retention
No symptomatic low blood pressure
No muscle weakness
No Auditory Hallucinations
No visual hallucinations
No Cognitive Dysunction

Objective

OBJECTIVE

T: 36.2 °C (01/18/25 0032) BP: (!) 144/71 (01/18/25 0032) **HR: 70 (01/18/25 0032)**
RR: 20 (01/18/25 0032) SpO2: 96 % (01/18/25 0032) Room air
T range: Temp Min: 36.2 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/18/2025 0725
Last data filed at 1/18/2025 0051

Intake	1235 ml
Output	1675 ml
Net	**-440 ml**

Physical Exam:

Constitutional:

no acute distress
not toxic-appearing
No Sedation

HENT:

Head:

normocephalic
atraumatic

Mouth/Throat:

moist

Cardiovascular:

Rate and Rhythm:
normal rate
regular rhythm

Pulmonary:

effort normal
no respiratory distress

Abdominal:

flat
soft

Skin:

Capillary Refill: capillary refill less than 2 seconds

Neurological:

no focal deficit

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)

Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm (Active)

Placement Date/Time: 01/10/25 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/10/25 20 G Anterior;Left Forearm (Active)

Placement Date/Time: 01/10/25 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm

Urethral Catheter 01/09/25 (Active)

Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1

: L thigh.
Depth at Skin: 15 cm.

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 10 of 17) (continued)

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	171	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Pain Care Impression: Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

Today's Plan (Changes in bold):

1/18/2025: Pain appears to be well controlled with buprenorphine/nalbuphine after capping PNC for 24 hrs. PNC site nontender to palpation, remains at 15 cm. PNC pulled on rounds with black tip intact. APS will sign off.

The challenges to pain management:
63. Elderly with difficult communication and difficult pain assessment;
64. Highly sensitive to opioids, sleepy since on Nalbuphine;
65. Partial pain relief from Femoral PNC for AKA. However it starts to leak and lose its efficacy since yesterday.
66. Local anesthetic infusion in the patient with Bradycardia and 2nd degree heart block
67. S/p PPM, with the 2nd source of procedural pain.
68. Carefully observe the toxicity from pain regimen.
69. Post- PNC day #9

1.
2. CONT:
3. **Ropivacaine 0.2% 6ml/hr - DC**
4.
5. SCH:
6. APAP 650 mg q8
7. Buprenorphine patch 5mcg q7 days
8.
9. PRN:
10. Nalbuphine 2.5 mg q8 for itching
11.
12. Discussed With: APS attending, primary team, patient
13.
14. APS will sign off. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.
15.
16.
17.
18.
19.
20.

Electronically signed by Wu, Jiang, MD at 1/18/2025 7:44 PM

Holmberg, Mackenzie Howard, MD at 1/18/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Received bolus of pain medication this AM just prior to visit and is sleeping as a result. No reported discomfort from son. Previously had been grabbing limb in discomfort, no longer doing that.
- Son is worried about dressing changes. Has been preferring to give the wound 30 minutes to air dry before wrapping.
- Reported drainage overnight from the wound that was more clear. No purulent drainage. Son also concerned about some redness, but that has improved this AM
- No fevers or chills overnight.
- Has been eating a little bit more, but not consistently. Son working on this diligently.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/17/25 2129)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.4 °C (01/18/25 1230) BP: 136/72 (01/18/25 1230) HR: 71 (01/18/25 1230)
RR: 20 (01/18/25 1230) SpO2: 96 % (01/18/25 1230) Room air
T range: Temp Min: 36.1 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 54.7 kg (120 lb 9.5 oz) (01/17/25 0739)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/18/2025 1302
Last data filed at 1/18/2025 1109

Intake	960 ml
Output	900 ml
Net	**60 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress, sleeping
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Slight erythema w/o drainage along medial incision.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
143	112	11	153		8.9		AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.5	24	0.73		8.22	><	316	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9			28		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 3.3		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/18/2025:
- No major changes

- Low c/f incision site cellulitis. Appreciate wound care per RN team.
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine 2.5 mg q8 for itching

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
21. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
22. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
- Zinc pending
    - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/18/2025 1:16 PM

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Very sleepy throughout the day yesterday until the PM where she was having worsening orientation. Was awake for a bit, then feel asleep, then intermittently seeming in distress from pain. Nalbuphine held off last night given c/f delirium.
- Was very confused and in pain overnight. Screaming out until nalbuphine was given at 5am in addition to HMC 0.2mg IV x1. Was able to sleep somewhat in the AM.
- Later in AM, was very cheery and smiling. Not really eating much. Having difficulty with medications and coughing a bit.
- No fevers or chills.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/18/25 1520)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN

- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.1 °C (01/19/25 1123) BP: 137/66 (01/19/25 1123) HR: 70 (01/19/25 1123)
RR: 16 (01/19/25 1123) SpO2: 95 % (01/19/25 1123) Room air
T range: Temp Min: 36.1 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 56.2 kg (123 lb 14.4 oz) (01/19/25 0820)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/19/2025 1242
Last data filed at 1/19/2025 1130

Intake	1430 ml
Output	950 ml
Net	**480 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	111	13	193	8.4			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.5	22	0.75		9.12	><	288	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		28			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: 3.7		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia

and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/19/2025:
- Nalbuphine QHS SCH + BID PRN
- HM 0.2mg IV PRN added
- If persistent issues with pain coverage, will reengage APS on 1/20 or 1/21
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine 2.5 mg QHS + BID PRN for itching
- HM 0.2mg IV Q4H PRN

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)

- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. At high risk of refeeding given inadequate oral intake >5 days.
25. -Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
26. - Zinc pending
27. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
28. - Daily thiamine
29. - s/p high dose thiamine
30. - Prenatal multivitamin
31. - Ascorbic acid 500 mg BID x 14 days PO
32. -Vit B12 daily
33.
34. #T2DM
35. - SSI while inpatient, has had one glc> 200
36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up
40.
41. #PT/OT f/u
42.
43. Inpatient Checklist:
44. Fluids/Electrolytes/Nutrition: Regular CC diet
45. Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
46. Lines/Drains/Airways: PIV in RUE, foley catheter
47. Disposition: Acute care
48. Code Status: Full Code
49. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

50.
51.
52.
53.
54.
55.
56.

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/19/2025 1:00 PM

Holmberg, Mackenzie Howard, MD at 1/20/2025 1000

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Last night was overall better for pain control. Got Nubain at 5pm. Able to sleep throughout the night. Got a single dose of HM IV. Then had pain flare at 6am. Got Nubain and HM.
- Very interactive and talkative this AM. Eating some breakfast. Son at bedside, supportive.
- No fevers or chills. Stump pain is stable right now. No flares of pain.
- Has persistent strong cough while eating and after taking medications. CXR yesterday w/interval improvement compared to prior scans. No abx given.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- nalbuphine, 5 mg, q24h

- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/19/25 2126)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: 36.7 °C (01/20/25 0946) **BP: 123/69 (01/20/25 0946)** **HR:** 70 (01/20/25 0946)
RR: 16 (01/20/25 0946) **SpO2:** 95 % (01/20/25 0946) Room air
T range: Temp Min: 35.7 °C Max: 36.7 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.2 kg (115 lb 1.3 oz) (01/20/25 1000)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/20/2025 1215
Last data filed at 1/20/2025 0800

Intake	480 ml
Output	1300 ml
Net	**-820 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

142	109	11	132		9.4		AST: -	ALT: -	-/-/-/- | -/-/-/-
4.3	23	0.73		8.34	><	371	AP: -	T bili: -	Lact (a): - Lact (v): -
eGFR: >60		Ca: 8.3			30		Prot: -	Alb: -	Trop I: - D-dimer: -
Mg: 1.7		PO4: 4.0		ANC: -					BNP: - Anti-Xa: -
				ALC: -					INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/20/2025:
- Nalbuphine 5mg 1900 daily, 2.5mg 0400 daily, BID PRN
  - Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
- HM 0.2mg IV PRN
- follow-up vitamin D, zinc
- please see SW notes re: complex dynamic with pt's caregiver (son, Louis), will appreciate ongoing support from SW team. Plan to reenage on 1/21. Given IV medication use, is not ready for discharge.

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- Ropivacaine 0.2% 6ml/hr
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Anemia

-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
57. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
58. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
-Sent vit D 25-OH level to determine appropriate supplementation, r/o vit D toxcitity. Holding vit D
- Zinc pending
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/20/2025 12:22 PM

Holmberg, Mackenzie Howard, MD at 1/21/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Overnight, was able to sleep well. Improved pain control w/Nubain 5mg SCH 5pm and Nubain 2.5mg SCH 0400. Got some additional HM IV PRN which inconsistently is helping. Given APAP this AM for some improvement.
- Her son is at bedside and is worried that she is not doing well this AM. She has been gripping the sides of the bed and not totally engaged with communication. He thinks she is likely having some degree of delirium.
- Her right foot is slightly colder today compared to before. It also has some swelling. Nurse planning to get doppler for pulses.
- No fevers or chills. Persistent cough. Eating some food, but not a lot.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- [Held By Provider] cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/21/25 0931)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 1 packet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Objective

OBJECTIVE

T: **36.6 °C (01/21/25 0928)** **BP:** **137/69 (01/21/25 1041)** **HR:** 70 (01/21/25 0928)
RR: **20 (01/21/25 1041)** **SpO2:** 94 % (01/21/25 1041) Room air
T range: Temp Min: 36 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/21/2025 1249
Last data filed at 1/21/2025 1115

Intake	0 ml
Output	850 ml
Net	**-850 ml**

Physical Exam

GENERAL: elderly, frail woman laying in bed in no acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Right foot cooler to touch, pulses not easily palpable, 1-2+ swelling.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	108	9	144	Reorder requested, clotted >< Reorder requested, clotted			AST: -	ALT: -	-/-/-/- | -/-/-/-	
5.2	20	0.73					AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.4		Reorder requested, clotted			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 4.3		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/21/2025:
- No chang to pain meds today.
    - Nalbuphine 5mg 1900 daily, 2.5mg 0400 daily, BID PRN
    - Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
    - HM 0.2mg IV PRN
- Restart cholecalciferol 2000IU daily
- follow-up zinc
- RLE DVT US today
- RLE doppler for pulse check

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses not easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted.
- Doppler pending
- RLE DVT US pending

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Delirium
-Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
-Of note, Seroquel reportedly ineffective.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
-This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#Aspiration risk
-Current picture c/w aspiration from vomiting/not swallow
-Afebrile, not hypoxic, no abx for now
-Improved per SLP, working toward patient and family education
-Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- Zinc pending
    - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/21/2025 1:03 PM

Holmberg, Mackenzie Howard, MD at 1/22/2025 0900

Progress/Transfer Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Based off of Luis's report, overnight was okay. The patient received Nubain 5 mg scheduled in the evening in addition to Nubain 2.5 mg at 4 AM. She however has been more drowsy and less communicative this morning. She intermittently has points where she reaches out and tenses her muscles. She opens up her eyes and does not respond to any movement in front of them. She intermittently continues to express significant pain, but Louis reports that she is holding her stomach as opposed to her stump now.
– The stump is looking okay during dressing changes from his evaluation. Her right foot yesterday was cold, but it is more warm today. She did DVT ultrasound which was negative. They were able to find a pulse with palpation and with Doppler.
– No fevers or chills. Persistent, strong cough. Not eating much food.

From 1/17:
-SW has been in discussions with pt's son regarding disposition, concerned about his lack of insight into pt's change in condition and what her care needs will look like at time of discharge. PT has strongly recommended acute rehab.
- Communicated extensively 1/16 with patient without Louis present. She clearly stated she wants to follow the DC plan preferred by Louis, including if DC to the tent given housing instability. She indicated she is fine with going to a SNF and fine going home with Louis. She wants him to be her caretaker and leaves him as the decision maker.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily

- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/22/25 0642)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (01/22/25 0903) BP: 129/62 (01/22/25 0903) HR: 70 (01/22/25 0903)
RR: 18 (01/22/25 0903) SpO2: 96 % (01/22/25 0903) Room air
T range: Temp Min: 36.2 °C Max: 37.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/22/2025 1350
Last data filed at 1/22/2025 0927

Intake	50 ml
Output	275 ml
Net	**-225 ml**

Physical Exam
GENERAL: elderly, frail woman laying in bed, intermittently waking up and reaching out, grabbing the side of the gurney, mild acute distress
NEURO: Looks at whiteboard to read, shakes head, and speaks a little.
HEENT: normocephalic
CARDIAC: RRR, extremities warm and well perfused
Chest: Pacer incision site is CDI
PULM: RR increased. BS coarse today
ABD: nontender, nondistended
EXT: s/p L AKA, CDI, staples in place. Right foot cooler to touch, pulses easily palpable, 1-2+ swelling.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	108	10		9.6			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.1	24	0.75	169	11.0	><	411	AP: -	T bili: -	Lact (a): -	Lact (v): -
				1						
eGFR: >60		Ca: 8.3		30			Prot: -	Alb: -	Trop I: -	D-dimer: -

Mg: 1.7 PO4: 4.3	ANC: - ALC: -		BNP: - Anti-Xa: - INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Plan 1/22/2025:
-Pain plan:
- Nalbuphine 5mg 1900 daily, DISCONTINUE 2.5mg 0400 daily, BID PRN
- Per pain service, would anticipate this Nubain use for another week, but then should come off and okay to be discharged on buprenorphine patch monotherapy x1-2 weeks.
- HM 0.2mg IV PRN
- follow-up zinc

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine per orders
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD

Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia

-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #Delirium
4. -Started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
5. -Of note, Seroquel reportedly ineffective.
6.
7. #Disposition planning
8. -SW following, see notes
9. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
10. - currently unhoused, living in tent
11. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
12.
13. #Aspiration risk
14. -Current picture c/w aspiration from vomiting/not swallow
15. -Afebrile, not hypoxic, no abx for now
16. -Improved per SLP, working toward patient and family education
17. -Swallow Recommendations
18. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
19. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
20. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
21. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
22.
23. #FEN:
24. At high risk of refeeding given inadequate oral intake >5 days.
25. - Vitamin D 2000IU daily
26. - Zinc pending
27. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
28. - Daily thiamine
29. - s/p high dose thiamine
30. - Prenatal multivitamin
31. - Ascorbic acid 500 mg BID x 14 days PO
32. -Vit B12 daily
33.
34. #T2DM
35. - SSI while inpatient, has had one glc> 200

36.
37. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
38. dressing per vascular
39. NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Holmberg, Mackenzie Howard, MD at 1/22/2025 1:54 PM

Jerbi, Jennifer, LICSW at 1/22/2025 1103

Social Work Progress Note:

MSW participates in discharge huddles/multidisciplinary rounds to discuss ongoing medical plan and discharge planning Monday through Friday. MD notes patient decisional and indicating she plans to discharge with her son Louis to their tent in community at discharge. MSW to update APS CM upon discharge - Caroline, APS CM (360.814.9682, fax 360.478.4570).

MSW continues to follow for discharge planning, care coordination, and support.

Jennifer L. Jerbi, MSW, LICSW
Clinical Social Worker - Medicine Services B, C, and G
Phone: 206.598.4527
Pager: 206.314.4312
For weekend social work requests, please page 206-645-0792 between 8:30-4:30 PM.

Electronically signed by Jerbi, Jennifer, LICSW at 1/22/2025 11:04 AM

Holasek, Lydia Isabel, RD at 1/22/2025 1310

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready

for transfer to acute care as of 1/14.

Recommendations/Interventions:
Oral Nutrition:
- diet order: recommend to **D/C heart-healthy diet restriction** - pt not taking in enough PO at this time to warrant mult restrictions. Consider also lifting carb managed restriction if BG within acceptable ranges/if ongoing low PO.
- continue high calorie/high protein order
- SLP recommends 6-soft & bite sized textures & 0-thin liquids
- encourage oral nutrition supplements: Ensure Plus TID (currently sending vanilla flavor w/ trays). Offer addt'l ONS prn if ok on carb managed diet (CIB milkshakes, Naked Protein smoothies, etc)
- Calorie Count: appreciate nursing documentation of %meals consumed

Nutrition Support:
- holding off at this time - recommend GOC discussion prior to any artificial nutrition given advanced age, current status

Vitamins/Supplements:
- can d/c thiamine 100 mg po daily (has received for > 7 days)
For wounds:
- 220 mg zinc sulfate, x14 days - check zinc level s/p supplementation
- 500 mg ascorbic acid**, x14 days**

Subjective

Current Nutrition Assessment:
Interim: A&O to self.
FEN:
- pt A&O to self, unable to participate in interview. Low PO intake noted. Also refusing ONS past few days.
-Cal Ct: unable to calculate % of kcal/pro needs met d/t limited data available. Based on available records/meal tickets, estimate that pt has been consuming <50% of needs on avg x past 4 days.
1/17:
B: ?
L: 25% few bites of oatmeal w/ PB + banana
D: ?

1/18:
overnight: 1/2 choco chip cookie, 1 vanilla pudding, 1 Ensure Plus
no other meals recorded..

1/19:
B: 100% of an apple sauce..
L/D: not recorded

1/20:
no data recorded

1/21:
B: 0%
L: 0%
D: ? (Not recorded, did order)

GI: dysphagia. SLP recommendations for soft and bite size, noted pt currently on reg textures diet order though . LBM documented 1/17. Has PRN bowel med orders, though not given since 1/15. No current nausea noted.
Edema/Fluid: +1 dependent BUE edema (charted 1/20 pm)
Weight: had wt gain during admission d/t fluids, now trending back down over past two days. Bed scale wt 49.1 kg 1/21 - up 3.6 kg from admit.
Wounds Present: Yes, L BKA, partial thickness wound to perineum
Labs: Mg 1.7-. BG 137-169/past 24 hr. Has med-dose SSI orders (0 units given/past 24H)

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	144	01/22/2025
POTASSIUM	4.1	01/22/2025
MAGNESIUM	1.7 (L)	01/22/2025
PHOSPHATE	4.3	01/22/2025
CA	8.3 (L)	01/22/2025
BUN	10	01/22/2025
CREATININE	0.75	01/22/2025
GLUCOSE	169 (H)	01/22/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	169 (H)	01/22/2025
GLUCOSE	138 (H)	01/22/2025
GLUCOSE	127 (H)	01/22/2025
GLUCOSE	137 (H)	01/21/2025
GLUCOSE	142 (H)	01/21/2025
GLUCOSE	144 (H)	01/21/2025
GLUCOSE	128 (H)	01/21/2025
GLUCOSE	160 (H)	01/21/2025
GLUCOSE	132 (H)	01/20/2025
GLUCOSE	87	01/20/2025

Medications: -- reviewed
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
insulin LISPRO, 0-7 units, Subcutaneous, q HS
insulin LISPRO, 0-8 units, Subcutaneous, TID before meals

lidocaine, 1 patch, Topical, q24h
nalbuphine, 5 mg, Intravenous, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

lactated ringers, 60 mL/hr, Last Rate: 60 mL/hr (01/22/25 0642)
sodium chloride, 10-50 mL/hr, Last Rate: Stopped (01/13/25 1800)

Lines/Drains/Airways/Wounds:

Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900
Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	—	Red
Peri-Wound Assessment	—	Clean;Dry;Intact;Painful
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Description	—	Serosanguineous
Drainage Amount	—	Moderate
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)

Dressing Changed	—	Changed
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	None	—
Dressing	Barrier Cream	Mepilex Border
Dressing Changed	New	—
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/21/2025 9:30 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	Skin glue
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air

Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/21/25 1100	49.1 kg (108 lb 3.9 oz)
01/20/25 1000	52.2 kg (115 lb 1.3 oz)
01/19/25 0820	56.2 kg (123 lb 14.4 oz)
01/17/25 0739	54.7 kg (120 lb 9.5 oz)
01/16/25 0742	54 kg (119 lb 0.8 oz)

Current Body mass index is 21.14 kg/m².

Estimated Nutrition Needs
Using post LL amputation wt, 45.8 kg
Energy: 1145-1375 kcal (25-30 kcal/kg)
Protein: 55-64 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Patient seen, unable to interview.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Holasek, Lydia Isabel, RD at 1/22/2025 4:32 PM

Schramm, Tiffany M, OT at 1/22/2025 1510

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 11 Minutes

Subjective: Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." -Son

Current Level of Function

Therapeutic Interventions

ADL/IADL Comments: Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up.

Assessment

Assessment: Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

5.

Tiffany M Schramm, OT

Electronically signed by Schramm, Tiffany M, OT at 1/22/2025 3:11 PM

Shepherd, Amanda Kay, MD at 1/23/2025 0936

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hypertension o/n which per RN note improved with pain control.
Foley leaking and so removed o/n
Intermittent agitation and restlessness

Ms. Hoffman is joined by her son at bedside.
He drives a conversation and shares that her pain was severe last night despite the pain medication but that overall today has been much better.
He shares that she has spent several hours up in the chair and enjoyed going on some loops on the unit and was able to tolerate about a half a mile according to his calculations pleat.
She declines any chest pain, pressure, shortness of breath but he does note that she has been productive of rusty colored sputum for at least the last 5 days.
He thinks that this has been intermittent but does wonder about the cause.
Does agree that sometimes food is hard to go down.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/23/25 0200)
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: Stopped (01/13/25 1800)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **(!) 35.9 °C** (01/23/25 0850) **BP:** **(!) 187/99** (01/23/25 0850) **HR:** 74 (01/23/25 0850)
RR: 18 (01/23/25 0850) **SpO2:** 98 % (01/23/25 0850) Room air
T range: Temp Min: 35.9 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/23/2025 0936
Last data filed at 1/23/2025 0642

Intake	462 ml
Output	825 ml
Net	**-363 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: CTAB
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Asleep but awakens easily to voice. Alert. Answers questions but sometimes difficult to understand. "I'll be fine tomorrow". Oriented to self at UW hospital

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
143	108	8	141	9.0			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.5	25	0.67		8.19	><	368	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.1		29			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 3.6		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

This note is edited and adapted from Dr. Holmberg's note to reflect today's medical decision making and plan of care.

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days

- Nalbuphine; no changes today
    - decreased yesterday to Nalbuphine 5mg 1900 daily, and 2.5 BID PRN
- HM IV per orders

#Delirium
 # Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trailed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation
- delirium precautions
- treatment pain where able

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
-Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
40. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
41. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no

placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. **#Disposition planning**
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. -This MD agrees with **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. **#Aspiration risk**
11. -Current picture c/w aspiration from vomiting/not swallow
12. -Afebrile, not hypoxic, no abx for now
13. -Improved per SLP, working toward patient and family education
14. -Swallow Recommendations
15. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
16. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
19.
20. **#FEN:**
21. At high risk of refeeding given inadequate oral intake >5 days.
22. - Vitamin D 2000IU daily
23. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
24. - Daily thiamine
25. - s/p high dose thiamine
26. - Prenatal multivitamin
27. - Ascorbic acid 500 mg BID x 14 days PO
28. -Vit B12 daily
29.
30. **#T2DM**
31. - SSI while inpatient, has had one glc> 200
32.
33. **#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).**
34. dressing per vascular
35. NWB LLE once able to get up
36.
37. #PT/OT f/u
38.
39. **Inpatient Checklist:**
40. Fluids/Electrolytes/Nutrition: Regular CC diet
41. Prophylaxis: SQ heparin for DVT (note: resumed 1/14/25 as had been held for pacer)
42. Lines/Drains/Airways: PIV in RUE, foley catheter
43. Disposition: Acute care
44. Code Status: Full Code
45. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
46.

Electronically signed by Shepherd, Amanda Kay, MD at 1/23/2025 10:48 PM

Garcia, Emma Carmen, PT at 1/23/2025 1438

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/23/2025
Duration of session: 31 Minutes

Subjective
Patient Report/Self-Assessment: Continually attempts to mobilize to EOB
Patient Stated Goal(s): none stated, per son to received prothesis

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed
Sit to Supine: Supervision / Stand by assistance (posterior LOB to bed after writer redirects pt not to use L UEon rail)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Wheelchair Activities
Wheelchair Activities: Yes
WC Type: Manual tilt-n-space
WC Size: 16"
WC Cushion: roho
WC Pressure Relief: dependent - son educated on Q15 tilt backs for 1-2 min
Level of Assistance for Pressure Relief: Dependent (greater than 75% help needed)
Wheelchair Comments: pt's son dependently moves pt on unit after session

Interventions:
Therex:
Theract: rolling L and R max A 2/2 poor command follow, donning of sling supine <> sit x5 sttempts in session

spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control education on progression of mobility, therapeutic rest breaks 2/2 dizziness education to son about timeline of prosthetic, d/c recommendations
Balance/Neuro Re-ed:
Gait Training:

PT Wheelchair Management Activity Time Minute(s): 16
PT Wheelchair Management Activity 1: TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time
PT Wheelchair Management Activity 2: educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only

ASSESSMENT/PLAN

Pt seen this PM for TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies.

Increased time required for educating pt's son- demonstrates min readiness to learn at this point in time. Able to follow cues from therapist intermittently to adhere to pt safety/precautions, educated on: expectations with adjustment of TIS, how to provide physical assist to pt, use of nursing staff for dangling EOB and for use of OHL. Pt endorses knowing all information acute PT has provided thus far.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes

Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Emma C Garcia, PT

Electronically signed by Garcia, Emma Carmen, PT at 1/23/2025 2:41 PM

Shepherd, Amanda Kay, MD at 1/24/2025 0829

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Increasing agitation throughout evening
Noc doc evauated and noted no buprenorphine visible on her skin; reordered
Agitation seemingly improved
RN noted aspiration on liquid tylenol in the evening

She reports she is having the best day yet.
Her son is not here but her the nurse shares that he said this is the best she has looked in 15 days.
She shares she's eating some lunch; keeps working on some mashed potatoes.
She reports pain is under good control currently.
She reports she likes to eat and doesn't want to talk about any tubes.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily

- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 5 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (01/24/25 0006) BP: 115/61 (01/24/25 0006) HR: 70 (01/24/25 0006)
RR: 18 (01/24/25 0006) **SpO2:** 93 % (01/24/25 0006) Room air
T range: Temp Min: 35.9 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/24/2025 0829
Last data filed at 1/24/2025 0026

Intake	858 ml
Output	200 ml
Net	**658 ml**

Physical Exam
Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: CTAB

Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Asleep but awakens easily to voice. Alert. Answers questions but sometimes difficult to understand. "I'll be fine tomorrow". Oriented to self at UW hospital

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	169		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
					-		Prot: -	Alb: -	Trop I: -	D-dimer: -
eGFR: -		Ca: -		ANC: -					BNP: -	Anti-Xa: -
Mg: -		PO4: -		ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

#Acute Pain:
Agbitation
I suspect her agitation last evening and last night was due to pain/withdrawal in the setting of missing buprenorphine patch. Once reapplied, she had much improved pain control and today is more clear than I've seen her. Given complexity of her pain control, and our inexperience with nalbuphine, have asked APS for guidance on how to wean.
- APS reengaged for
    - guidance on nalbuphine taper
- APAP 650 mg q8
- Buprenorphine patch 5mcg q7 days
- Nalbuphine; currently Nalbuphine 5mg 1900 daily, and 2.5 BID PRN
- HM IV per orders

#Delirium
 # Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trailed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. Much better today after resumption of buprenorphine patch.
- delirium precautions
- treatment pain where able

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit

recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
47. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
48. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #Aspiration risk
11. -Current picture c/w aspiration from vomiting/not swallow
12. -Afebrile, not hypoxic, no abx for now
13. -Improved per SLP, working toward patient and family education
14. -Swallow Recommendations
15. Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
16. Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
17. Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
18. Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time
19.
20. #FEN:
21. At high risk of refeeding given inadequate oral intake >5 days.

- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- SSI while inpatient, has had one glc> 200

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

#PT/OT f/u

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV in RUE, foley catheter
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Shepherd, Amanda Kay, MD at 1/24/2025 5:31 PM

Smith, Marie, MD at 1/24/2025 1812

Brief Note APS:
100F who underwent AKA on 1/9. Followed by APS with femoral PNC in place until 1/18. Pain now controlled on nalbuphine 5mg qPM/2.5mg BID and buprenorphine 5mcg patch. With addition of buprenorphine patch, pt has not required PRN nalbuphine. PM dose can be weaned to 2.5 mg; if she tolerates dose decrease, can discontinue.

Discussed with APS attending, Dr. Curatolo.

Electronically signed by Smith, Marie, MD at 1/24/2025 6:16 PM

Smith, Alissa N, SLP at 1/25/2025 1726

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/25/25
Treatment Duration: 45 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Jean was restless throughout the session, reaching out and grabbing at her arms and blankets
Patient Stated Goal: Per Jeanne's son, the plan is to understand what is happening with her new cough

Prior Function
Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: Ice chips;0-Thin Liquids
Ice Chips - Presentation: Spoon
0-Thin Liquids - Presentation: Spoon

Oral Phase: Impaired;Oral residue;Delayed anterior to posterior transit (Frequent oral inattention, trials were suctioned via Yankauer)
Pharyngeal Phase: Impaired
Signs/Symptoms of Penetration/Aspiration: Cough - immediate;Wet vocal quality

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

Oral Mechanism Examination
Dentition: Edentulous (Jeanne's dentures were not placed for today's assessment)
Oral mucosa: Dry;Thick saliva (Thick beige secretions visible across visible posterior pharyngeal wall)
Observations: Jeanne did not follow any instructions for assessment today. She maintained a constant open mouth posture at baseline. Spontaneous movements were symmetric

ASSESSMENT/PLAN

Jeanne presents with diminished swallowing function today with new oral inattention, overt s/sx aspiration with limited PO trials, and generalized weakness. Her new difficulty is concurrent with recent changes in mentation consistent with hyperactive delirium. Overall, she presents with very high risk for aspiration and given her worsening CXR, advanced age, and high risk for complications should aspiration occur, agree with RN and primary team recommendation to continue NPO as Jeanne's goals evolve. Should Jeanne's mental status rapidly improve to be consistent with previous assessment (e.g., following instructions, able to self-feed without significant physical assistance), defer to primary team for liberalizing diet (e.g., up to Pureed Solids and Thin Liquids). Otherwise, recommend continue NPO with frequent, rigorous oral care to minimize risk for aspiration of oral flora and allowance for ice chips and small sips of water with oral care for comfort. SLP will continue to follow

Dysphagia: Other (presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 3-5x/week (NPO w/no nutrition)

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: Sips & Chips only
Medication Administration Recommendations: Meds via tube feed or IV
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Not Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Smith, Alissa N, SLP at 1/25/2025 5:31 PM

Chi, Frank, MD at 1/25/2025 1756

Progress Note
Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)

Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Concern for aspiration event overnight given episode of desaturation after pt son was giving pt water
- saw pt with son at bedside. He reports that she has been in a "stupor" and likely dealing with phantom limb pain. She has had some periods of mental alertness when he can have meaningful interactions with her, but they episodes are often short. He tried to spoon feed her food at times. When I saw her later in the afternoon, he was trying to give her some water, which she pushed away. He wonders why she has been coughing lately, which I told him was likely due to aspiration, which he acknowledges that she is high aspiratoin risk, but that he has only witnessed her aspirating a couple times. He notes her voice has been very hoarse and she can no longer phonate

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **(P) 36.2 °C (01/25/25 1737)** **BP:** **(!) (P) 158/68** (01/25/25 1737) **HR:** (P) 77 (01/25/25 1737)
RR: **(!) (P) 26** (01/25/25 1737) **SpO2:** (P) 95 % (01/25/25 1737) Room air
T range: Temp Min: 36.1 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/25/2025 1756
Last data filed at 1/25/2025 1700

Intake	500 ml
Output	150 ml
Net	**350 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	108	11	111	10.6	AST: -	ALT: -	-/-/-/- | 7.37/38/45/22	
4.0	21	0.78		7.77 >< 362	AP: -	T bili: -	Lact (a): -	Lact (v): 2.1
eGFR: >60		Ca: 8.1		35	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now

-As patient is delirious and mental status is not intact enough for safe swallowing, will make NPO besides ice chips/small sips water with oral care for comfort. She does not have any essential oral medication to take
- If mental status improves, can trial PO again during daytime

-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. Continue 2.5mg BID PRN (last received on 1/23), but consider discontinuing soon
- HM IV per orders

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)

- Activity restriction (for 30 days after implantation- 2/13):
48. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
49. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #FEN:
11. At high risk of refeeding given inadequate oral intake >5 days.
12. - Vitamin D 2000IU daily
13. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
14. - Daily thiamine
15. - s/p high dose thiamine
16. - Prenatal multivitamin
17. - Ascorbic acid 500 mg BID x 14 days PO
18. -Vit B12 daily
19.
20. #T2DM
21. - SSI while inpatient, has had one glc> 200
22.
23. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
24. dressing per vascular
25. NWB LLE once able to get up
26.
27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: Acute care
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Chi, Frank, MD at 1/25/2025 6:24 PM

Chi, Frank, MD at 1/26/2025 1435

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

- appeared uncomfortable grasping her stump when I saw this morning
- per son, when she gets nubain at night, she just falls asleep. Discussed that maybe even a smaller dose of nubain might be the right balance as a PRN pain medication in terms of pain control
- per RN, pt declined IV nubain and rectal tylenol this morning. She was transferred to wheelchair, and was more comfortable

SCHEDULED MEDICATIONS:

- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:

- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **36 °C (01/26/25 0448)** **BP:** **123/66 (01/26/25 0909)** **HR:** 70 (01/26/25 0909)
RR: **20 (01/25/25 2047)** **SpO2:** 95 % (01/26/25 0909) Room air
T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.1 kg (108 lb 3.9 oz) (01/21/25 1100)

I&Os:

Intake/Output Summary (Last 24 hours) at 1/26/2025 1435
Last data filed at 1/25/2025 1700

Intake	0 ml
Output	—
Net	**0 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	112	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- repeat CXR tomorrow

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-As patient is delirious and mental status is not intact enough for safe swallowing, will make NPO besides ice chips/small sips water with oral care for comfort. She does not have any essential oral medication to take
- If mental status improves, can trial PO again during daytime
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice
New, per son. Per RN team, previously could verbalize
- consider OTO c/s for laryngoscopy, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
Suspect due to starvation ketosis
- Beta hydroxybutyrate
- UA for ketones (difficult as incontinent, unless we straight cath)
- start D5 1/2NS for mIVF for 1L
- VBG with lactate with AM labs

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.

- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Chi, Frank, MD at 1/26/2025 4:59 PM

Decker, Troy, PA-C at 1/27/2025 0917

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her today at the bedside who help me take the dressing down on her left stump. The incision is well-approximated, without erythema and drainage. It looks like it is healing to me. However, I do have some concerns about her nutritional status and oral intake. I have elected to leave the staples in for at least another 2 weeks. If she is here, I'd be happy to take them out. I will visit weekly.

Spoke to the son about rehabilitation and trying to get hip extension to prevent contracture. He said that the therapists are trying but her agitation has limited rehabilitation.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

1/27/2025:



Electronically signed by Decker, Troy, PA-C at 1/27/2025 11:51 AM

Bustamante, Nicole Alexandra, SLP at 1/27/2025 1100

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/27/25
Treatment Duration: 21 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside.
Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function

Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: 1-Slightly Thick (Ensure)

0-Thin Liquids - Presentation: Spoon

Consistencies Assessed Comment: pt declined a majority of PO trials by shaking her head
Oral Phase: Other;Spillage Right (difficulty achieving intra-oral pressure for straw use)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

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Clinical Notes (group 11 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 11 of 17) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry

ASSESSMENT/PLAN

Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High (likely iso waxing/waning mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids (per pt/family GOC)
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Bustamante, Nicole Alexandra, SLP at 1/29/2025 9:18 AM

Zafar, Zaeema, DO at 1/27/2025 1424

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. Awake this AM but I wasn't able to understand most of her responses. When asked what year it is, she states January.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- pill crusher, ,
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45%, 80 mL/hr, Continuous, Last Rate: 80 mL/hr (01/27/25 0938)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.2 mg, q6h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- pill crusher, ,
- polyethylene glycol 3350, 17 g, Daily PRN

- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (01/27/25 1036) **BP: (!) 149/64** (01/27/25 1230) **HR:** 71 (01/27/25 1036)
RR: (!) 27 (01/27/25 1036) **SpO2:** 94 % (01/27/25 1036) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.4 kg (115 lb 8.3 oz) (01/27/25 0829)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/27/2025 1424
Last data filed at 1/27/2025 1252

Intake	771 ml
Output	—
Net	**771 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	105	10	181	11.1			AST: -	ALT: -	-/-/-/- | 7.37/34/31/20	
4.1	20	0.77		7.02	><	372	AP: -	T bili: -	Lact (a): -	Lact (v): 1.6
eGFR: >60		Ca: 8.2		35			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Restarted guanfacine 1mg BID as it helped when she was in the MICU**
- delirium precautions

- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
- continue D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:

Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3.
4. #Disposition planning
5. -SW following, see notes
6. - She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
7. - currently unhoused, living in tent
8. - ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation.**
9.
10. #FEN:
11. At high risk of refeeding given inadequate oral intake >5 days.
12. - Vitamin D 2000IU daily
13. - zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
14. - Daily thiamine
15. - s/p high dose thiamine
16. - Prenatal multivitamin
17. - Ascorbic acid 500 mg BID x 14 days PO
18. -Vit B12 daily
19.
20. #T2DM
21. - Discontinued SSI since not triggering insulin
22.
23. #s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
24. dressing per vascular
25. NWB LLE once able to get up
26.
27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: Acute care
32. Code Status: Full Code

33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Zafar, Zaeema, DO at 1/27/2025 3:33 PM

Barnhart, Shelley Lea, RD at 1/27/2025 1705

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- consider liberalizing diet, remove carb restriction
- encourage oral nutrition supplements: Ensure Plus TID
- appreciate nursing documentation of %meals consumed

NUTRITION SUPPORT:
- recommend GOC discussion prior to any artificial nutrition given advanced age, current status

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- Cholecalciferol 2000 internation units daily for maintenance
- 220 mg zinc sulfate, x14 days then recheck labs
- 500 mg ascorbic acid, x14 days

Subjective

Current Nutrition Assessment:
FEN:
- diet order NPO starting 1/25 d/t concern for aspiration, diet advanced today
- per nursing documentation:

	Percent Meals Eaten (%)
01/24/25 1300	25

	Oral Nutritional Supplement Intake (mL)
01/27/25 1130	1 mL
01/27/25 0800	0 mL
01/26/25 1654	0 mL
01/26/25 1130	0 mL
01/26/25 0800	0 mL
01/25/25 1700	0 mL
01/25/25 1130	0 mL
01/25/25 0800	0 mL
01/24/25 1700	0 mL

01/24/25 1130	0 mL
01/24/25 0800	50 mL

- po intake less than 25% of estimated needs last 2 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x23 days)

GI: dysphagia
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	141	01/27/2025
POTASSIUM	4.1	01/27/2025
MAGNESIUM	1.7 (L)	01/27/2025
PHOSPHATE	3.6	01/23/2025
CA	8.2 (L)	01/27/2025
BUN	10	01/27/2025
CREATININE	0.77	01/27/2025
GLUCOSE	181 (H)	01/27/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025
GLUCOSE	112	01/25/2025
GLUCOSE	125	01/25/2025
GLUCOSE	111	01/25/2025
GLUCOSE	113	01/25/2025
GLUCOSE	208 (H)	01/25/2025
GLUCOSE	125	01/24/2025
GLUCOSE	136 (H)	01/24/2025
GLUCOSE	109	01/24/2025

Medications:
acetaminophen, 650 mg, Oral, q8h SCH
ascorbic acid, 500 mg, Oral, BID
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH

cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
guanFACINE, 1 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
nalbuphine, 2.6 mg, Intravenous, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
pill crusher, , ,
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID
zinc sulfate, 220 mg, Oral, Daily

dextrose 5% and sodium chloride 0.45%, 80 mL/hr, Last Rate: 80 mL/hr (01/27/25 0938)

Lines/Drains/Airways/Wounds:

Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm (Active)

Site Assessment	Clean;Dry;Intact	01/16/25 0900
Line Status	Infusing	01/16/25 0900
Dressing Type	Transparent	01/16/25 0900
Dressing Status	Clean;Dry;Intact	01/16/25 0900
Dressing Change Due	01/22/25	01/16/25 0900
Reason Not Rotated	Not due	01/16/25 0900
Phlebitis Grade	0	01/16/25 0900
Infiltration Grade	0	01/16/25 0900

Urethral Catheter 01/09/25 (Active)

Site Assessment	Clean;Skin intact	01/16/25 0900
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	01/16/25 1033
Collection Container	No dependent loops;Standard drainage bag;To dependent drainage	01/16/25 1033
Securement Method	Right thigh;Securing device (Describe)	01/16/25 1033
Reason for Continuing Urinary Catheterization past POD 1	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	01/16/25 1033
Output (mL)	275 mL	01/16/25 0742

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	1/27/2025 9:40 AM
Peri-Wound Assessment	—	Dry;Pink;Pale;Painful;Clean
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Amount	—	None

Dressing	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	New
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	1/27/2025 2:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Clean;Dry;Pink	Fragile;Clean;Dry
Closure	—	None
Drainage Amount	None	None
Dressing	Barrier Cream	Barrier Cream;Mepilex Border
Dressing Changed	New	Reapplication
Dressing Status	—	Clean;Dry;Intact
Wound Length (cm)	—	10 cm
Wound Width (cm)	—	9 cm
Wound Surface Area (cm^2)	—	90 cm^2
Edges	Undefined edges	Undefined edges
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	1/27/2025 9:40 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink

Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	Skin glue
Drainage Amount	None	None
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	1/27/2025 2:00 PM
Wound Bed/Base Assessment	Clean;Pink	Scab
Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Intact;Pink;Fragile
Closure	—	None
Drainage Amount	None	None
Dressing	—	None - Open to air
Wound Length (cm)	0.5 cm	1 cm
Wound Width (cm)	0.5 cm	0.5 cm
Wound Surface Area (cm^2)	0.25 cm^2	0.5 cm^2
Edges	—	Well-defined edges
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	1/27/2025 2:00 PM
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	6 cm
Wound Width (cm)	4 cm	4 cm
Wound Surface Area (cm^2)	24 cm^2	24 cm^2
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
01/27/25 0829	52.4 kg (115 lb 8.3 oz)
01/26/25 1503	52 kg (114 lb 10.2 oz)
01/21/25 1100	49.1 kg (108 lb 3.9 oz)

Current Body mass index is 22.56 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 1/27/2025 5:22 PM

Portante, Katie, LSWAIC at 1/28/2025 1306

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt's LNOK/son Louis is open to short-term rehab, requesting to speak w/ SW.

SW met w/ pt and son Louis at bedside, introduced self, role, and reason for visit. Louis provided extensive background on his and his mother's background and experience/concerns with housing assistance on Bainbridge Island. MSW provided empathetic listening. Per son Louis, they have recently lost their permanent housing and have been living in large tent that has flooring, running water, and heat. MSW explained the role and limits of inpatient SW, Louis expressed understanding. Louis states he is open to short term rehab only, not long term care. MSW explained some of the possible barriers to SNF acceptance for rehab; Louis agreeable to initiating SNF referral when medically appropriate.

PLAN or OUTCOME:
SNF ref

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 1/28/2025 1:41 PM

Zafar, Zaeema, DO at 1/28/2025 1603

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. Sleepy this AM.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- ascorbic acid, 500 mg, BID
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID
- zinc sulfate, 220 mg, Daily

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (01/28/25 1100) BP: 118/64 (01/28/25 1100) HR: 70 (01/28/25 1100)
RR: (!) 22 (01/28/25 1100) **SpO2:** 95 % (01/28/25 1100) Room air
T range: Temp Min: 36 °C Max: 36 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.3 kg (115 lb 4.8 oz) (01/28/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/28/2025 1603
Last data filed at 1/28/2025 1100

Intake	447 ml
Output	1 ml
Net	**446 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough

- **Restarted guanfacine 1mg BID as it helped when she was in the MICU 1/27**
- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. He agreed for a 24H trial period with the guanfacine and if her mental status doesn't improve, we would have ongoing conversations about GOC.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol while unable to safely swallow**
- Buprenorphine patch 5mcg q7 days
- Nalbuphine: decreased from 5mg to 2.5mg daily on 1/24. **Change PRN IV nalbuphine to 1.25mg BID PRN**
- HM IV per orders

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consider consult to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are

in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation. On 1/28 he told me he would be okay with the patient going to a rehab facility for a short stay while he works on long term housing.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular

NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Zafar, Zaeema, DO at 1/28/2025 4:06 PM

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/29/2025
Duration of session: 60 Minutes

Subjective
Patient Report/Self-Assessment: Pt agreeable to PT, communication via whiteboard

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed)
Sit to Supine: Maximum Assist (between 50-74% help needed)
Scooting: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)
Stand <> Sit: Dependent (greater than 75% help needed)

Interventions:
Therex: Edu on hip extension ex in SL - performed x20 AAROM hip extension exercises
Theract: Rolling B, then to EOB. Dependent for footwear. STS x1 with total assistance of two, pt declines second stand and requests to lay down Extensive time spent edu son Louis on goal of SNF rehab, importance of having correct equiptment and training for safety prior to returning home. Son upset that she does not already have prosthetic and that she is not doing more. Feels like when she was in rehab in the past, she was in bed and getting weaker there
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne was seen for a bed level exercise that she was able to complete with help from her son. Pt able to dangle EOB with mod-max A and then attempt a partial stand with total 2 person assistance. Pt declined second stand and urgently laid backwards on bed, dependent to return to supine and reposition. Education provided to pts son on goal of SNF, post op amputee expectations (if she is a prosthesis candidate she will not obtain one for months to years), and that SNF is for temporary rehab to prepare her and Louis for home. Pt is making progress compared to eval, but cognition and communication with pt are barriers to progress in addition to comborbidities, nutrition, etc

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Kelly Whitney, PT

Electronically signed by Whitney, Kelly, PT at 1/29/2025 1:20 PM

Zafar, Zaeema, DO at 1/29/2025 1703

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: Full Code

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

NAEON. More awake for me today, however I was having a difficult time understanding her. Son wasn't at bedside

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- nalbuphine, 2.6 mg, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 1.2 mg, BID PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.1 °C (01/29/25 1605) **BP: (!) 193/90** (01/29/25 1629) **HR:** 70 (01/29/25 1605)
RR: 20 (01/29/25 1605) **SpO2:** 93 % (01/29/25 0735) Room air
T range: Temp Min: 36.1 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.3 kg (115 lb 4.8 oz) (01/28/25 1100)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/29/2025 1703
Last data filed at 1/29/2025 1632

Intake	120 ml
Output	350 ml
Net	**-230 ml**

Physical Exam

Gen: Laying in bed, NAD
Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - / - - - / eGFR: - Ca: - / Mg: - PO4: -	- / - >< - / - / ANC: - / ALC: -	AST: - ALT: - / AP: - T bili: - / Prot: - Alb: -	-/-/-/- | -/-/-/- / Lact (a): - Lact (v): - / Trop I: - D-dimer: - / BNP: - Anti-Xa: - / INR: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium

#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**
- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. He agreed for a 24-48H H trial period with the guanfacine and if her mental status doesn't improve, we would have ongoing conversations about GOC.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO**
- Buprenorphine patch 5mcg q7 days
- **Nalbuphine: Slowly weaning, will decrease to IV nalbuphine to 1.25mg daily PRN**

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- Staples out after 2/21/25.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consulted placed to P&O for hard shell protective AKA boot.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic).

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.

Clinical Notes (group 12 of 17) (continued)

-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent
- ongoing **concerns regarding Louis' insight - he shared that he wants pt to go somewhere she can 'make her own meals and take a bath' independently, both of which seem like very unrealistic goals to me at this point. She is bedridden, immobile. She has limitations of upper extremities with new pacer and lower extremities with amputation. On 1/28 he told me he would be okay with the patient going to a rehab facility for a short stay while he works on long term housing.**

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: Acute care
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Zafar, Zaeema, DO at 1/29/2025 5:08 PM

Dela Cruz, Catherine B, RN at 1/30/2025 0305

Illness Severity

Stable

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent
Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

2300-0700
Unable to determine orientation. Sometime able to answer yes/no questions. Mildly agitated, able to take Melatonin but very aspiration risk. Pt won't swallow apple sauce and pills, needs a lot of encouragement. Oral care done. Audible crackles noted, sating 100% on room air. Turn q2hrs with 2PA. Mepilex on sacrum and spine. Using purewick. Pt frequently removed her pulse oximeter, No order for continues O2 monitoring, pulse ox removed. Son at bedside sleeping most of the time.

Action Items

*Nubain comes from pharmacy overfilled by 0.05 mL, double check volume prior to administration. Nubain to be given IV over 2-3 minutes.
-Concern for pressure injury risk - try to clean up incontinence quickly
-Feed/drink with spoon as able with aspiration precautions when lucid.

Situational Awareness

- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Dela Cruz, Catherine B, RN at 1/30/2025 3:06 AM

Crowley, Chad T, CPO at 1/30/2025 1120

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Service :
Ms. Hoffman was seen on 7SA for prosthetic intervention, per order. The patient presents with left AKA (1/9/25) outside hospital. The patient was lying in bed with left Una boot style Ace wrap over her residual limb. Presents with disorientation and delirium. Prosthetic introduction to her son. We discussed the prosthetic process and time line with her son. He reports that he is her primary caregiver. Her current Ace wrap appears to provide appropriate protection at this time. Discussed with her son that a hard shell splint will not stay in place due to her trans femoral level. If her dressings need support then we usually recommend incorporating a trans femoral retention sock with a waist belt. Once her staples are removed she will benefit from a trans femoral shrinker sock. The prosthetic team will continue to follow for any further intervention if needed.

Electronically signed by Crowley, Chad T, CPO at 1/30/2025 4:45 PM

Portante, Katie, LSWAIC at 1/30/2025 1327

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, after continued discussion w/ son Louis he is amenable to short-term rehab. MSW placed SNF referrals per MD request.

PLAN or OUTCOME:
F/u re: SNF ref, f/u w/ son Louis

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 1/30/2025 1:32 PM

Zafar, Zaeema, DO at 1/30/2025 1854

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia

and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Had an extensive conversation with Louis today. Please see ACP note

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.3 °C (01/30/25 1549) **BP: (!) 147/82** (01/30/25 1549) **HR:** 80 (01/30/25 1549)
RR: (!) 22 (01/30/25 1549) **SpO2:** 95 % (01/30/25 1549) Room air
T range: Temp Min: 36.3 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.4 kg (115 lb 8.3 oz) (01/30/25 0800)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/30/2025 1854
Last data filed at 1/30/2025 1730

Intake	0 ml
Output	500 ml
Net	**-500 ml**

Physical Exam
Gen: Laying in bed, NAD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Eyes: AI sclera
ENT: Dentures in place, MMM
CV: RRR, no m/r/g apparent
Chest: Shallow breathing, clear
Abd: Flat, soft.
MSK: RLE with 1+ pitting edema. LLE AKA with suture line intact
Neuro: Lethargic, but then will be very restless. Not following commands

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	105	8	136	Reorder requested, quantity not sufficient	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.0	26	0.58		Reorder requested, quantity not sufficient >< Reorder requested, quantity not sufficient	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.7		Reorder requested, quantity not sufficient	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

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#Delirium
#Agitation
Intermittent delirium and agitation, seemingly worse at night and likely precipitated by pain. While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID. Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
- **Continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**

- Discussed with Louis about plan going forward. I expressed my concerns about his moms nutritional status in the setting of the delirium. I am concerned about her ability to recover overall post op, after prior aspirations, and her current starvation ketosis. However given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, will attempt for SNF referrals.
- delirium precautions
- treatment pain where able as below (attempting to minimize deliriogenic meds)
- consider further infectious workup if continues with delirium esp if there is evidence of other lab abnormalities
- CXR with stable consolidation. Given this stability and normal vitals, no white count I have a low suspiction for a PNA causing her delerium.

#Aspiration risk
-Current picture c/w aspiration
-Afebrile, not hypoxic, no abx for now
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
- consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain:
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
- s/p Ropivacaine
- APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO**
- Buprenorphine patch 5mcg q7 days
- **DC Nalbuphine 1/30**

#Anion gap metabolic acidosis
2/2 starvation ketosis
- Beta hydroxybutyrate elevated
- UA for ketones (difficult as incontinent, unless we straight cath)
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
- VBG with normal PH and normal LA

#Acute limb ischemia
#S/p L AKA (1/9/25)
#PAD
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Consulted placed to P&O for hard shell protective AKA boot.
- Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are

in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this tomorrow**

#Right lower extremity swelling:
Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anemia
-Hct stable
-thought chronic disease, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
-Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily

#T2DM
- Discontinued SSI since not triggering insulin

#s/p LLE acute limb ischemia now s/p L AKA (1/9/25, Smith).
dressing per vascular
NWB LLE once able to get up

Inpatient Checklist:

28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: DNR/DNI
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

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

Landdeck, Stephanie Ann, LICSW at 1/31/2025 1424

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF for short term rehab
Potential barriers/concerns: Nonpermanent housing - living in Yurt; connected to housing org outpatient
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker - waxes and wanes, Has son, Louis DPOA

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning

Covering SW attended rounds and reviewed chart. Per handoff, pt's son only interested in SNF for short term rehab, not interested in LTC or applying for Medicaid (LTC coverage).

SW reviewed the SNF referrals sent yesterday for their responses. A couple interested facilities were requiring LTC Medicaid. 3 other facilities had expressed interest without requiring LTC Medicaid (Ballard Center, Washington Care Center, and Valley View SNF).

SW met with pt and son in family lounge, pt sitting up in wheelchair with tomato soup nearby but very somnolent and asking where she is. Son using whiteboard to write responses as pt does not have working hearing aids at this time. SW presented pt's son with list of 3 facilities above. We discussed the options and he would like to call/visit the facilities before making any decisions. It's important to him that the facility is easy to access via public transit. SW encouraged him to use the weekend to narrow down his choices, so that we could begin requesting insurance authorization on Monday at the latest.

PLAN or OUTCOME:
SW to f/u with pt's son about facility choice for SNF on Monday.

MSW to update APS CM upon discharge - Caroline, APS CM (360.814.9682, fax 360.478.4570).

Electronically signed by Landdeck, Stephanie Ann, LICSW at 1/31/2025 2:33 PM

Sokol-Hessner, Lauge, MD at 1/31/2025 1906

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is asleep during our interaction today. Discussed with Louis, son, who is at bedside. Plans for getting her into the wheelchair today. We discussed SNF plans.

SCHEDULED MEDICATIONS:
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (01/31/25 1558) **BP: 121/76 (01/31/25 1558)** **HR:** 79 (01/31/25 1558)
RR: (!) 25 (01/31/25 1558) **SpO2:** 97 % (01/31/25 1558) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.2 kg (115 lb 1.3 oz) (01/31/25 1500)

I&Os:
Intake/Output Summary (Last 24 hours) at 1/31/2025 1906
Last data filed at 1/31/2025 1500

Intake	780 ml
Output	0 ml
Net	**780 ml**

Physical Exam
Elderly woman lying in bed asleep, awakens briefly but is very hard of hearing and does not speak
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has trace pitting edema, she has a left above-knee amputation

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
140	106	8	129	10.5			AST: 18	ALT: 8	-/-/-/- | -/-/-/-	
3.4	23	0.62		4.67	><	185	AP: 61	T bili: 0.5	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.5		31			Prot: 5.4	Alb: 2.8	Trop I: -	D-dimer: -
Mg: 2.4		PO4: 2.7		ANC: 2.86 ALC: 1.21					BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain.
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-**continue guanfacine 1mg BID as it helped when she was in the MICU (restarted 1/27)**
-prior hospitalist discussed with Louis about plan going forward, expressing concerns about his mom's nutritional status in the setting of the delirium, with aspiration risk
-given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, now pursuing SNF referrals
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk

-current picture c/w aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspiction for PNA, and she remains off abx
-monitor mild tachypnea
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-APAP 650 mg q8 -> **rectal tylenol if concerned that she cannot swallow PO -- and consider increasing on 2/1 -- note the son seems to believe APAP causes sedation, so may need to negotiate increases (e.g. would prefer to do 1000mg Q6H standing to maximize pain control)**
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**.
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling:
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted. DVT ultrasound negative.
-Continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
-Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.

#FEN:
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
- s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-daily BMP & lytes

#T2DM
- Discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 1/31) but will re-evaluate daily based on clinical status

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

34.
35.

Electronically signed by Sokol-Hessner, Lauge, MD at 1/31/2025 7:22 PM

Sokol-Hessner, Lauge, MD at 2/1/2025 1652

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is up in a wheelchair today, more awake. Her son is at her side. I write questions on a board: "how are you?" She shrugs; "any questions?" She shakes her head no. Later in the conversation with her son, she asks when she's going home (it's hard for me to understand her, but that's how he explains what she has tried to verbalize). We discussed increasing her acetaminophen to try to help with pain, and he's ok with this. He would like to review her entire med list with me tomorrow.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- potassium chloride ER, 40 mEq, BID
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (02/01/25 0856) BP: 138/79 (02/01/25 0856) HR: 70 (02/01/25 0856)
RR: 18 (02/01/25 0856) SpO2: 97 % (02/01/25 0856) Room air
T range: Temp Min: 36 °C Max: 36.4 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/1/2025 1652
Last data filed at 2/1/2025 1500

Intake	730 ml
Output	300 ml
Net	**430 ml**

Physical Exam

Elderly woman seated in wheelchair next to the bed, alert, very hard of hearing, difficult to understand when she speaks
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, she has a left above-knee amputation, dressing c/d/i

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
142	105	9	144	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	28	0.64		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 2.0		PO4: 2.4		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain.
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-**continue guanfacine 1mg BID as it seemingly helped when she was in the MICU (restarted 1/27) -- will discuss taper off this with her son**
-prior hospitalist discussed with Louis about plan going forward, expressing concerns about his mom's nutritional

status in the setting of the delirium, with aspiration risk
-given some improvement noted on the guanfacine with increased PO intake, participation in PT, more alertness, now pursuing SNF referrals
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk
-current picture c/w aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspiction for PNA, and she remains off abx
-monitor mild tachypnea
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-Frequent oral care 5-6x per day. Oral swab and suction;Suction toothbrush/toothette

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-increasing APAP to 1000mg Q8H, with additional 500mg daily PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but it was a limited study
-continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#Disposition planning
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- currently unhoused, living in tent. However is working with bainbridge locals on establishing community emergency response team housing.
-Patient son has agreed for a short SNF stay to allow his mom to recover from the AKA.

#FEN
At high risk of refeeding given inadequate oral intake >5 days.
- Vitamin D 2000IU daily
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- Daily thiamine
    - s/p high dose thiamine
- Prenatal multivitamin
- Ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-daily BMP & lytes

#T2DM
- Discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 2/1) but will re-evaluate daily based on clinical status

27. **Inpatient Checklist:**
28. Fluids/Electrolytes/Nutrition: Regular CC diet
29. Prophylaxis: SQ heparin for DVT
30. Lines/Drains/Airways: PIV
31. Disposition: DNR/DNI
32. Code Status: Full Code
33. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
34.
35.

Electronically signed by Sokol-Hessner, Lauge, MD at 2/1/2025 5:03 PM

Sokol-Hessner, Lauge, MD at 2/2/2025 1214

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient is more alert today. Son is at bedside. She's more interactive than I've observed previously. Doesn't speak, but does nod and interact, holding my hand, gesturing to him, etc. Her son and I discuss a number of issues. He's concerned about her keeping her mouth open, and how this leaves her mouth dry. I encourage discussion with S&S about safe mouth/oropharynx hydrating strategies. I reiterate our concerns about aspiration risk. I also review all of her medications with him. We agree to start trying to titrate the guanfacine given her improvement. He says she wants to go home. He describes that "home" is currently a sizeable plastic tent on Bainbridge Island. I express my concern that such a place is not appropriate for someone like her who is recovering from major surgery, especially in winter. I encourage pursuing SNF.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (02/02/25 0041) BP: 129/88 (02/02/25 0041) HR: 70 (02/02/25 0041)
RR: 18 (02/02/25 0041) SpO2: 96 % (02/02/25 0041) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/2/2025 1214
Last data filed at 2/2/2025 0800

Intake	770 ml
Output	600 ml
Net	**170 ml**

Physical Exam
Elderly woman lying in bed, alert, very hard of hearing, but interactive, appropriate
Anicteric, MMM
Equal chest rise, CTAB anteriorly, no work of breathing or cough
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, which is stable, and she has a left above-knee amputation, dressing c/d/i

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
141	104	11	175	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.6	27	0.64		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: 2.8		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-While in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium). Stopped 1/15 with improved MS and clearing of sedation. On 1/25, 1/26, has been having waxing/waning mental status with hypo and hyperactive delirium. Possible aspiration pneumonitis is contributing given new cough
-start to titrate guanfacine down, today going from 1mg BID to 0.5mg BID -- will d/w Pharmacy on 2/3 about a taper plan beyond this
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications
-she continues to improve overall, more alert & interactive -- I've observed no agitation

#Aspiration risk
-current picture c/w chronic aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspicion for PNA, and she remains off abx
-mild tachypnea has resolved
-SLP evaluated the patient. Son was at bedside. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. As such, ordered for minced diet with thin liquids and strict aspiration precautions.
-prior hospitalist also discussed with pt's son (Louis) about the challenge of the patient's nutritional status in the setting of the delirium, with aspiration risk
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette
-at least one RN has raised concern about the son: *"He is attempting to aggressively give fluids to his mother... she is in turn coughing and having difficulty swallowing... Refuses to let us crush her meds for easier swallowing and refuses mouth swabs and is instead forcing large sips of water."*
-will ask S&S if they can speak with the son again on 2/3 about safer strategies to promote hydration

#Hoarse/soft voice, improving
-New, per son. Per RN team, previously could verbalize. Son states her hoarseness is improving
-consider OTO c/s for laryngoscopy if not continuing to improve, but she would need to be cooperative

#Acute Pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine
-APAP 1000mg Q8H, with additional 500mg daily PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Per Troy Decker Vasc Surgery; Planning to see her Monday, 1/27
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.

- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Anion gap metabolic acidosis, resolved (suspect was 2/2 starvation ketosis)
-Beta hydroxybutyrate was elevated
-S/p D5 1/2NS for mIVF for 1L, restarted PO diet as above
-VBG with normal pH and normal lactiac acid
-monitor with daily BMP

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia
-repleting to goal 4.0
-rechecking in AM

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed.
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
36. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
37. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #FEN
4. -Nutrition following
5. -son has been feeding her
6. -has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
7. -Vitamin D 2000IU daily
8. -zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
9. -s/p high dose thiamine, continue daily thiamine
10. -prenatal multivitamin
11. -ascorbic acid 500 mg BID x 14 days PO
12. -Vit B12 daily
13. -daily BMP & lytes
14.
15. #T2DM

16. - Discontinued SSI since not triggering insulin
17.
18. #IV access
19. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
- son and she are currently unhoused, living in a tent on Bainbridge Island
- son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
- She has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Sokol-Hessner, Lauge, MD at 2/2/2025 1:40 PM

Stanikzy, Ameenjohn A, RN at 2/3/2025 0638

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX:3 Disoriented to year. aspiration risk, coughs with po meds intake.
-VS: SBP in the 130's Stable on RA
-I/O: Low PO intake on my shift. High aspiration risk.
-BM/UOP:Diminished urine output. Pure wick removed by Pt. Incontinent Bowel/Bladder.
-PAIN: Denies
-OTHER:
-Sacral Mepilex
-SLP evaluation 2/3

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/3/2025 6:38 AM

Cipolaro, Janine M, CCC-SLP at 2/3/2025 1320

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 02/03/25
Treatment Duration: 35 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt initially sleeping, but woke up easily and was fully awake/alert. Supportive son at bedside.
Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function

Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Distractible (confused but engaged; motivated to self-feed ice cream bar)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;Soft solids (transitional solid: chocolate dipped vanilla ice cream bar)

Consistencies Assessed Comment: Jeanne held and sel-fed the ice cream bar with occasional assist to keep it from falling apart, needed some more assist to navigate biting from the popsicle stick successfully
Oral Phase: Within Functional Limits

Signs/Symptoms of Penetration/Aspiration: Wet vocal quality;Cough - immediate;Cough - delayed (infrequent

coughing, coarse and non-productive)
Strategies Used: Other strategies used

Aspiration precautions reviewed with Louis. Bullet point list handout made and given for easy reference

Patient/Caregiver Training: SLP ordered mouth moisturizer from materials management. Also, requested trial of humidified air via face tent to MD.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

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Clinical Notes (group 12 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Oral Mechanism Examination
Dentition: Other (dentures not placed for this visit)

ASSESSMENT/PLAN

Pt seen for swallow tx with Louis present. Louis is concerned regarding Jeanne's dry mouth r/t mouth breathing. SLP ordered mouth moisturizer and recommended trial of face tent for humidification. SLP also trialed ice cream bar with Jeanne. (Intended to trial a popsicle, but unwrapping revealed a chocolate dipped vanilla bar). Jeanne was very motivated and engaged, and actually held and self-fed the bar. Intermittent coarse coughing noted, c/f aspiration. Given pt/family GOC, recommend continue minced and moist diet and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Cipolaro, Janine M, CCC-SLP at 2/3/2025 4:17 PM

Decker, Troy, PA-C at 2/3/2025 1346

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. Hospitalist asked that I come to see the leg. The incision is well-approximated, without erythema and drainage. Much less edema than last week. No infection. Despite her nutritional status and age, she is showing some signs of healing the skin edge. I will visit weekly.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

2/3/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)



Electronically signed by Decker, Troy, PA-C at 2/3/2025 1:49 PM

Sokol-Hessner, Lauge, MD at 2/3/2025 1352

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY: Patient had a bit of a rough night and morning. More agitated this AM, and with a new cough. Son also concerned about her AKA stump, saying it's bothering her more, and there's some redness. We unwrap it with the RN present, take photos, and Vascular Surgery comes by to assess it and are not concerned. S&S speak with him and see patient, see below for more details. Nutrition will reassess today.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily

- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.6 °C (02/03/25 0854) BP: 115/87 (02/03/25 0854) HR: 73 (02/02/25 2238)
RR: (!) 22 (02/03/25 0854) **SpO2:** 99 % (02/02/25 2238) Room air
T range: Temp Min: 36.3 °C Max: 36.9 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52 kg (114 lb 10.2 oz) (02/01/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/3/2025 1352
Last data filed at 2/3/2025 1257

Intake	0 ml
Output	50 ml
Net	**-50 ml**

Physical Exam

Elderly woman lying in bed, seems a bit more fatigued from prior, coughing productive occasionally, overall is fairly calm, but seems a bit less settled than prior
Anicteric, slightly dry MM
Equal chest rise, some rhonchorus sounds anteriorly, R > L, no work of breathing
Heart regular
Abdomen soft, NTND
Extremities warm and well-perfused, her right lower extremity has 1+ pitting edema, which is stable, and she has a left above-knee amputation, dressing c/d/I, removed to reveal her stump





Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	108	13	141	10.8			AST: 14	ALT: 4	-/-/-/- | 7.46/35/44/25	
4.2	19	0.63		7.08	><	202	AP: 66	T bili: 0.5	Lact (a): -	Lact (v): 1.7
eGFR: >60		Ca: 8.0		34			Prot: 5.7	Alb: 2.9	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: 4.37 ALC: 1.59					BNP: - INR: -	Anti-Xa: -

2/3 CXR -- reviewed by me -- some RLL opacities, but diaphragm now present (wasn't on 1/27 CXR), overall seems somewhat improved from prior

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-overall trend has been improving, but still waxes and wanes
-hearing impairment makes communication w/patient difficult
-while in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium) -- **start to titrate guanfacine down, on 2/2 went from 1mg BID to 0.5mg BID -- Pharmacy recommends stopping entirely in a few days (e.g. 2/5) -- given long half-life, medication will self-taper**
-possible aspiration pneumonitis is contributing given cough
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications

#Aspiration risk, ongoing
-current picture c/w chronic aspiration
-1/27 CXR with stable consolidation, but given lack of cough, fever, hypoxemia, or leukocytosis, there's been low suspicion for PNA, and she remains off abx
-2/3 CXR appears slightly improved
-intermittent mild tachypnea
-SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions
-minced diet with thin liquids and strict aspiration precautions
-2/3 trying mouth moisturizer - coconut oil-based lubricant, rubbed on mouth mucosa
-2/3 trying humidified face tent
-2/3 learned pt loves popsicles and ice cream bars -- she did very well with these -- son going out to buy a box of popsicles
-prior hospitalist also discussed with pt's son (Louis) about the challenge of the patient's nutritional status in the setting of the delirium, with aspiration risk
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette
-at least one RN has raised concern about the son: *"He is attempting to aggressively give fluids to his mother... she is in turn coughing and having difficulty swallowing... Refuses to let us crush her meds for easier swallowing and refuses mouth swabs and is instead forcing large sips of water."* -- encouraged d/w SW as needed

#Acute pain 2/2 recent L above knee amputation
-APS signed off on 1/18 given significant improvement in pain. Will engaged PRN.
-s/p Ropivacaine

-was getting APAP PO 1000mg Q8H, with additional 500mg daily PRN -- then 2/3 with confusion, wasn't able to take this, so changed to rectal APAP 650mg Q4H PRN
-Buprenorphine patch 5mcg q7 days
-D/C'd Nalbuphine 1/30

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- No restrictions from anticoagulation.
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
20. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
21. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#FEN
-Nutrition following
-son has been feeding her
-has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
-see above re: intermittent starvation ketosis
-Vitamin D 2000IU daily
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-s/p high dose thiamine, continue daily thiamine
-prenatal multivitamin
-ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-regular diet (not carb controlled) started 2/3
-daily BMP & lytes

#T2DM
-discontinued SSI since not triggering insulin
-monitor now that carb controlled diet has been removed as noted above

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a tent on Bainbridge Island
-son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Sokol-Hessner, Lauge, MD at 2/3/2025 5:35 PM

Barnhart, Shelley Lea, RD at 2/3/2025 1545

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- consider liberalizing diet, remove carb restriction
- encourage oral nutrition supplements: Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- thiamine 100 mg po daily
- Cholecalciferol 2000 internation units daily for maintenance

Subjective

Current Nutrition Assessment:
INTERIM:
- TF not within GOC

FEN:
- visited pt/family at bedside, pt is drinking x1 Ensure HP, 25% of small meals such as oatmeal with ice cream and peanut butter or soup with mashed potatoes. Son states intake improved today, ate an ice cream bar, agreed to try Benecalorie mixed with food and Thrive Gelato. Discussed oral nutrition supplements, encouraged Ensure Plus over Ensure HP, Son states the HP are easier to open.
- per nursing documentation:

	Percent Meals Eaten (%)
02/03/25 1436	50
02/02/25 0600	100
02/02/25 0200	0
02/01/25 1800	100
02/01/25 1442	100
02/01/25 1100	75
01/31/25 1500	50
01/31/25 0600	25

	Oral Nutritional Supplement Intake (mL)
02/03/25 1130	0 mL
02/03/25 0800	0 mL
02/02/25 1700	0 mL
02/02/25 1130	40 mL
02/02/25 0800	60 mL
02/01/25 1700	240 mL
02/01/25 1130	0 mL
01/31/25 1700	80 mL
01/31/25 1500	240 mL

01/31/25 1236	100 mL
01/31/25 1130	0 mL
01/31/25 0800	60 mL
01/30/25 1730	0 mL

- estimate pt consumed ~300 kcal and 20 gm pro daily for the last few days

- po intake less than 40% of estimated needs last 8 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x30 days)

GI: dysphagia
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids, stable since 1/26
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:

Lab Results

Component	Value	Date
SODIUM	141	02/03/2025
POTASSIUM	4.2	02/03/2025
MAGNESIUM	1.8	02/03/2025
PHOSPHATE	2.8	02/03/2025
CA	8.0 (L)	02/03/2025
BUN	13	02/03/2025
CREATININE	0.63	02/03/2025
GLUCOSE	141 (H)	02/03/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	141 (H)	02/03/2025
GLUCOSE	175 (H)	02/02/2025
GLUCOSE	144 (H)	02/01/2025
GLUCOSE	129 (H)	01/31/2025
GLUCOSE	136 (H)	01/30/2025
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025
GLUCOSE	112	01/25/2025
GLUCOSE	125	01/25/2025
GLUCOSE	111	01/25/2025

Medications:

acetaminophen, 1,000 mg, Oral, q8h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
guanFACINE, 0.5 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
omeprazole, 20 mg, Oral, Daily empty stomach
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
senna, 17.2 mg, Oral, BID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/03/25 1257
Site Assessment	Skin Intact;Dry;Clean	02/03/25 1257
Care & Maintenance	Change device;Collection container changed	02/03/25 1257
Output (mL)	50 mL	02/03/25 1257
Urine Appearance	Hazy	02/03/25 1257
Urine Color	Amber	02/03/25 1257

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Dry;Intact;Clean;Blanchable erythema;Painful;Other (Comment)
Closure	Sutures;Staples;Other (Comment)	Staples
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	Changed
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	Mepilex Border
Dressing Changed	New	Changed
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	Other (Comment)
Dressing Status	Clean;Dry;Intact	Other (Comment)

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	Clean;Pink	Pink

Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Pink
Closure	—	None
Drainage Amount	None	None
Dressing	—	Mepilex Border
Dressing Changed	—	New;Changed
Dressing Status	—	Clean;Dry;Intact
Wound Healing %	—	-1400
Wound Length (cm)	0.5 cm	2.5 cm
Wound Width (cm)	0.5 cm	1.5 cm
Wound Surface Area (cm^2)	0.25 cm^2	3.75 cm^2
Wound Depth (cm)	—	0.1 cm
Wound Volume (cm^3)	—	0.375 cm^3
Edges	—	Well-defined edges
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/3/2025 8:45 AM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Closure	—	None
Drainage Amount	None	None
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	6 cm
Wound Width (cm)	4 cm	4 cm
Wound Surface Area (cm^2)	24 cm^2	24 cm^2
Wound Depth (cm)	0 cm	0 cm
Wound Volume (cm^3)	0 cm^3	0 cm^3
Edges	Attached edges	Attached edges
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General Heart Healthy Carb Managed

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/03/25 1515	52.5 kg (115 lb 11.9 oz)
02/01/25 0600	52 kg (114 lb 10.2 oz)
01/31/25 1500	52.2 kg (115 lb 1.3 oz)
01/30/25 0800	52.4 kg (115 lb 8.3 oz)
01/28/25 1100	52.3 kg (115 lb 4.8 oz)

Current Body mass index is 22.6 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:

No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Barnhart, Shelley Lea, RD at 2/3/2025 4:59 PM

Chen, Tiffany Chia-An, MD at 2/4/2025 0754

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- ongoing delirium
- RN note reporting overnight unable to arouse enough to take PO meds
- full w/u yesterday showing stump not appearing infected, no co2 retention, e/o starvation ketosis iwith respiratory compensation, noleukocytosis, urine is concentrated. There is + LE, + N, + bacteria in UA but also a dirty catch. Very concentrated urine
- CXR reating "pulmonary edema, bibasilar atelectasis, moderate bilateral pleural effusions"
- low uop based on purewick
- son at bedside reports feeling like she is doing better compared to yesterday and last week. This is incongruent with PCT whom reports they feel like patient has gotten worse over last week. Patient unfortunately new to RN today and to me
- I share that I am concerns that she is not doing well and that her cognition may not improve/recover from this serious medical event
- he says that her mentation was normal prior to hospitalization ("even went to a birthday party". although was WC bound. They were living in an apt but unfortunately this was lost and they were set up in emergency housing (plastic temporary housing) which does have water, electricity? And he is amenable to temporary SNF placement but would like to tak eher home and plan sto provide her with 24/7 care.
- son is thrilled about the measures taken yesterday to help moistern he rmouth
- PCT feels her mentation is worse than prior
- documented BM yesterday

History limited from patient due to AMS

SCHEDULED MEDICATIONS:
- [Held By Provider] acetaminophen, 1,000 mg, q8h

- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.6 °C (02/04/25 0753) **BP: 134/75 (02/04/25 0704)** **HR:** 76 (02/04/25 0704)
RR: 18 (02/04/25 0704) **SpO2:** 95 % (02/04/25 0704) 3 L/min
T range: Temp Min: 35.9 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 52.5 kg (115 lb 11.9 oz) (02/03/25 1515)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/4/2025 0754
Last data filed at 2/4/2025 0540

Intake	0 ml
Output	110 ml
Net	**-110 ml**

Physical Exam

Elderly frail appearing woman
Initially not very responsive even to moderate tactile stimuli
Spontaneously kind of aroused later in visit and was oriented to self (wrote her first name) and was able to follow 1 step command (to wigle toes on RLE)
S/nt/nd
No LE edema
Stump site looks c/d/I

PVR normal

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
141	108	13	141	10.8			AST: 14	ALT: 4	-/-/-/- | 7.46/35/44/25	
4.2	19	0.63		7.08	><	202	AP: 66	T bili: 0.5	Lact (a): -	Lact (v): 1.7
eGFR: >60		Ca: 8.0		34			Prot: 5.7	Alb: 2.9	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 2.8		ANC: 4.37					BNP: -	Anti-Xa: -
				ALC: 1.59					INR: -	

CXR 2/3--I personally reviewed, bilateral pleural effusions and increased crowding of lung markers with bibasilar atelectasis esp on right. Looks similar to 1/27/25 CXR

Looking back at other CXRs--she had worse LLL consolidation before but the effusion is more on L and the R sided effusion is worse compared to earlier in the month

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

#Delirium
-intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain
-overall trend has been improving (?), but still waxes and wanes
-hearing impairment makes communication w/patient difficult
-while in ICU, trialed seroquel without improvement and then was started on guanfacine 1mg BID (off label usage for delirium) -- **start to titrate guanfacine down, on 2/2 went from 1mg BID to 0.5mg BID -- Pharmacy recommends stopping entirely in a few days (e.g. 2/5) -- given long half-life, medication will self-taper**
-possible aspiration pneumonitis is contributing given cough
-continue delirium precautions
-proactively treat pain as below (attempting to minimize deliriogenic meds)
-monitor for infection or other complications--**has a dirty UA, but was unable to on 2/5 attempted to get an I/o cath as patient non cooperative/bearing done with attempt . In absence of suprapubic tender, fever, leukocytosis will hold on repeat attempt**

#Aspiration risk, ongoing
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. He is fixated on her dry mouth which was aggressively addressed on 2/3 (See note) and seems to be better.
-minced diet with thin liquids and strict aspiration precautions
-frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when path was accidentally stopped/fell off on 1/24.
-s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **this was started for acute surgical post op pain and might consider asking pharmacy/APS for help with a plan to taper off this eventually**

#PAD, c/b

#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing it daily.
- **Staples out after 2/21/25**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

-Consulted placed to P&O for hard shell protective AKA boot.
-Saw patient and felt that the current ACE wraps provide enough protection. Once staples are out, recommend trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- Follow-up with vascular surgery for appropriate postoperative wound care.
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks (1/31/25 approximately) or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

43. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
44. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#FEN
-Nutrition following
-son has been feeding her
-has been deemed at risk of refeeding given inadequate oral intake >5 days, but haven't seen significant electrolyte abnormalities (just mild hypokalemia)
-see above re: intermittent starvation ketosis
-Vitamin D 2000IU daily
-zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
-s/p high dose thiamine, continue daily thiamine
-prenatal multivitamin
-ascorbic acid 500 mg BID x 14 days PO
-Vit B12 daily
-regular diet

#T2DM
-discontinued SSI since not triggering insulin
-monitor now that carb controlled diet has been removed as noted above

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a tent on Bainbridge Island
-son is working with bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-continue to see how she participates in PT
-continue to pursue SNF referrals

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: DNR/DNI
Code Status: Full Code
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Chen, Tiffany Chia-An, MD at 2/4/2025 10:25 PM

Portante, Katie, LSWAIC at 2/4/2025 1635

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless

Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Per AIDA, pt has accepting SNFs. Per SW handoff, three SNFs willing to accept for short-term rehab w/o Medicaid application (Ballard Center, Washington Care Center, and Valley View).

Call placed w/ son Louis via room phone to f/u re: SNF decision. Per Louis, he has not had an opportunity to visit facilities yet.

PLAN or OUTCOME:
F/u re: SNF ref, f/u w/ son Louis

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/4/2025 4:42 PM

Portante, Katie, LSWAIC at 2/5/2025 1214

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Per AIDA, pt has accepting SNFs. Per SW handoff, three SNFs willing to accept for short-term rehab w/o Medicaid application (Ballard Center, Washington Care Center, and Valley View).

Update from MD that after discussion w/ Louis, his preferred SNF is Ballard Center. SNF booked in AIDA per pt/family preference.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/5/2025 1:26 PM

Hunt, Susan Elizabeth, MD at 2/5/2025 1553

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history is limited by AMS.
- Son at bedside and reports recent events during rounds today. He endorses that Jean was having some leg and stomach cramping earlier today but this improved after getting rectal Tylenol.
- He feels that her oropharynx and tongue are improving a little bit with humidified air via facemask. She continues to take small amounts of food and requires one-to-one feeding and encouragement. They have been fortifying food with supplements per nutritional team.
- She has had 3 bowel movements in the last 24 hours that were pasty and her son feels appropriate for her.
- We reviewed the 3 skilled nursing facilities that have accepted her and he is most interested in Ballard Care Center, has spoken with them on the phone.
- seen by EP team yesterday for 2 week incision check, no concerns. Son wants to enroll in remote monitoring clinic and discussed with with EP.

Follow-up in PM:
- son expressed to nursing he would like to reconsider tube feeding given her poor PO intake.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.3 °C (02/05/25 0853) **BP: 105/62 (02/05/25 0853)** **HR:** 70 (02/05/25 0853)
RR: 19 (02/05/25 0853) **SpO2:** 95 % (02/05/25 0853) Room air
T range: Temp Min: 36 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.2 kg (108 lb 7.5 oz) (02/05/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/5/2025 1457
Last data filed at 2/5/2025 1400

Intake	130 ml
Output	220 ml
Net	**-90 ml**

Physical Exam:
General: Sleeping in bed with her mouth open in no acute distress. Opened her eyes to voice briefly but then went back to sleep.
HEENT: Tacky mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally in the anterior upper fields. Decreased breath sounds in the lower fields anteriorly.
Cardiovascular: Regular rate and rhythm normal S1-S2 I do not appreciate a murmur.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
Psych: Was unable to assess her mental status today as she was not able to stay awake long enough to answer any questions for me.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 12 of 17) (continued)

145	108	13	130	-	AST: -	ALT: -	-/-/-/- | -/-/-/-
4.2	26	0.77		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6		PO4: 3.2		ANC: - ALC: -			BNP: 1,278	Anti-Xa: - INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	hypoMg at 1.6 today BNP very elevated at 1278 (no recent comparison) Review of prior pertinent labs: Albumin 2.9 tot prot 5.7 (Both downtrended from normal range on 1/9/2025 but stable since 1/31/2025)
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

2/3 CXR: unchanged from prior 1/27/2025
Lines and tubes: Pacemaker electrode is unchanged in position.
Lungs: Pulmonary edema and bibasilar atelectasis persists.
Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.
Heart and mediastinum: Unchanged.

Last TTE 1/10/2025 while she was having symptomatic bradycardia:
Normal systolic function
Moderate AS w/o regurg
Mild elevated PASP 34-39mmHg

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium.

Below plan is based on the note by Dr. Tiffany Chen dated 2/4/2025 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain **with overall trend toward slow improving (per family report), but still waxes and wanes**
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation: appears to be improving
- monitor for infection: unable to get I/I cath for urinalysis, purewick sample dirty (2/4) but in absence of suprapubic tender, fever, leukocytosis no empiric treatment

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopping entirely 2/5 (anticipate remaining self-taper due to long half-life).**

- continue delirium precautions
- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance)
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- son requesting discussion about NG tube feeding again; previously reported as not within goals of care. Considerations I will offer:
    - consider short-term NG trial to see if this improves energy; long-term NG feeding is not sustainable at SNF or likely home
    - risks include: worsening delirium (due to tether) including potential need for restraints to maintain tube; aspiration of TF if patient pulls tube out when feeds running
- notable intermittent starvation ketosis but **electrolytes only with hypoMg today which was supplemented.**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- dry mouth has been a significant concern for son: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he

was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
42. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
43. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.

19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI
25. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
26.
27. I spent a total of 65 minutes for the patient's care on the date of the service.
28.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/5/2025 4:15 PM

Hunt, Susan Elizabeth, MD at 2/6/2025 0812

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- frequent BMs (x7) recorded in last 24hrs, per nursing and son these are very small smears, soft. No concerns about diarrhea.
- more alert this morning, took a wheelchair ride with her son for over an hour. He feels her mental status is improving today, she was requesting to go outside and to go home.
- son feels her PO intake is slowly improving but still below baseline. Took about 25% of the 8oz smoothie he made today (with oatmeal, fruit, etc). She has been taking about 1 ensure bottle per day; at home previously she would take 4-6 per day. He wonders if she would do better with home-made foods that she prefers. He has been adding beneprotein to food intake. Son continues to feel that discomfort with swallowing was the limiting factor for intake and this appears to be improving (less grimacing when swallowing).
- I reviewed the potential risks and benefits of NG placement and tube feeding, including potential for worsening delirium (due to tether), potential need for restraints to maintain tube; aspiration of TF if patient pulls tube out when feeds running, inability to support NG TF as outpatient (SNF or home). He agrees to holding off at this time.
- patient was able to answer yes/no questions today when written on the white board. Denied pain (including dysuria) or other concerns. Her urine is dark/concentrated appearing but otherwise clear.
- son reports if patient discharges to home eventually, would prefer not on Sat/Sun as the buses on Bainbridge do not run those days.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily

- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.1 °C (02/05/25 1700) **BP: 132/70 (02/05/25 1700)** **HR:** 71 (02/05/25 1700)
RR: (!) 22 (02/05/25 1700) **SpO2:** 93 % (02/05/25 1700) Room air
T range: Temp Min: 36.1 °C Max: 36.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 49.2 kg (108 lb 7.5 oz) (02/05/25 0600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/6/2025 1346
Last data filed at 2/6/2025 0800

Intake	20 ml
Output	200 ml
Net	**-180 ml**

Physical Exam:
General: Sitting up in wheelchair in NA
Psych: alert throughout my visit, engages with written questions on white board, responding w/head nods/shakes.
HEENT: moist mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally (posterior auscultation today as she was in chair, still with reduced BS in the bases
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
145	109	12	136	11.8			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.6	24	0.67		6.39	><	257	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		38			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings

Lab	☒	☒	BMP: persistently low Mg 1.6 **WBC remains normal**
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☒	☐	Micro: **2.4 UCx: >100k E. coli**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake which appears to be slowly improving.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain **with overall trend toward slow improving (per family report), but still waxes and wanes**
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation: appears to be improving
- monitor for infection: **2/4 urine culture w/<100k E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis), will hold on treatment.**
- mild increased stool frequency but no features of infectious diarrhea (watery, increased volume).

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopping entirely 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- notable intermittent starvation ketosis but **electrolytes only with hypoMg today which was supplemented.**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- zinc sulfate 220 mg daily x 14 days PO (initiated 1/15)
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b

#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:

- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

29. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
30. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s
-discontinued SSI since not triggering insulin

#IV access
-lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
-Needs repeat PT and OT assessments for insurance approval of SNFs.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 40 minutes for the patient's care on the date of the service.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/6/2025 1:49 PM

Clinical Notes (group 13 of 17)

Progress Notes

Gaines, Matthew P, PT at 2/6/2025 1732

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/6/2025
Duration of session: 54 Minutes

Subjective
Patient Report/Self-Assessment: Pt opening eyes to loud voice, otherwise generally maintaining eyes closed

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)

Interventions:
Therex: sling transfer from TIS chair back to bed positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. Additional time spent for therapeutic rest, caregiver questions.
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne Hoffman demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Matthew P Gaines, PT

Electronically signed by Gaines, Matthew P, PT at 2/6/2025 5:33 PM

Portante, Katie, LSWAIC at 2/7/2025 1000

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Son Louis agreeable to d/c to Ballard Care Center.

Updated PT note received; MSW reached out to Ballard Center to initiate insurance authorization.

MSW attempted to place call to son Louis to provide update on insurance auth process; per phone message, number temporarily unavailable and MSW unable to LVM.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/7/2025 4:15 PM

Hunt, Susan Elizabeth, MD at 2/7/2025 1125

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Son not at bedside today as he went home to work on some preparations.

- worked with PT yesterday with stretching, sitting balance activities and trials of standing on R LE. Limited by fatigue and weakness.
- BM recorded x3 yesterday. Much of urine unmeasures when she was up to wheelchair (not on purewick).
- this morning she was more agitated with nursing, calling out, refusing to allow oral care or take PO meds. Speech also assessed at 11am and she refused to participate.
- I saw her shortly after the Speech Therapy visit; she had calmed some, awakened to light touch. Allowed me to swab her mouth with the moistened sponge.
- endorsed pain in her back this morning. She did have any episode of pain yesterday afternoon while son was attempting to transfer her with lift independently.
- nursing placed PIV this morning due to concerns about ability to take PO meds in setting of her mental status.

SCHEDULED MEDICATIONS:

- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36 °C (02/07/25 0613) BP: (!) 148/76 (02/07/25 0613) **HR:** 71 (02/07/25 0613)
RR: 20 (02/07/25 0613) SpO2: 94 % (02/07/25 0613) Room air
T range: Temp Min: 36 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.4 kg (111 lb 1.8 oz) (02/06/25 0600)

I&Os:

Intake/Output Summary (Last 24 hours) at 2/7/2025 0745
Last data filed at 2/7/2025 0617

Intake	20 ml
Output	125 ml
Net	**-105 ml**

Physical Exam:

General: lying in bed in NAD
Psych: awakened to voice, responded to questions written on the small white board. Some verbal responses but difficult to understand without dentures.
HEENT: tachy mucous membranes, no coating on tongue or thrush noted.
Respiratory: Clear to auscultation bilaterally
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, no LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, nontender to palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - - - - -	- - >< - -	AST: - ALT: -	-/-/-/- | -/-/-/-
eGFR: - Ca: -		AP: - T bili: -	Lact (a): - Lact (v): -
Mg: - PO4: -		Prot: - Alb: -	Trop I: - D-dimer: -
	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	None new today
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☒	☐	Micro: **2.4 UCx: >100k E. Coli, pan-sensitive**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). Her guanfacine was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing, though I think this is less likely.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **new back pain 2/7 AM (see management below)**
- monitor for infection: 2/4 urine culture w/<100k E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis), not treating as likely contaminant (sample from chronic purewick)
- stools frequent but soft, not liquid.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions

- pain treatment as below

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP QOD**
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days--> **started for acute surgical post op pain, can consider future taper off but still having pain at present so will continue.**

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated

-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)
-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.
19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI

Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 43 minutes for the patient's care on the date of the service.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/7/2025 3:14 PM

Hunter, Nancy Lynn, RD at 2/7/2025 1142

Inpatient Follow Up Nutrition Assessment

PI: Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Recommendations/Interventions:
ORAL NUTRITION:
- Diet per SLP /MD currently Level 5 Minced and Moist and Thin Liquids
- Offer supplements PRN if Pt asks - Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
Current
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
thiamine mononitrate, 100 mg, Oral, Daily Not sure pt will continue to need this, seems it can be dc'd

Subjective
Current Nutrition Assessment:
INTERIM:
- TF not within GOC

FEN:
2/7
- visited pt at bedside. Son and staff assisting with adding benecalorie to oatmeal each breakfast. She has been only taking 25% of supplements Continues with reduced intake for the past 24-48 hrs just taking ice creams, italian ices.
- Declining Ensures for the past 3-4 days
- per nursing documentation:
Patient Vitals for the past 168 hrs:

	Percent Meals Eaten (%)
02/06/25 1200	25
02/05/25 1642	50
02/05/25 1400	75
02/04/25 1600	100

	Oral Nutritional Supplement Intake (mL)
02/06/25 0800	0 ml
02/05/25 1130	0 ml
02/04/25 0800	0 ml
02/03/25 1130	0 mL
02/03/25 0800	0 mL
02/02/25 1700	0 mL
02/02/25 1130	40 mL
02/02/25 0800	60 mL
02/01/25 1700	240 mL
02/01/25 1130	0 mL
01/31/25 1700	80 mL
01/31/25 1500	240 mL
01/31/25 1236	100 mL
01/31/25 1130	0 mL
01/31/25 0800	60 mL
01/30/25 1730	0 mL

SLP eval 2/7 Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.

2/3:
- estimate pt consumed ~300 kcal and 20 gm pro daily for the last few days
- po intake less than 40% of estimated needs last 8 days, 60% or less since admit, no po intake x5 days pta per nutrition hx (PO <75% of estimated needs x30 days)

GI: dysphagia LBM 2/6 x 2; has bowel meds not taking daily
Edema/Fluid: +2 RLE
Weight: wt gain since admit d/t fluids, stable since 1/26
Wounds Present: Yes, L BKA, partial thickness wound to perineum, stage 1 pressure injury to back

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	145	02/06/2025
POTASSIUM	3.6	02/06/2025
MAGNESIUM	1.6 (L)	02/06/2025
PHOSPHATE	3.2	02/05/2025
CA	8.3 (L)	02/06/2025
BUN	12	02/06/2025
CREATININE	0.67	02/06/2025
GLUCOSE	136 (H)	02/06/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025
GLUCOSE	127 (H)	02/04/2025
GLUCOSE	141 (H)	02/03/2025
GLUCOSE	175 (H)	02/02/2025
GLUCOSE	144 (H)	02/01/2025
GLUCOSE	129 (H)	01/31/2025
GLUCOSE	136 (H)	01/30/2025
GLUCOSE	181 (H)	01/27/2025
GLUCOSE	101	01/26/2025

Medications:
acetaminophen, 1,000 mg, Oral, q8h
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
cyanocobalamin, 500 mcg, Oral, Daily
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
nalbuphine, 2.6 mg, Intravenous, Once
[Held By Provider] omeprazole, 20 mg, Oral, Daily empty stomach
pantoprazole, 40 mg, Intravenous, Daily
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
senna, 17.2 mg, Oral, BID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/03/25 1257
Site Assessment	Skin Intact;Dry;Clean	02/03/25 1257
Care & Maintenance	Change device;Collection container changed	02/03/25 1257
Output (mL)	50 mL	02/03/25 1257
Urine Appearance	Hazy	02/03/25 1257
Urine Color	Amber	02/03/25 1257

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Assessments	1/9/2025 4:57 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	—	Unable to assess
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink
Closure	Sutures;Staples;Other (Comment)	Staples
Drainage Description	—	Unable to assess
Dressing	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	Intact
Closure	—	None
Drainage Amount	None	None
Dressing	Barrier Cream	Barrier Cream;Mepilex Border
Dressing Changed	New	—
Dressing Status	—	Clean;Dry;Intact
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—
Drainage Amount	None	None
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	Clean;Dry;Pink
Drainage Amount	None	—
Dressing	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/6/2025 9:07 PM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	None
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—

Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes

Active Diet Orders

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid)
Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein)

Diet

Adult Diet Regular; 5-Minced and moist; 0-Thin liquids

Nutrition Support: No

Assessment/Plan

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
UBW: 125 lb per son 1/16
UBW%: 80%

Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/07/25 0803	50.2 kg (110 lb 10.7 oz)
02/06/25 0600	50.4 kg (111 lb 1.8 oz)
02/05/25 0600	49.2 kg (108 lb 7.5 oz)
02/04/25 0800	52.7 kg (116 lb 2.9 oz)
02/03/25 1515	52.5 kg (115 lb 11.9 oz)
02/01/25 0600	52 kg (114 lb 10.2 oz)
01/31/25 1500	52.2 kg (115 lb 1.3 oz)

Current Body mass index is 21.61 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing

Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Malnutrition Assessment: Severe malnutrition
Malnutrition: Present at admission?: Yes

Interventions:
Coordination of Care:
Chart reviewed.
Discussed current intake and tolerance with family.

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

Language Support:
No interpreter needed (documented language preference is English)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Hunter, Nancy Lynn, RD at 2/7/2025 3:02 PM

Welsh, Kathryn R, CCC-SLP at 2/7/2025 1228

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 02/07/25
Treatment Duration: 10 Minutes (swallow tx.)

Subjective

Patient Report/Self-Assessment: RN cleared SLP for entry. Pt crying out in bed and refusing oral care even with encouragement of ST by writing on white board and offering soft oral swab. Patient observed to cough intermittently on saliva.

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Agitated;Distractible;No command following

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Patient Positioning: Upright in bed

Patient/Caregiver Training: ST communicated Patient agitation (moaning) and refusal of oral care and P-O trial to RN and Medical Team.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

Oral Mechanism Examination
Dentition: Other (Dentures not in place for this visit)
Oral mucosa: Dry (Patient mouth breathing)
Observations: Jeanne refused oral care from ST and refused ST attempts to initiate Patient trial of ice chips at bedside. Jean maintained a constant open mouth posture and rejected oral care and P-O trial by turning head and momentarily closing mouth. Spontaneous movements were symmetric

ASSESSMENT/PLAN

Pt seen for swallow tx with no family present at bedside. Family currently not wanting to pursue alternative means of nutrition/hydration with focus on Patient taking small amounts of P-O. During today's swallow follow up, Pt moaning and at times crying out in bed and refusing ST attempts to initiate oral care even with encouragement of ST by writing on white board and offering Patient soft oral swab. Patient observed to cough intermittently on saliva. RN reports Patient coughing on P-O trials this morning. Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Treatment limited secondary to agitation

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations

Diet Recommendations: 5-Minced and moist;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Not Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Electronically signed by Welsh, Kathryn R, CCC-SLP at 2/7/2025 12:28 PM

Hunt, Susan Elizabeth, MD at 2/8/2025 0805

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- continued to be more agitated through yesterday, crying out. Received nalbuphine x2 doses.

- continues with poor PO intake which has worsened over the last 3 days, only 25% of recommended nutrition for last day. Son confirms this morning that she only took about 1oz of the nutritional shake he made her yesterday. This morning labs consistent with volume depletion (new hyperNa).
- she denied pain on my initial inquiry but after pulling back covers to examine her abdomen and L stump she was moaning in pain.
- remains more agitated and less interactive over last 2 days.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- albumin human, 12.5 g, Once
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- magnesium sulfate, 2 g, Once
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: 36.2 °C (02/08/25 0052) BP: 139/79 (02/08/25 0052) HR: 70 (02/08/25 0052)
RR: 20 (02/08/25 0052) SpO2: 95 % (02/08/25 0052) Room air
T range: Temp Min: 36.2 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.2 kg (110 lb 10.7 oz) (02/07/25 0803)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/8/2025 0944
Last data filed at 2/8/2025 0737

Intake	90 ml
Output	200 ml
Net	**-110 ml**

Physical Exam:
General: lying propped up in bed; NAD on initial eval but cried out with pain during exam
Psych: awakened to voice, responded to questions written on the small white board with nodding

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 13 of 17) (continued)

HEENT: tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, no LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, pushes away exam
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
149	111	12	122	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.5	21	0.73		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.7		PO4: -		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	HypoNa, mild hypoK and hypoMg today (new)
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	Micro: **2.4 UCx: >100k E. Coli, pan-sensitive**

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for now due to abnl on 2/8.**
- volume repletion with 5% albumin 12.5g x1 today to see if this can increase alertness and intake.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). Her guanfacine was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing, though I think this is less likely.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board

- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **ongoing stump pain with movement/manipulation, feels improved with nalbuphine (readded 2/7)**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) and have been holding on treatment, **HOWEVER, given no other driver of delirium and steady worsening for last 2 days with possible abdominal pain (based on pushing away exam), will treat for short course with ceftriaxone 1gm IV q24h x3 days.**
- stools frequent but soft, not liquid.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- pain treatment as below

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24.
s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- avoid IVF due to third spacing

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-working on PO diet, trying to avoid IVF unless necessary (since the latter would not be compatible with ability to discharge)

-monitor with daily BMP

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
-monitoring

#Mild hypokalemia, resolved
-repleted to goal 4.0
-monitoring

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
31. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
32. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s
5. -discontinued SSI since not triggering insulin
6.
7. #IV access
8. -lost IV, is ok without one for the time being (as of 2/2) but will re-evaluate daily based on clinical status
9.
10. #Disposition planning
11. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
12. -son is working with Bainbridge locals on establishing community emergency response team housing.
13. -SW following, see notes
14. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
15. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
16. -SNF referrals made, some acceptances, son interested in Ballard Care Center
17. -Needs repeat PT and OT assessments for insurance approval of SNFs.
18.
19. **Inpatient Checklist:**
20. Fluids/Electrolytes/Nutrition: Regular CC diet
21. Prophylaxis: SQ heparin for DVT
22. Lines/Drains/Airways: PIV
23. Disposition: see above, considering SNF.
24. Code Status: DNR/DNI
25. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
26.

27. I spent a total of 43 minutes for the patient's care on the date of the service.
28.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/8/2025 9:52 AM

Stanikzy, Ameenjohn A, RN at 2/9/2025 0618

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
* BED ALARM/DNR DNI
-AOX:4 Sling to chair.Unable to assess orientation
-VS:SBP in the 140's team aware. Other VSS RA
-PAIN: Mananged well with IV tylenol
-BM/UOP: (+)BM DUOP Incontinent of bowel/ bladder. Pure wick applied
-I/O: No PO intake on my shift
-OTHER:
-Use white board for communication
-Unable to take PO meds this shift, MD aware.IV tylenol ordered. Team to reassess 2/9
-LLE dressing taken off by Pt
-RLE heel with a pressure injury, Elevated
-Left chest pace maker
-Message sent to the team by another RN: family member came to nurses station proclaiming "just so you know, she's committing suicide by starvation." and continued on about allegations of "this is what happens when she has been told to just wash in a bucket or not reach out for help." I imagine he's having a hard time coming to terms with pts. situation...but Just wanted team to be aware of his outburst/concerns.
-Pts son claims jennifer campbell (previous landlord) is trying to kill the pt, states he's getting threats through email and text's about someone wanting her to die?

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/9/2025 6:19 AM

Hunt, Susan Elizabeth, MD at 2/9/2025 0744

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history was limited by sleepiness this morning.
- nalbuphine x3 doses in last 24hrs. Nursing reports that she cries out with any movement, sometimes even with auscultating, pushing away stethescope. Has pulled off lidocaine patch from abdomen.
- more sleepy this morning following nalbuphine for pain/agitation. Son reports that overnight the patient did request to watch television and was a bit more alert than during my visit.

SCHEDULED MEDICATIONS:
- acetaminophen, 1,000 mg, q8h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- senna, 17.2 mg, BID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN

Objective

OBJECTIVE

T: **37 °C (02/08/25 2300)** **BP:** **(!) 149/77** (02/08/25 2300) **HR:** 70 (02/08/25 2300)
RR: **17 (02/08/25 2300)** **SpO2:** 98 % (02/08/25 2300) Room air
T range: Temp Min: 36.1 °C Max: 37 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.2 kg (110 lb 10.7 oz) (02/07/25 0803)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/9/2025 0744
Last data filed at 2/8/2025 2100
Intake 350 ml

Output	200 ml
Net	**150 ml**

Physical Exam:

General: lying in bed with mouth open, NAD
Psych: would not awaken with loud voice or touch (post-nalbuphine)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, no grimace or stirring with deep palpation.
MSK: L stump wrapped with ACE wrap.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
150	111	11	131	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.7	22	0.71		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.3		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.9		PO4: -		ANC: - ALC: -			BNP: -	Anti-Xa: -
							INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	HyperNa ongoing this morning, 150.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who was slowly improving with some increased confusion and reported pain today.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia**
- additional volume repletion with NS 500ml x1 today.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but possible backslide today. Differences today include new report of back pain, possibly related to difficult transfer on 2/6) and her son's absence from bedside (which is a stabilizing factor for her mental status). **Her guanfacine**

was also stopped on 2/5 with expected self-taper due to half-life, so the waning of this medication may be contributing.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough, see aspiration precautions below
- Pain 2/2 recent amputation, improving; **restarted nalbuphine 2/7 due to possible pain although unclear if pain alone or agitation; complicated by increased somnolence after this med.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) and have been holding on treatment, **HOWEVER, given no other driver of delirium and steady worsening 2/6-2/8 with possible abdominal pain (based on pushing away exam), started short course with ceftriaxone 1gm IV q24h x3 days.**
- stools frequent but soft, not liquid.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- trial of restart guanfacine at last/lowest dose 0.5mg PO BID for agitation

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.
- monitor closely for third spacing with IVF given 2/9

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid

-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
29. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
30. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

1. -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
2.
3. #T2DM
4. BG in low 100s, discontinued SSI since not triggering insulin
5.
6. #IV access
7. Difficult access, lost 2/2 but was replacement 2/7.
8.
9. #Disposition planning
10. -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
11. -son is working with Bainbridge locals on establishing community emergency response team housing.
12. -SW following, see notes
13. -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
14. -patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
15. -SNF referrals made, some acceptances, son interested in Ballard Care Center
16. -Needs repeat PT and OT assessments for insurance approval of SNFs.
17.
18. **Inpatient Checklist:**
19. Fluids/Electrolytes/Nutrition: Regular CC diet
20. Prophylaxis: SQ heparin for DVT
21. Lines/Drains/Airways: PIV
22. Disposition: see above, considering SNF.
23. Code Status: DNR/DNI
24. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
25.
26. I spent a total of 42 minutes for the patient's care on the date of the service.
27.

Electronically signed by Hunt, Susan Elizabeth, MD at 2/9/2025 2:57 PM

Stanikzy, Ameenjohn A, RN at 2/10/2025 0618

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
* BED ALARM/DNR DNI
-AOX:0 Sling to chair.Unable to assess orientation
-VS:SBP in the 150's team aware. Other VSS RA
-BM/UOP: (+)BM DUOP Incontinent of bowel/ bladder. Pure wick applied
-I/O: No PO intake on my shift. Pt tried to spit/punch me while attempting to administer PO med.
-OTHER:
-Use white board for communication
-Unable to take PO meds this shift, MD aware.
-LLE dressing taken off by Pt
-RLE heel with a pressure injury, Elevated
-Left chest pace maker
-Mepilex on back and tailbone changed.

Electronically signed by Stanikzy, Ameenjohn A, RN at 2/10/2025 6:18 AM

Hunt, Susan Elizabeth, MD at 2/10/2025 0751

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- remains very confused and sleepy throughout yesterday. No able to take any significant PO. Lost PIV and unable to replace, even with STAT nurse attempt.
- This morning patient was getting cleaned up from a bowel movement when I arrived and was crying out in pain during that process with every wipe. Following that she settled into the bed and was more comfortable.
- When questioned after settling back in bed patient shook her head no when asked about back pain or shortness of breath. She did indicate by pointing that she wanted the TV changed and confirmed this when I wrote on the white board. She also endorsed thirst when I read on the whiteboard by nodding. She subsequently fell back asleep when I was not stimulating her by touching and speaking loudly.
- Her son reports that she did take some p.o. this morning including a third of an Ensure bottle and approximately 30 to 45 mL of soup. He does feel that she did much better yesterday after receiving the first dose of guanfacine.
- We spent some time discussing that overall her nutrition has been quite poor and worsening over the last week which is concerning to the medical team and to Louis. I discussed the possibility of talking to our palliative care team about her overall picture and next steps.

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36 °C (02/10/25 1636) BP: 116/61 (02/10/25 1636) HR: 67 (02/10/25 1636)
RR: 18 (02/10/25 1636) SpO2: 95 % (02/10/25 1636) Room air
T range: Temp Min: 36 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 47.4 kg (104 lb 8 oz) (02/10/25 1600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/10/2025 1740
Last data filed at 2/10/2025 1400
Intake 75 ml

Output	210 ml
Net	**-135 ml**

Physical Exam:
Gen: Propped up in bed asleep but awakens to loud voice and light touch and was able to answer questions with nods and some verbal response.
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: Lungs are clear to auscultation bilaterally (anterior)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft, no grimace or stirring with deep palpation.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).
Skin: no open wounds or sores on her back or sacrum.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
150	111	12	148	12.1			AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.1	20	0.74		8.45	><	255	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		39			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK 3.1 WBC remain normal
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and decreased PO intake over the last 3-4 days.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/9 (2 doses) due to lack of other driver of delirium worsening mental status but

without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel, tried guanfacine 1mg BID (off label usage for delirium) which was then weaned down and **stopped 2/5 (anticipate remaining self-taper due to long half-life).**
- continue delirium precautions
- **trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (started 2/9)**

- Palliative Care consult: reengaged 2/10 give changes in her mental status and complexity of determining interventions that will help her meet goals.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK, will replete IF ABLE based on access and mental status for PO intake.**
- additional volume repletion with NS 500ml x1 2/9 without change in Na
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days
- nalbuphine readded 2/7 for back pain and intermittent stump pain as potential drivers of her delirum.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
28. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
29. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
-
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
-
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **-Needs repeat PT and OT assessments for insurance approval of SNFs.**
-
- **Inpatient Checklist:**

- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
-
- I spent a total of 46 minutes for the patient's care on the date of the service.
-

Electronically signed by Hunt, Susan Elizabeth, MD at 2/10/2025 5:51 PM

Decker, Troy, PA-C at 2/10/2025 0949

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. I've come by weekly. The incision is well-approximated, without erythema and drainage. Minimal edema. No infection. She continues to show healing at the skin edge. Her nutritional status and age make musculocutaneous flap healing questionable. Typically we wait at least 6 weeks on these. We can set her up for follow up if she finds a SNF to transfer this week.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532

Electronically signed by Decker, Troy, PA-C at 2/10/2025 10:04 AM

Portante, Katie, LSWAIC at 2/10/2025 1320

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless

Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt's son Louis is amenable to short-term rehab (not LTC Medicaid). Son Louis agreeable to d/c to Ballard Care Center.

Per update from Ballard Care Center admissions via AIDA, insurance auth still pending.

MSW, MD met w/ pt and son Louis at bedside. MD provided update on pt status and care plan, discussed additional Palliative Care consult; Louis agreeable. MSW provided update on status of insurance auth for Ballard Care Center and possible next steps.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/10/2025 1:23 PM

Schlenker, Kathryn Ann Vogelsang, DO at 2/10/2025 1708

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition, GOC, support, palliative care.

INTERVAL HISTORY:
Jeanne previously seen by palliative care immediately following her AKA for ongoing support and GOC. At that time. Jeanne and her son Louis were longevity focused, hoping for smooth recovery from AKA and expressed a desire to return home.
Discussed case with Dr. Hunt (med E attending) and bedside RN. Since our last visit, Jeanne has been struggling with delirium, decreased PO intake resulting in malnutrition. She is high risk for aspiration and TF are not in line with her GOC. Jeanne has continued to become weaker now has electrolyte derangements related to her poor PO intake (hypernatremia, hyponatremia). Son Louis has been at bedside and helping her to eat small amounts. Jeanne intermittently cries out in pain.

The palliative care team (myself, Beth Chance MSW, Laura Katers PA) met with Jeanne and Louis in the family waiting room. Jeanne was in a wheelchair. She was alert for most of or visit but did not engage in conversation.

Louis spoke on Jeanne's behalf. He shared many details about their prior living situation, loss of housing, and hopes to have their living situation improved. There were periods where Louis was tangential. He was also difficult to redirect. Highlights of our conversation are below:

-Louis shared that Jeanne was living a full life before her acute limb ischemia. She enjoyed traveling and spending time with her friends. Loved going to Starbucks.
-Louis had noticed her leg getting worse (possibly infected). He really wanted her to make it to her 100th birthday so he used to antibiotics he had at home and she ended up at the hospital shortly after her 100th birthday.
-Louis says that his mom is not happy with having the AKA and is having trouble adjusting. It is hard on her to be in the hospital. Louis said that Jeanne is not eating. He said that she is starving herself because she is frustrated and stubborn and also said that she has had delirium that makes it difficult to eat. He understands that she is an aspiration risk. He has been helping her to eat pureed foods. She did eat ~1oz of food today.
-Louis wants to work with teams that are positive about his mom. He does not want her to receive less care or different care just because she is 100--age is just a number.
-Louis understands th-at his mom is close to the end of her life (since she is 100, not because of her current medical situation). He hopes for her to have a good QOL. This means being home and spending time how she wants.
-Louis worries that his mom would die if she went to a SNF--thinks she would only last 30-60 days.
-Louis has cared for Jeanne for 35 years. He also cared for his grandmother. She went to a SNF for care at the end of her life and died at the SNF. He does not want this for his mom.
-If Jeanne were at EOL she would want to be home. Louis shared that if Jeanne's doctors knew that she was terminal, he would want to take her home to Bainbridge ASAP.
-Louis expressed a desire to partner with the medical team. Jeanne's long term PCP retired recently and this has been a loss for them.

PHYSICAL EXAM:
BP 116/61 (Patient Position: Lying) | Pulse 67 | Temp 36 °C (Temporal) | Resp 18 | Ht 5' (1.524 m) | Wt 47.4 kg (104 lb 8 oz) | SpO2 95% | BMI 20.41 kg/m²
Gen: Jeanne was sitting in a wheelchair, she was intermittently alert but did not participate in the conversation verbally, she did occasionally gesture to her L leg, she had some moments where she grimaced and cried out in pain, she also slept other times in our visit.
HEENT: tongue dry with food specs present, lips dry
Resp: some upper airway gurgling noted, regular respirations, breathing comfortably
Neuro: does not participate in conversation or track conversation, seems confused, not agitated

IMPRESSION: Jeanne has experienced ongoing decline following her AKA. She has had delirium and ongoing poor PO intake resulting in new electrolyte derangements. Jeanne's son Louis has shared a hope for Jeanne to get stronger and eventually return home. He would like to avoid SNF if able, especially long term. Louis would like for Jeanne to have a good QOL for the remainder of her life and he also values longevity. He did share that if Jeanne's doctors all felt that she were terminal he would want to know so that he could prioritize getting her back home.

RECOMMENDATIONS:
-Palliative care will continue to follow and engage in discussions with Louis.
-If there are specific decisions that need to be made regarding Jeanne's care, it would be beneficial for palliative care and the primary team to meet with Louis together to discuss. -Tentatively made plans to follow up with Louis tomorrow given Jeanne's electrolyte abnormalities and limitations of repletion.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 115 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/10/2025 11:49 PM

Hunt, Susan Elizabeth, MD at 2/11/2025 0819

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Patient reported history is limited by mental status, she only answered a few written questions. Son and nursing provide hx.
- continues with minimal PO intake yesterday and overnight. PIV replaced yesterday afternoon, received D5 NS + 20mEq KCl x1L.
- she shrugged when I asked about pain and did not answer when I asked about breathing difficulties.
- son reports he was able to get her up to a wheelchair today and they went on a ride around the unit and to the visitor waiting room to look at the view. She continues to tell him that she wants to go home. She endorses wanting to see friends on Bainbridge.

I was able to visit with Palliative Care Team members as well today. We discussed the following:
- shared concerns that Jeanne is not taking adequate oral intake to maintain nutrition or hydration. We started IVF last night to support her hydration and electrolytes. IV support is a temporary measure.
- shared my concern that Jeanne has not been improving despite extensive attempts to address underlying drivers of delirium (as outlined in A/P below). Louis acknowledges he also hoped she would improve but has not been seeing that over the last few days.
- reviewed the complexity of her hospital stay and strain this had on her body, my medical opinion that even in best case, Jeanne is not likely to be as strong or functional as she was prior to this hospital stay.
- Louis continues to stress that Jeanne would want to be back on Bainbridge and visiting with friends if she were at the end of her life.
- Palliative Care team reviewed some potential options if Jeanne is not able to start eating and drinking enough to support physical recovery/improvement in her activity, including hospice in their current homestead situtation, possible inpatient hospice or SNF. Given their complex home situation and living on Bainbridge, will need to do more assessment of which of these options are available.

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cefTRIAXone, 1 g, q24h
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily

- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.2 °C (02/10/25 2318) **BP: (!) 146/73** (02/10/25 2318) **HR:** 69 (02/10/25 2318)
RR: 18 (02/10/25 2318) **SpO2:** 96 % (02/10/25 2318) Room air
T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 47.4 kg (104 lb 8 oz) (02/10/25 1600)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/11/2025 0819
Last data filed at 2/11/2025 0615

Intake	205 ml
Output	75 ml
Net	**130 ml**

Physical Exam:
Gen: Propped up in bed at 45 degree angle, comfortable appearing, resting with mouth open and intermittently awake.
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: Lungs are clear to auscultation bilaterally (anterior)
HEENT: keeps mouth open, tachy mucous membranes.
Respiratory: Clear to auscultation bilaterally, anterior
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
150	115	12	252		12.1		AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.3	21	0.70		8.45	><	255	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9			39		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: - ALC: -					BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.

- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
-
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
-
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
-
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **- considering hospice based on symptoms, monitoring.**
-
- **Inpatient Checklist:**
- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
-
- I spent a total of 62 minutes for the patient's care on the date of the service.
-
-
-

Electronically signed by Hunt, Susan Elizabeth, MD at 2/11/2025 5:28 PM

Schlenker, Kathryn Ann Vogelsang, DO at 2/11/2025 1558

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition, GOC, support, palliative care.

INTERVAL HISTORY:
-IV placed last night and Jeanne receive IV fluids with potassium.

Dr. Hunt and the palliative care team (myself, Beth Chance MSW, Laura Katers PA) met bedside with Jeanne and her son Louis. Jeanne was unable to meaningfully participate in today's discussion.

Louis shared that Jeanne has been telling him that she wants to go home. She wants to see her best friend Lou. Louis shared that Jeanne has not had improvement in her eating or drinking. Dr. Hunt confirmed this and shared that she has had to start artificial hydration. This is a temporary measure that we can to to support her and see if she improves but cannot be done long term. Louis expressed understanding. He said that he told Jeanne that if she does not start eating she will die. Dr. Hunt agreed wit this assessment. Discussed that without adequate hydration, Jeanne will not be able to maintain.

We discussed continuing IV fluids for a few days and seeing how Jeanne does. If she begins to improve, then a best case scenario is that she improves enough to sustain herself and can go to a SNF for short term rehab. If she does not improve, then we would shift our focus to end of life care and do hospice. Louis is familiar with hospice. Based on what Louis shared with our team yesterday and what he is saying today, it is clear that it is important for Jeanne to be able to be home if possible for EOL care. Louis was in agreement with this. We asked if home means just Bainbridge or if it specifically means their homestead. Louis was open to both options. If those did not work, then Louis said that hospice could be done in Seattle at a facility.
We agreed to follow up with Louis later in the week to see how things are progressing with Jeanne's oral intake.

PHYSICAL EXAM:
BP 131/78 (Patient Position: Lying) | Pulse 72 | Temp 36.4 °C (Temporal) | Resp 18 | Ht 5' (1.524 m) | Wt 45.5 kg (100 lb 5 oz) | SpO2 95% | BMI 19.59 kg/m²
Jeanne was propped up in bed, intermittently had her eyes open, mouth open with tongue protruding, tongue try, Jeanne intermittently cried out during our visit.

IMPRESSION: Jeanne has had ongoing poor intake and now has dehydration and malnutrition. Her son Louis appreciates that if her intake does not improve she will continue to decline and will be at end of life. He is in agreement with a trial of IV fluids to see if Jeanne improves and can start taking PO on her own. If she does not improve in the coming days, then he is open to exploring hospice as a possibility.

RECOMMENDATIONS:
-Agree with trial of IV fluids to see if Jeanne has any clinical improvement. Will re-evaluate later this week.
-Will coordinate with social work the possibility of looking into hospice options on Bainbridge (home hospice and hospice at a facility).
-Palliative care will continue to follow for ongoing support and GOC.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 75 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/12/2025 4:56 PM

Pillai, Sunita, MD at 2/12/2025 0756

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 34
Overnight RN reports reviewed

Per son patient had PO intake
mIVF d/c at 0400
Bedside discussion today :
Patient was coughing on at arrival

Son reports that patient had Oatmeal and one full bottle of Ensure
We discussed aspiration , son informs that he is advising her to breath with sound and cough
Son enquires about prosthesis and transfer to HMC for the same
Discussed patient's hypernatremia, and current nutritional status
We discussed concern with hypernatremia,
Patient lost another PIV and order placed for PICC - has no veins

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- saliva substitute, 15 mL, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.1 °C (02/12/25 0418) **BP:** 100/62 (02/12/25 0418) **HR:** 70 (02/11/25 1638)
RR: 14 (02/12/25 0418) **SpO2:** 94 % (02/12/25 0418) Face tent 6 L/min
T range: Temp Min: 36.1 °C Max: 36.4 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.5 kg (100 lb 5 oz) (02/11/25 1138)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/12/2025 0756
Last data filed at 2/12/2025 0507

Intake	1995 ml
Output	—
Net	**1995 ml**

Physical Exam:
Gen: coughing intermittently , gurgly
HEENT: tongue moist, mouth open, adentulous (not wearing her dentures)
Resp: coarse breath sounds anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: Occasional bowel sounds, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

Below plan is based on the note by Dr. Hunt dated 2/11/25with updates made to reflect changes to the medical decision making and plan today.
Delirium
#Hypernatremia
#Hypkalemia

#Hypernatremia
Initiate D5W 50 ml/hr
Na Q 6 hrs

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily

Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.

- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in

uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):
1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

#IV access
Difficult access, lost 2/2 but was replacement 2/7.

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
- considering hospice based on symptoms, monitoring.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.

23. Code Status: DNR/DNI
24. Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
25.
26. I spent a total of 62 minutes for the patient's care on the date of the service.
27.

Electronically signed by Pillai, Sunita, MD at 2/12/2025 6:54 PM

Pillai, Sunita, MD at 2/13/2025 0803

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 35
Overnight RN reports reviewed

Per son patient had PO intake

Bedside discussion today :
Patient is much more awake and oriented today she was able to participate in some conversation with cues on white board
-1 asked how she was doing - shrugged and smiled
-2.Asked if she was in pain - nodded no
-3 discussed about IV access, asked her if we lose the pIV what she would want - wrote plan options of CVC vs Comfort, patient initially said " let go" then shrugged and pointed to son and gestured to do as per him
Discussed with son - informed that a Central line was not recommended in patient's situation and advocated against
Son is very optimistic, shared that the line will last
However if it falls he will take her home
We talked about patients PO intake, discussed that even though patient is not coughing she could be aspirating
Son reports that patient had Oatmeal and one full bottle of Ensure

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- cholecalciferol, 2,000 units, Daily
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- [Held By Provider] omeprazole, 20 mg, Daily empty stomach
- pantoprazole, 40 mg, Daily
- polyethylene glycol 3350, 17 g, Daily
- prenatal multivitamin iron-folic acid, 1 tablet, Daily
- saliva substitute, 15 mL, TID
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

- acetaminophen, 650 mg, q4h PRN
- [Held By Provider] acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 2.6 mg, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: 36.5 °C (02/13/25 0359) BP: 112/70 (02/13/25 0359) HR: 75 (02/13/25 0359)
RR: 16 (02/13/25 0359) SpO2: 94 % (02/13/25 0359) Room air
T range: Temp Min: 36 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.5 kg (100 lb 5 oz) (02/11/25 1138)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/13/2025 0803
Last data filed at 2/13/2025 0700

Intake	1180.41 ml
Output	1 ml
Net	**1179.41 ml**

Physical Exam:
Gen:alert, smiling engaging
HEENT: tongue moist, edentulous (not wearing her dentures)
Resp: clear anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: l bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
147; 148	114	12	191	10.5			AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.4	27	0.70		8.19	><	178	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9		33			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Hypernatremia-resolved
Since patient continues to have poor PO intake she remains at risk for Hypernatremia, will continue low volume D5W and trend Na, space out checks to q 12 hrs
Continue D5W 50 ml/hr
Na Q 12 hrs

 # GOC
Multidisciplinary meeting with for GOC.
100 F HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14. Now on hospital day 35. Course c/b, Severe malnutrition and poor PO intake. Patient is high aspiration risk , son at bedside is very attentive and caring for patient, she has intermittent hypernatremia that's responding to free water via IVF. Patient has fragile veins and loses her PIV frequently, PICC line assessment revealed that her largest vein was 2.5 mm and not a candidate for PICC. Patient's nutritional requirements are not met with her current PO intake. Her mental status waxes and wanes, however when she was clear she has clearly expressed to several providers that she wishes to die in her home , and not in the hospital. Patient's son who is attentive and caring appears to be very optimistic. He has capacity to make decisions however its difficult to assess his insight into patients current needs and care needed.
In light of these issues a multidisciplinary team meeting was requested discus patient's care.
We discussed patient's stated goal of wanting to die at home
We discussed current challenges of patient's nutritional needs, her ability to participate in PT/OT , her healing including risk for infection, aspiration pneumonia. These constraints were independent of patient's age.
We discussed that her current PO intake is not sustainable with her precarious PIV situation. Even if the PIV lasts for a week or so as the son believes , patient's clinical course may not improve to meet her expressed goals
We discussed that patient has lived 100 years and we should respect her goal since the alternative was a risk of passing in the hospital
We discussed that based on current available information and clinical scenario, the team should work towards trying to get patient back to her home with as much care as can be provided.
Continue current care
Ok for PIV placement
No escalation to CVC placement
PT/OT for baseline evaluation
Work towards discharge to residence/placement next week
SW working on finding best options to assist with making this transition with goal for continued care as long as patient will need.
Appreciate multidisciplinary team members in making time for discussing patient's care and plans.

Below plan is based on the note by Dr. Hunt dated 2/11 /25 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.
Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)
- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study

-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

28. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
29. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

-Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.

#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

#IV access
Difficult access, lost 2/2 but was replacement 2/7.

#Disposition planning
-son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
-son is working with Bainbridge locals on establishing community emergency response team housing.
-SW following, see notes
-she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA
-SNF referrals made, some acceptances, son interested in Ballard Care Center
- considering hospice based on symptoms, monitoring.

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: Regular CC diet
Prophylaxis: SQ heparin for DVT
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/13/2025 8:48 PM

Chance, Beth A, LICSW at 2/13/2025 0932

Palliative Care Service: Follow-up

Palliative care social worker attended multidisciplinary care meeting regarding next steps for Jeanne. Coordinated with multiple providers and service social worker to consider paths forward.

Please see palliative care physician Katie Schlenker's note for details and summary of this meeting.

CONTACTS:
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE
STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Primary Contact Role: Medical POA
No emergency contact information on file.

Health Care Agent: Hoffmann Alloin,Louis Charles - Son - 206-780-6885

POLST: Received

Thank you for asking the Palliative Care team to be involved. Please page the team via the paging operator with any specific questions or concerns.

Beth Chance, LICSW
Palliative Care Social Worker
Office phone 206 598-2932

Electronically signed by Chance, Beth A, LICSW at 2/14/2025 9:37 AM

Portante, Katie, LSWAIC at 2/13/2025 1304

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Palliative Care Consult

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs.

F/u message left w/ Ballard Care Center (253-302-9500) re: status of insurance auth.

MSW received VM from APS investigator Eric Cook (206-437-3675) after visiting w/ pt and son Louis in hospital. F/u call placed, provided update on pt status. MSW to follow up w/ Eric when d/c plan more clear.

MSW participated in interdisciplinary meeting for care planning. Per Palliative care team, son Louis is more open to hospice. MSW placed hospice referrals for Bainbridge Island per recommendation of leadership to explore available options.

Return call from Ballard Care Center admissions (253-302-9500), insurance auth still pending. Confirmed they can also accept pt under Medicaid coverage if needed.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/13/2025 3:51 PM

Sharp, Emily L, PT at 2/13/2025 1559

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/13/2025
Duration of session: 40 Minutes

Subjective
Patient Report/Self-Assessment: Opened eyes and agreeable to PT for bed exercises
Patient Stated Goal(s): son's goal is for her to be home with him taking care of her

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:

Interventions:
Therex: Supine LE therex with son with written communication to the patient via a white board with extra time needed for this R HS and HC stretch 3 times 30 seconds issued written handouts
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne was willing to do PT but extra time was needed for communication and for her son's questions and concerns. She tolerated in bed LE exercises and stretches with written handouts given to her son and ques via a white dry erase communication board to the patient. Her son deferred transfer training for now due to concerns about her R UE IV and not wanting it to dislodge. Will continue to follow and progress as able.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 02/20/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 02/20/25
Goal Status: Not Progressing
Goal: Sit unsupported for
Estimated Completion Date: 02/20/25
Goal Status: Not Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 02/20/25
Goal Status: Progressing

Goal: Patient to need only a little bit of assist from her son for her home exercise program
Estimated Completion Date: 02/20/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Emily L Sharp, PT

Electronically signed by Sharp, Emily L, PT at 2/13/2025 3:59 PM

Clinical Notes (group 14 of 17)

Progress Notes

Schlenker, Kathryn Ann Vogelsang, DO at 2/13/2025 2249

PALLIATIVE CARE SERVICE: FOLLOW UP--Non Face to Face Visit

ID/CC: acute limb ischemia s/p L AKA, delirium, malnutrition with electrolyte abdnormalities, GOC, support, palliative care.

INTERVAL HISTORY:
-Discussed Jeanne's care with Dr. Pilllai. Jeanne lost her IV yesterday. Was seen by PICC team but is not a candidate for PICC. Had new PIV placed but there is concern it may not last long.
-Dr. Pillai shared that Jeanne was more alert today. She expressed ambivolence about how to proceed if her PIV were to fall out. She discussed in detail with son/DPOA Louis and he ultimately decided that his mom would not want aggressive measures such as a central line and if her IV came out and not be replaced, then he would want to take her home.

I participated in a multidisciplinary meeting to discuss Jeanne's care.
We Jeanne's case and her current medical situation.
Discussed that Jeanne has been declining, not eating or drinking. Sodium is improved with IVF but this is not a long term therapy and if she cannot drink and eat on her own she will be at end of life soon.
Reviewed prior conversations we have had with Louis regarding EOL preferences.
Discussed plan to move forward with hospice referrals to best honor Jeanne and Louis' wishes for her to be home at EOL. Will do our best to support Jeanne in improving but seems unlikely that she will.
Would be ideal if we could have hospice in place on Bainbridge (either at their homestead or in a facility). However, if Jeanne looses her IV and Louis expresses a desire to take her home without hospice support in place, we would all be in support of this. Louis has cared for Jeanne for years and she has made clear to her medical providers that she trusts him and looks to him to support her with decisions.
Made plans for medicine and palliative care teams to round together tomorrow to further discuss plans for home with Louis.

I spent a total of 69 minutes of non-face to face time for the patient's care associated with the visit dated 2/11/2025.

Details of time spent:
Discussed case with Dr. Pillai from 12:55-12:59 and 1:02-1:05.
Participated in multidisciplinary meeting via zoom from 2:30-3:30.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 2/13/2025 11:27 PM

Knowling, Molly Christine, RD at 2/14/2025 1112

Inpatient Follow Up Nutrition Assessment

PI: 100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Recommendations/Interventions:
ORAL NUTRITION:
- Diet per SLP /MD currently Level 5 Minced and Moist and Thin Liquids
- Offer supplements PRN if Pt asks - Ensure Plus and Thrive Gelato
- appreciate nursing documentation of %meals consumed

VITAMINS/SUPPLEMENTS:
- OK to d/c MVI, cholecalciferol, thiamine

Nutrition support:
- Not w/in GOC

Subjective

INTERIM:
- TF not within GOC
- Plan to d/c pt home/placement
- Pt refusing PO intake

Current Nutrition Assessment:
FEN: Minimal PO intake. Sips of ensure, bites of oatmeal yesterday
GI: dysphagia and likely aspirating w/ PO intake - SLP following . Daily BM
Edema/Fluid: None
Weight: Steadily trending down for past ~ 3 weeks
Wounds Present: Yes, multiple. See wound care sheet

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective
Labs:
Lab Results

Component	Value	Date
SODIUM	141	02/14/2025
SODIUM	144	02/14/2025
POTASSIUM	3.5 (L)	02/14/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.2 (L)	02/14/2025
BUN	9	02/14/2025
CREATININE	0.55	02/14/2025
GLUCOSE	181 (H)	02/14/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025
GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025
GLUCOSE	130 (H)	02/05/2025
GLUCOSE	127 (H)	02/04/2025

Medications:
aspirin, 81 mg, Oral, Daily
atorvastatin, 10 mg, Oral, Daily
buprenorphine, 1 patch, Transdermal, q7 days SCH
cholecalciferol, 2,000 units, Oral, Daily
guanFACINE, 0.5 mg, Oral, BID
heparin, 5,000 units, Subcutaneous, q12h SCH
lidocaine, 1 patch, Topical, q24h
[Held By Provider] omeprazole, 20 mg, Oral, Daily empty stomach
pantoprazole, 40 mg, Intravenous, Daily
polyethylene glycol 3350, 17 g, Oral, Daily
prenatal multivitamin iron-folic acid, 1 tablet, Oral, Daily
saliva substitute, 15 mL, Swish & Spit, TID
thiamine mononitrate, 100 mg, Oral, Daily
timolol maleate, 1 drop, Both EYES, BID

dextrose, 50 mL/hr, Last Rate: Stopped (02/14/25 0935)

Lines/Drains/Airways/Wounds:

Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm (Active)

External Urinary Suction Device 01/28/25 (Active)

Suction	Yes	02/14/25 0730
Site Assessment	Skin Intact	02/14/25 0730
Care & Maintenance	Change device;Peri care - wash with soap and water	02/10/25 2319
Output (mL)	75 mL	02/11/25 0615
Urine Appearance	Clear	02/14/25 0730
Urine Color	Amber	02/13/25 2056

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments 1/9/2025 4:57 PM 2/14/2025 9:00 AM

Wound Bed/Base Assessment	—	Clean;Dry;Intact
Closure	Sutures;Staples;Other (Comment)	—
Dressing	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Status	—	Clean;Dry;Intact

Active Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	Order	Priority	Status	Authorizing Provider
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Discontinued	Decker, Troy, PA-C

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—
Drainage Amount	None	—
Dressing	Barrier Cream	Barrier Cream
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/14/2025 7:30 AM
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—

Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	—
Drainage Amount	None	—
Dressing	—	None - Open to air
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/14/2025 9:00 AM
Wound Bed/Base Assessment	—	Blanchable erythema;Dry
Peri-Wound Assessment	Pale	—
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: General
Dysphagia Modification: 5-Minced and Moist and 0-Thin Liquids

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/13/25 1539	45.6 kg (100 lb 8.5 oz)
02/11/25 1138	45.5 kg (100 lb 5 oz)
02/10/25 1600	47.4 kg (104 lb 8 oz)
02/09/25 0754	46.6 kg (102 lb 11.8 oz)

Current Body mass index is 19.63 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing
Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission

Interventions:
Coordination of Care:
Chart reviewed.
Sent secure message to APP

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.

To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Monitor oral intake and tolerance.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 989-1191

Electronically signed by Knowling, Molly Christine, RD at 2/14/2025 11:29 AM

Portante, Katie, LSWAIC at 2/14/2025 1223

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Hospice Referral;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Pt accepted at Ballard Care Center, insurance auth pending. Ballard Care Center can also accept pt under Medicaid benefit if needed.

F/u w/ Ballard Care Center; insurance auth still pending.

Per AIDA, updates from the following three hospice agencies on Bainbridge:
- Envision Hospice (360-350-4875); will only accept pt if pt is discharged to a facility.
- Franciscan Hospice (Julie, 253-209-2554); per Julie w/ intake, they can accept unhoused pts but will need a) a safe, secure mailing address for supplies to be delivered b) a place for safe storage of controlled substances c) an address/location for services.

MSW met w/ pt and son Louis at bedside; pt alert and responded to greeting at entry but unable to meaningfully participate in conversation. MSW spoke at length w/ Louis. Provided update on status of pending insurance auth for Ballard Care Center. Louis discussed his current focus on resolving pt's medical issues, but that his "plan A" would be rehab and "plan B" would be returning to Bainbridge with pt if rehab is denied. Louis provided additional information on his dwelling set-up. Louis states he receives assistance from the Bainbridge CERT (Community Emergency Response Team) volunteer organization, and safety support from the Bainbridge Fire and Police Departments. He would need to re-set up the dwelling in order to prepare for discharge if the plan were to return to Bainbridge. Louis confirmed the dwelling is wheelchair accessible, and heat is provided from a propane camp stove with a hot water tank. He would have access to electricity via solar panels. When asked if SW should coordinate with the BIFD, Louis stated it wasn't necessary, as he would reach out to them. When asked about transportation, Louis states he "has a wheelchair van company" and he was able to bring pt in on admission. When asked specifically about the plan for transportation at discharge, Louis outlined a plan to travel by public transit and ferry. MSW ended conversation with agreeing to follow up with Louis after the weekend and holiday.

Please page weekend SW team for any needs over weekend/holiday: 206-645-0792.

PLAN or OUTCOME:
F/u re: insurance auth; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/14/2025 3:59 PM

Bustamante Campusano, Diana, RN at 2/14/2025 2122

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1500-2300: Difficult to determine A&O status, patient hard of hearing and visually impaired. FLACC scale used for pain score. Patient screaming in pain at start of shift, once pain medication given patient calmed down. Pain management and reposition has helped to manage discomfort..
-Skin: wound dressing intact on left BLE. Changed x2.
-GI/GU: Minimal PO intake. High aspiration risk, 1:1 Supervision done and aspiration precautions followed. +flatus. +small incontinent BM. Difficult to determine UOP due to incontinence and patient removing purewick.
-Mobility: 2PA for q2turns.

Electronically signed by Bustamante Campusano, Diana, RN at 2/14/2025 9:25 PM

Pillai, Sunita, MD at 2/15/2025 1435

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 37
Overnight RN reports reviewed

Per son patient had PO intake

Bedside discussion today :

Seen seated in the family room with son
Enjpying the view
She greets me with a smile
Convo on white board " how are you"
Responds - I am doing great - she has dysarthria , but better and some words are clear
Asks me " how are you doing"
Then points outside and says " its a good day"- it was

But after that she was saying things me or Louis couldn't understand, she smiled intermittently

Discussed with Louis that she was ready for discharge , I can discharge her today
He said his home wasn't ready
I asked about details
He says he has power with solar panel
He says that he can cook and he will do the cooking with propane but is getting a stove
He says that Firetruck can approach his home
He says the can fit in a hospital bed but would need to make arrangements - wouldn't be able to get it ready for a hospital bed today
I asked him if he had a picture and he said he had it on his laptop

We discussed that she is as good as we can get her
I have informed Louis that she is ready, he told me that he will take her home on Tuesday
He will work on making the home ready for her on Monday

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- OLANZapine, 2.5 mg, q HS
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN

Objective

OBJECTIVE

T: **36.8 °C (02/15/25 0933)** **BP:** **(!) 175/77** (02/15/25 0933) **HR:** 79 (02/15/25 0933)
RR: **20 (02/15/25 0933)** **SpO2:** 95 % (02/15/25 0933) Room air
T range: Temp Min: 36.5 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.6 kg (100 lb 8.5 oz) (02/13/25 1539)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/15/2025 1435
Last data filed at 2/15/2025 1000

Intake	0 ml
Output	800 ml
Net	**-800 ml**

Physical Exam:
Gen:alert, smiling engaging
HEENT: tongue moist, edentulous (not wearing her dentures)
Resp: clear anteriorly
HEENT: keeps mouth open, tachy mucous membranes.
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: l bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
140	106	7	182	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	23	0.54		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 8.2		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Hypernatremia-resolved

 # GOC
Multidisciplinary meeting with for GOC.
100 F HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14. Now on hospital day 37. Course c/b, Severe malnutrition and poor PO intake. Patient is high aspiration risk , son at bedside is very attentive and caring for patient, she has intermittent hypernatremia that's responding to free water via IVF. Patient has fragile veins and loses her PIV frequently, PICC line assessment revealed that her largest vein was 2.5 mm and not a candidate for PICC. Patient's nutritional requirements are not met with her current PO intake. Her mental status waxes and wanes, however when she was clear she has clearly expressed to several providers that she wishes to die in her home , and not in the hospital. Patient's son who is attentive and caring appears to be very optimistic. He has capacity to make decisions however its difficult to assess his insight into patients current needs and care needed.
In light of these issues a multidisciplinary team meeting was requested discus patient's care.

We discussed patient's stated goal of wanting to die at home

We discussed current challenges of patient's nutritional needs, her ability to participate in PT/OT , her healing including risk for infection, aspiration pneumonia. These constraints were independent of patient's age.

We discussed that her current PO intake is not sustainable with her precarious PIV situation. Even if the PIV lasts for a week or so as the son believes , patient's clinical course may not improve to meet her expressed goals

We discussed that patient has lived 100 years and we should respect her goal since the alternative was a risk of passing in the hospital

We discussed that based on current available information and clinical scenario, the team should work towards trying to get patient back to her home with as much care as can be provided.

Continue current care
Ok for PIV placement
No escalation to CVC placement
PT/OT for baseline evaluation
Work towards discharge to residence/placement next week
SW working on finding best options to assist with making this transition with goal for continued care as long as patient will need.
Appreciate multidisciplinary team members in making time for discussing patient's care and plans.

Below plan is based on the note by Dr. Hunt dated 2/11 /25 with updates made to reflect changes to the medical decision making and plan today.

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:

- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:

- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

- Palliative Care consult following, will look into options for hospice support on Bainbridge w/SW team in case this is needed.

#Aspiration risk, ongoing
#malnutrition, protein-calorie, worsening since admission
SLP has been following & coordinating with son. Had a risk:benefit discussion, explained the patient will always be an aspiration risk. TF are not

within GOC and son understands the challenge of her nutrition status in setting of delirium and aspiration risk. He acknowledges the aspiration risk and would like to continue PO nutrition with strict aspiration precautions. PO intake has been overall low since admission with contributors including delirium and need for 1:1 feeding, poor appetite. Repeat discussion of possible NG and TF on 2/6, risks outweigh benefits. To support wound healing she has been supplemented with zinc x14 days, ascorbic acid 500 mg BID x 14 days, high-dose thiamine (then maintenance).
- continues on 1:1 feeding with minced diet with thin liquids and strict aspiration precautions; son has been feeding her.
- prior intermittent starvation ketosis, **monitoring with BMP increased to daily for hypernatremia and hypoK.**
- additional volume repletion with D5 1/2 NS plus 20Kcl x1 L; repleting her potassium slowly to avoid pain with higher dose IV potassium or risk losing PIV.
- continue vitamin supplements: Vitamin D 2000IU daily, daily maintenance thiamine, prenatal MVI, vitamin B12 **- holding while unable to take PO**
- dry mouth has been a significant concern for son, now improving: frequent oral care 5-6x per day. Oral swab and suction; suction toothbrush/toothette

#Acute pain 2/2 recent L above knee amputation
#new back pain 2/7, presumed MSK related to sling transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
- APAP Q8H
-Buprenorphine patch 5mcg q7 days

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly (next anticipated visit 2/10/2025)**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up
- Continuing on ASA 81 mg daily, atorvastatin 10 mg daily
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- Plan to consult P&O once staples are out, for trans femoral shrinker sock.
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#bilateral pleural effusions
Present since admission with some increase from mild on 1/9 to moderate on 1/27 and stable since then. Concurrent presence of pulmonary edema indicates extracellular volume overload as likely cause. While her BNP 2/4 was elevated, her cardiac function appeared normal on 1/10 (albeit while bradycardic). Her albumin has been downtrending so she may have third spacing related to low protein and malnutrition. Currently she does not have respiratory symptoms (SOB or hypoxia). In this setting I think direct intervention (either diuresis or thoracentesis) would be more harmful than beneficial; I reviewed this with her son on 2/4 and he was in agreement. Overall improving her nutrition (and subsequently her albumin) may help, see nutrition section above.

#Mild anion gap metabolic acidosis, intermittent
-VBG with normal pH and normal lactic acid
-beta hydroxybutyrate elevated
-suspect was 2/2 starvation ketosis
-continue working on PO diet

#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
-continue to monitor

#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
Noted to be bradycardic to the 20-30's post-operatively, asymptomatic and hemodynamically stable. Became symptomatically bradycardic on 1/10 despite dopamine gtt and atropine pushes, taken to cath lab for TVP placement with interventional cardiology. PPM placement on 1/13. Paced at 70bpm, hemodynamically stable off pressors.
-Added to EP follow up list and will be called to schedule an appointment.
Device care instructions:
- May shower, gently clean wound with soap and water without scrubbing; do not soak/immerse until incision is **fully** healed
- Wound check clinic in 7-14 days. (Due 1/20-1/27)
- Activity restriction (for 30 days after implantation- 2/13):

1. No pushing, pulling, straining, twisting, or sudden jerking motions with the arms or upper body.
2. For the ipsilateral arm: no lifting > 10 lbs, no lifting the elbow above shoulder level or raising the arm above head, and no placing the arm behind the back.

- -Full device care instructions to be provided to the patient by a Cardiac Electrophysiology team provider prior to discharge.
- **#T2DM**
- BG in low 100s, discontinued SSI since not triggering insulin
- **#IV access**
- Difficult access, lost 2/2 but was replacement 2/7.
- **#Disposition planning**
- -son and she are currently unhoused, living in a temporary plastic tent/house space on Bainbridge Island
- -son is working with Bainbridge locals on establishing community emergency response team housing.
- -SW following, see notes
- -she has designated Louis as her decision maker and very clearly stated her DC plans are up to him
- **-patient's son has tentatively agreed to a short SNF stay to allow his mom to recover from the AKA**
- **-SNF referrals made, some acceptances, son interested in Ballard Care Center**
- **- considering hospice based on symptoms, monitoring.**
- **Inpatient Checklist:**
- Fluids/Electrolytes/Nutrition: Regular CC diet
- Prophylaxis: SQ heparin for DVT
- Lines/Drains/Airways: PIV
- Disposition: see above, considering SNF.
- Code Status: DNR/DNI
- Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885
- I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/15/2025 2:42 PM

Angeles, Jessie J, RRT at 2/16/2025 0636

	02/16/25 0628
Vital Signs	
Pulse	81
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	95 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask

FiO2 (%)	100 %
O2 Flow Rate (L/min)	(S) 70 L/min
ROX Index	3.96
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Diminished;Crackles

RT at bedside for rapid response and place pt on HF mask for desaturation and observed WOB. Breath sounds crackles/diminished with wheezing on right side. Duoneb and hypertonic saline given. NTS ordered PRN. RT will continue to follow and assist.

Electronically signed by Angeles, Jessie J, RRT at 2/16/2025 6:38 AM

Pillai, Sunita, MD at 2/16/2025 0829

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 38

Overnight RN reports reviewed
RRT was called overnight for aspiration
Patient with Acute hypoxic Respiratory failure 2/2 aspiration event

This morning met with Louis and Jeanne at bedside
Initially Jeanne was able to open eyes and make eye contact
She has significantly declined since yesterday
She is tachypneic with a mask, saturations vary 88-93 mostly in the high 80's
She attempts to remove the mask , but is too weak

Bedside discussion today :

Louis and I discussed about plans and how to go forward
I informed Louis that patient is very close to end of life, we have tried everything
Louis understands this
I asked if he can take her home today if we make her comfortable
He said it would be impossible for him to do anything since its Sunday

I shared with Louis that Ms.Hoffman may pass today and its difficult to anticipate that she will sustain till Tuesday,
I shared that if transportation to his house was the issue then we could arrange for transportation
Louis shared that he did not want to take her in an ambulance since that would be in the bottom, he wanted to take her in a wheel chair so she

could say bye to the surroundings and see the people
He would like her to visit their local star bucks and some local stores that she has enjoyed and wanted them to say bye to her

While I was in the room Ms Hoffman had another bout of cough, and I suctioned her , she had thick copious secretions moderate volume
She continues to have increased work of breathing and using all her accessory muscles

SCHEDULED MEDICATIONS:
- aspirin, 81 mg, Daily
- buprenorphine, 1 patch, q7 days SCH
- guanFACINE, 0.5 mg, BID
- heparin, 5,000 units, q12h SCH
- lidocaine, 1 patch, q24h
- OLANZapine, 2.5 mg, q HS
- omeprazole, 20 mg, Daily empty stomach
- polyethylene glycol 3350, 17 g, Daily
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- acetaminophen, 500 mg, Daily PRN
- bisacodyl, 10 mg, Daily PRN
- guaiFENesin, 400 mg, q4h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- melatonin, 3 mg, q HS PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4-8 mg, q8h PRN
- senna, 17.2 mg, BID PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: **36.3 °C (02/16/25 0759)** **BP:** **(!) 101/56** (02/16/25 0759) **HR:** 82 (02/16/25 0759)
RR: **(!) 29** (02/16/25 0752) **SpO2:** 97 % (02/16/25 0759) Heated High Flow - Mask 70 L/min 100 %
T range: Temp Min: 36.2 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.6 kg (100 lb 8.5 oz) (02/13/25 1539)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/16/2025 0829
Last data filed at 2/16/2025 0659

Intake	100 ml
Output	385 ml
Net	**-285 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , moderate respiratory distress
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea, coarse,
HEENT: copious secretions
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

Chemistries				CBC			LFT		Gases, other	
141	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try
Louis and I discussed regarding options.

-It is a very ambitious expectation , but plan for Louis to take Jeanne home no earlier than Tuesday according to him
-He is aware that she could pass at any time and it could be as early as today
-recommended NPO , comfort focused care
-per request from Louis to try and see if we can place PIV and try to keep patient till Tue -
-Addendum - despite sever tries form our vascular team experts a peripheral access was unsuccessful
Addendum PM - I revisited bedside , Louis was sharing that the tourniquet wasn't tight enough for PIV, requested to try again with him tying the the tourniquet, I politely declined and informed that we trust our experts and they were qualified for safe and effective practice
He enquired about central line and stated she had a temp PPM and she did well with vein in the neck, he also shared that she does better on that rather than PIV
I am unsure if a CVC is going to really change the outcome , however Louis has currently altered his goal to just being able to take her to her home on Tuesday , based on our ethics meeting CVC wasn't requested Louis wants to try and pursue finding PIV
I asked Louis if we could start Jeanne on Comfort focussed care with prn agents such as morphine, he declined
During my PM visit Jeanne was in tachypnea , continued have increased wob, but opened her eyes looked at me and raised her right hand and waved , she was weak and went on to keep eyes closed and didn't participate in further discussion
GOC : based on discussion Continue current care

#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
APS signed off on 1/18 given significant improvement in pain. Will engaged PRN. Note she initially had difficult to control pain which improved with buprenorphine patch and was able to DC PRN nalbuphine. Still having some pain on mobilization of stump but otherwise seems pretty comfortable. There was c/f withdrawal/pain when patch was accidentally stopped/fell off MAR on 1/24. s/p Ropivacaine
APAP Q8H-rectal
Buprenorphine patch 5mcg q7 days

#Delirium
Intermittent hypoactive & hyperactive with agitation, seemingly worse at night and likely precipitated by pain with prior slowly improving wax/wane trend but now appears to be worsening since 2/7. Review of contributors, work-up and interventions below; I am concerned that her progressively worsening nutritional status is both causing worsening delirium and exacerbated by it (as she is not alert enough to eat and drink safely) in a cycle that is difficult to break. Her labs show hypernatremia and hypokalemia consistent with poor intake; unable to obtain a new PIV after she lost hers on 2/9 evening, I think a central line is high risk and do not recommend this.
Regarding potential contributors to ongoing delirium and related assessments:
- hearing impairment: talk directly to patient or write on white board
- possible aspiration pneumonitis is contributing given cough but no worsening or WBC to indicate infection that requires treatment, see aspiration precautions below
- Pain 2/2 recent amputation, improving; tried nalbuphine 2/7-2/8 but she was more sleepy and did not appear to have clearing mental status; **at rest she denies pain.**
- monitor for infection: 2/4 urine culture w/<100k pan-sensitive E. Coli; no referrable symptoms (suprapubic tender, fever, leukocytosis) trial of treatment with ceftriaxone 2/8-2/10 (3 doses) due to lack of other driver of delirium worsening mental status but without any clear improvement.
- stools frequent but soft, not liquid, no pain on abd palpation, no elevated WBC.

Treatments/Interventions:
- ICU interventions: no improvement with seroquel
- continue delirium precautions
- trial of restarting guanfacine at last/lowest dose 0.5mg PO BID for agitation (restarted 2/9)

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)

Seen by vascular surgery weekly, last 2/10 with well approximated incision.
- No activity restrictions from AKA standpoint for PT/OT. Fall risk.
- Dressing management in orders.Betadine paint, dry dressing, ACE wrap for compression. Nursing doing this daily.
- **Staples out after 2/21/25, vascular will check in weekly**
- NWB LLE per Vascular Surgery
- Dressing management per Vascular; will need outpatient follow-up

D/c ASA, Atorva 2/2 severe aspiration and respiratory failure with severe encephalopathy
Per PMR
- nutrition and proper wound care in the recovery of the residual limb.
- Agree with physical therapy consult to work on functional transfer, therapeutic exercise, appropriate wheelchair fit recommendations and other equipment needs such as shower bench, commode chair.
- **Plan to consult P&O once staples are out, for trans femoral shrinker sock.**
- Recommend supine left lower extremity hip extension exercises, as tolerated, to prevent left hip flexion contractures.
- Consider mirror therapy or visualization techniques to help with phantom limb sensation (ie feeling that the left foot or ankle are in uncomfortable positions).
- **Ensure the patient has follow-up in rehab amputee clinic after discharge ~2 weeks or next available (may be available at Harborview Medical Center limb loss clinic). --> Will need to change this**

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
-Swelling noted 1/21 w/cool temperature. Pulses easily palpable. Very likely to have PAD in RLE. No superficial infection, ulcerations, or other ischemic changes noted
-1/21 venous doppler RLE w/o clot but note it was a limited study
#Mild normocytic anemia, stable
-thought 2/2 chronic disease and recent surgery, no changes while inpatient
#T2DM
BG in low 100s, discontinued SSI since not triggering insulin

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: see above, considering SNF.

Clinical Notes (group 14 of 17) (continued)

Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/16/2025 6:31 PM

Dunham, Tom, RCP at 2/16/2025 1700

	02/16/25 1605
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	98 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Heater Temperature	31 °C
ROX Index	5.83
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Cough	Occasional;Non-productive
Bilateral Breath Sounds	Diminished;Rhonchi

Did nasotracheal suctioning in morning; removed large amount of white/yellow thick secretions. Patient less somnolent as day progressed.
RCP will continue to monitor

Electronically signed by Dunham, Tom, RCP at 2/16/2025 8:05 PM

Shaw, Amanda Kathleen at 2/17/2025 0558

Shift Summary:

Patient received on HHFM 70L 70% in NAD. No NTS required.

Electronically signed by Shaw, Amanda Kathleen at 2/17/2025 5:59 AM

Pillai, Sunita, MD at 2/17/2025 0812

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
Hospital Day : 39

Patient seen at bedside several times today
In the morning at bedside patient was minimally responsive , initially then woke up
She was interacting briefly but then started screaming with pain
Louis and I talked about pain control - he declined morphine

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- ondansetron, 4-8 mg, q8h PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: **36.4 °C (02/17/25 0757)** **BP:** **(!) 123/54** (02/17/25 0757) **HR:** 71 (02/17/25 0757)
RR: **18 (02/17/25 0757)** **SpO2:** 100 % (02/17/25 0757) Heated High Flow - Mask 70 L/min 70 %
T range: Temp Min: 36.4 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 50.1 kg (110 lb 7.2 oz) (02/16/25 0937)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/17/2025 0812
Last data filed at 2/17/2025 0802

Intake	0 ml
Output	400 ml
Net	**-400 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , moderate respiratory distress
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea, coarse,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

HEENT: copious secretions
Cardiovascular: Regular rate and rhythm, normal S1-S2, no murmur, trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Persistent hyperNa 150 hypoK mildly improved to 3.3 after IVF repletion. AG downtrending but still elecated with hyperchloremia.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try anymore
- Several discussions with Louis at bedside
- discussed pain management initially Louse did not want to use morphine since patient ws too sleepy , subsequently agreed
-order placed for oral morphine solution since the morphine concentrate not on formulary
-RN requested rectal morphine
- order placed for rectal morphine
-Pharmacy requested to discontinue one of the orders , hence oral morphine discontinued
-Louis was informed that patient may pass soon
-he wanted to take patient home
-I called ED SW per rec from CN , who informed that it was too complicated and they couldn't help
-I paged on call SW without response x 2 after 8:30
- I gave my phone number to the ED SW who informed that the main SW will call
-Called the main SW - pls see note on file , patient with high O2 , cannot be transported by road
-Called Franciscan Hospice to see if there was any progress , went to VM that they work Mon-Fri 8-1
-Louis informed me that he would like a PIV placed, when I shared that it was tried by experts he asked if he could help with tourniquet, I informed him that that wasn't an option since we have certified experts , louis was ok
-he asked if central line was an option , I informed that based on our multidisciplinary discussion that was considered not within GOC for patient

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

-Current plan: continue attempt for PIV if we have anyone that can place it, rectal morphine prn, NPO, SW consult to help with transportation

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**
Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: pending SW consult pls see SW notes
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/17/2025 8:01 PM

Koschik, Hannah Leigh at 2/17/2025 0959

Weekend Social Work:

Referral: Weekend social work team contacted through the triage pager from Dr. Pillai. SW support requested for exploring possibility of getting patient home for end of life.

Data:
Per chart review, patient is Jeanne Leonie Hoffman, 100 year old, female, admitted for Arterial occlusion [I70.90] Acute lower limb ischemia [I99.8].
Patient's home address is listed as: 321 HIGH SCHOOL RD NE
STE D3 PMB 292
BAINBRIDGE ISLAND WA 98110.
Payor Source: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid.

Intervention:
Weekend social worker reviewed chart and prior SW notes. Note from SW on 2/14 reports that plan is for rehab at a SNF, referrals were still pending at this time. Plan B was for patient to DC home to Bainbridge. In this case, patient's son, Luis, would need to re-set up the dwelling in order to prepare for discharge. Notes report that the dwelling is wheelchair accessible, and heat is provided from a propane camp stove with a hot water tank and electricity via solar panels. Per chart review, son is well connected with the local fire department and familiar with resources for cabulance rides.

At this time, provider reports that patient is actively dying and likely will not make it over night. Dr. Pillai outlines goal of discharging home to pass at home. Discussed patient status and medical needs. Patient is currently on a heated high flow face mask, receiving 70L/min / 70% FiO2.

MSW confirmed with AMR that they are only able to provide up to 15L in transport.

MD aware that we are unable to support with transportation out of the hospital due to no transport options being able to accommodate for oxygen needs.

Dr. Pillai agreeable to reach out to holiday SW should other SW needs arise.

Hannah Koschik, MSW
University of Washington Medical Center
Weekend Social Work

---Weekend Pager: 206-645-0792---

Electronically signed by Koschik, Hannah Leigh at 2/17/2025 10:40 AM

Dunham, Tom, RCP at 2/17/2025 1815

	02/17/25 1810
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	100 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Patient Activity	Sleeping
ROX Index	7.94
Respiratory Assessment	
Assessment Type	Assess only
Resp	18
Respiratory Pattern	Normal
Chest Assessment	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished

Patient remains on HHFM settings above.
RCP will continue to monitor.

Electronically signed by Dunham, Tom, RCP at 2/17/2025 8:26 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

Shaw, Amanda Kathleen at 2/18/2025 0458

Shift Summary:

Patient received on HHFM 70L 70% in NAD. No NTS required. Transitioned to HHFFT d/t patient pulling at mask.

Electronically signed by Shaw, Amanda Kathleen at 2/18/2025 4:58 AM

Callahan, Hailey Michelle, RCP at 2/18/2025 1116

Son requested to speak with RT, had lengthy conversation expressing his concerns about his mothers condition. Requested RT to assess for NG tube and IV placement. RT stated this is not within my scope of practice and he should discuss this with the team during rounds. Patient's son stated he would like to take his mother to a different facility where they could place NG tube. Advised that HHFM is a barrier to transport and we can work towards transitioning to a different O2 device.

Electronically signed by Callahan, Hailey Michelle, RCP at 2/18/2025 11:30 AM

Pillai, Sunita, MD at 2/18/2025 1142

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Overnight patient continued to have intermittent episodes of pain not improved with current hydromorphone subcu and morphine
Required Ativan 0.25 IM for comfort
This morning received message from bedside RN that son was interested in changing goals of care
Patient was seen at bedside with palliative care team, bedside RN and NCC.
Details of the visit delineated in Dr. James Arthur Fausto Jr.'s note dated 2/18/2025

NGT placement attempted, unable to be placed appropriately
Stat RN informed that they could place a weighted NGT and requested for a order
Order placed on file

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

PRN MEDICATIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.5 °C (02/18/25 2054) **BP:** 139/71 (02/18/25 2054) **HR:** 81 (02/18/25 2054)
RR: (!) 24 (02/18/25 2054) **SpO2:** 95 % (02/18/25 2054) Room air
T range: Temp Min: 36.4 °C Max: 36.5 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/19/2025 0322
Last data filed at 2/18/2025 1604

Intake	0 ml
Output	0 ml
Net	**0 ml**

Physical Exam:
Gen:frail , weak, minimally responsive , has the facemask sitting on the chest near the chin
HEENT: tongue edentulous (not wearing her dentures)
Resp: using accessory muscles, tachypnea,
Cardiovascular: trace LE edema in R leg.
Abdomen: + bowel sounds +, soft.
MSK: L stump wrapped with ACE wrap, dressing dry (no oozing).

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - - / - - - -	- / - >< - / -	AST: - ALT: - / AP: - T bili: - / Prot: - Alb: -	-/-/-/- | -/-/-/- / Lact (a): - Lact (v): - / Trop I: - D-dimer: - / BNP: - Anti-Xa: - / INR: -
eGFR: - Ca: - / Mg: - PO4: -	ANC: - / ALC: -		

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	.
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other?	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake for last 5 days c/b volume depletion.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient post acute aspiration having difficulty regaining respiratory status despite recurrent suctioning and ongoing copious secretions and hypoxia
Patient has very poor peripheral veins and yesterday the vascular team had called and shared that her PIV is too frail to try anymore
-Extensive discussion with Louis and palliative care team at bedside
-Based on current GOC, okay for NGT, okay for mechanical ventilation if needed, no chest compressions
-Requested for another multidisciplinary ethics meeting 2/20
-Nutrition consulted for TF recommendations to be initiated post NGT placement
-Pain regiment hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
-Will plan to order labs if NGT placed

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**
Inpatient Checklist:
Fluids/Electrolytes/Nutrition: npo
Prophylaxis:
Lines/Drains/Airways: PIV
Disposition: pending SW consult pls see SW notes
Code Status: DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

I spent a total of 90 minutes for the patient's care on the date of the service.

Electronically signed by Pillai, Sunita, MD at 2/19/2025 10:50 AM

Fausto Jr., James Arthur, MD at 2/18/2025 1343

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today Beth Chance PC SW and I met at Jeanne bedside with Dr. Pillai (Med Att), Allen Porter RN and Louis (Jeanne

son), to discuss Jeanne clinical status and care plan.

We all introduced ourselves Louis and Jeanne (although Jeanne was very limited in her ability to interact with us). Louis knew the rest of the team and I was a new provider for him.

When we entered the room, Jeanne was vocalizing in a way that appeared to me that she might be uncomfortable. Louis said first that she is not in pain, but rather just crying. That's her way of getting out some anxiety. I asked him how he knew she was not in pain, and he said well she is in pain due to stomach pain from not eating, and if we let her eat, she would not be in pain.

I asked him how he knew it was hunger pain and he said I've taken care of her for 35 years, so I know.

I expressed appreciation for all the care he has provided her over these decades and acknowledged he knows him mom well. We tried using the white board with simple words to assess her pain, and as best we would get she put her two fingers together when asked if her "leg hurt," suggesting it hurt a little.

With permission I pivoted the conversation to explore with Louis what he is hoping for his mom, as I had heard he had wanted to get home, but that was when she was doing a bit better. He said now that she is not eating, I'm worried she is starving. I shared it seems like you would really like to see how she responds to some artificial nutrition to see if she might improve to her previous baseline. He said yes, otherwise I would feel like I failed her.

I talked through the idea that artificial feeding and NGT can come with some risks including pain, increased agitation, sometimes a need for restraints due to pulling at the NGT and aspiration. And at the same time, we won't really know how she does unless it is tried if he would really like to see if she can improve with some feeding. He shared that she had always been OK with the idea of artificial feeding (of note, she has a POLST from 2018, and that document notes a preference for long term artificial nutrition).

We shared it can be tried as a temporary measure to see if it helps her improve to her previous baseline. I also shared if she pulls it out, we may need to rediscuss the idea of replacing. I also touched upon the topic that is she does not improve with artificial feeds we may not have a path to convert it to a PEG tube (longer term option) and then we may have to discuss different approaches to her care. He endorsed appreciating this fact and that he feels she would want him and us to try an NGT.

We then reviewed the need for a peripheral IV or possibly a central line. He was in support of either if needed and he felt she would not pull at a central line if it was needed.

I explored with him that I had been given report that he was asking about changing her code status. I reviewed with him that if she experienced a cardiac arrest that would likely mean her heart was weakened due to a general decline in her overall health, e.g., a weakened body. I shared that if we tried to reverse death with CPR, her heart would be in the same weakened body, and thus it would either likely not work or only temporarily work and then stop again. Therefore, I shared that based on our medical opinion we would not offer CPR. He said if he is at bedside he would like to try CPR and he knows she is frail so it would be "very gentle CPR like baby CPR." We all encouraged him not to do that and he did not otherwise disagree with our statement that we would not do CPR.

We also touched on the role of a ventilator and life support, and said in theory a ventilator could be beneficial if she got a PNA or something that was reversible and therefore if he wanted a trial of ventilator support could be offered. We noted that it is very likely if she were intubated that should would not be medically able to be removed from the ventilator, and he stated he is Ok with that risk and would think about what to do if she can't wean at that time.

The last thing we discussed was treating her symptoms, he feels she has more anxiety than pain, he felt the ativan is most helpful for her and endorsed supporting the use of ativan and if needed at times some morphine or hydromorphone.

We expressed appreciation for his willingness to talk with us, and he expressed appreciation for being willing to trial some artificial feeding.

PHYSICAL EXAM:
Vitals:

	02/18/25 1035
BP:	
Pulse:	74
Resp:	20
Temp:	
SpO2:	98%

Gen: Jeanne sitting in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg.
HEENT: tongue dry with food specs present, lips dry
Resp: some increased work of breathing, Hiflo tent mask in place
Neuro: does not participate in conversation or track conversation, seems confused, agitated

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. In the last 36 hours her ability to interact has decreased and her ability to take PO went from poor to not taking any. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 143 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/18/2025 2:37 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/19/2025 0935

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Was on 4L NC in the evening yesterday but back on HFNC overnight
- otherwise VSS & NAEON
- Unable to place NGT
- Received ativan x1 overnight due to agitation
- Pt moaning in pain this AM, clutching her abdomen
- Unable to vocalize what is bothering her
- Has had charted BM but have all been small or smears

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- LORazepam, 0.5 mg, Once PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.2 °C (02/19/25 1551) **BP:** **(!) 169/71** (02/19/25 1551) **HR:** 77 (02/19/25 1224)
RR: **20 (02/19/25 1551)** **SpO2:** 94 % (02/19/25 1551) Room air
T range: Temp Min: 36.1 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/19/2025 1916
Last data filed at 2/19/2025 0630

Intake	0 ml
Output	300 ml
Net	**-300 ml**

Physical Exam
General - patient sitting up in bed, intermittently appears acutely distressed and crying out
HEENT - NCAT, no scleral icterus; edentulous
Cardiovascular - RRR, no mgr
Pulmonary - CTA b/l. Breathing comfortably on ambient air.
Abdomen - soft, ttp throughout based on pt grimacing
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Face symmetric to conversation. No focal deficit.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
146	106	9	82		12.7		AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54		9.94	><	273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5			39		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85					BNP: -	Anti-Xa: -
				ALC: 1.01					INR: -	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 14 of 17) (continued)

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	Mild hypernatremia; hyperkalemia; creat stable; CBC stable
Radiology	☒	☐	CTAP showing GB distension w/o pericholecystic inflammation; BL moderate-vol pleural effusion and reticular pulmonary parenchymal changes
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Acute Encephalopathy
#Acute respiratory failure with hypoxia
#Aspiration pneumonitis /pneumonia
#Severe malnutrition
#Acute pain 2/2 recent L above knee amputation
#New Back Pain 2/7, Presumed MSK Related To Sling Transfer
 # GOC
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. Low suspicion for an ongoing pneumonia at this time. Pt without current IV access due to poor peripheral veins. Not a PICC or midline candidate either. There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her.
- Wean oxygen (now on room air)
- Pursuing NGT and tube feeds; hoping to place NGT under fluoro 2/20
- If unable to place 2/20, would pursue central line for electrolyte repletion and fluids
- DCS meeting completed 2/19
- Pain regimen hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
- Ativan 0.25mg IM q8h PRN agitation/anxiety
- Palliative care following, appreciate recs

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO. If continues to have significant pain, will consider RUQUS to further assess.

#Hypokalemia
If unable to get NGT 2/20, will need to pursue central line as she has no other access options.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia

Clinical Notes (group 14 of 17) (continued)

#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Hypernatremia-resolved
#Aspiration Risk, Ongoing
#Malnutrition, Protein-Calorie, Worsening Since Admission
#Mild anion gap metabolic acidosis, intermittent suspect was 2/2 starvation ketosis
#Right lower extremity swelling, stable
#Mild normocytic anemia, stable
-**#T2DM**

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO, pursuing NGT
Prophylaxis: None currently -- will consider adding 2/20
Lines/Drains/Airways: None currently
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/19/2025 7:25 PM

Ballenger-Warnes, Mariaugh, RN at 2/19/2025 1314

Discharge Consult Service Interdisciplinary Conference

Participants: standing participants, Dr. James Fausto and Dr Beth Chance of palliative care, Kara Solem, acting manager of 7SA, Lexy Fancher-Dominguez, Med E Attending

Current barriers to Discharge: nutrition plan

Plan: primary team to consult OTO re: FT placement. SW to contact Ballard Care Center SNF to inquire about ability to take pt with FT.

Electronically signed by Ballenger-Warnes, Mariaugh, RN at 2/19/2025 1:21 PM

Fajarillo, Irene M, RN at 2/19/2025 1500

Illness Severity
Stable.

Patient Summary
100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II

heart
block requiring temporary TVP, now s/p PPM 1/13.

2/19
0700-1500 patient respond to voice, HOH.screamed and yell at times.Stat RN here this morning attempted to place weighted NGT x3 without success.Ativan 0.25mg IM given prior to NGT placement.Team made aware of failed attempt.Plan for GI tube via flouro.had complaint of abdominal discomfort with team. Hydromorphone 0.5mg sq given .Abd.CT ordered and done. Her VSS, RA,purewick in place.

Action Items

-Concern for pressure injury risk - try to clean up incontinence quickly
-needs daily dressing change to LLE
- Follow up regarding ethics meeting for 2/20

Situational Awareness

- Potential DC to SNF?
- GOC to discuss plans going forward (SNF, hospice, home, etc).
- Louis (son) at bedside; can be difficult to give education - has cared for her and other family members for some time
- Recently removed from housing (October), now lives in tent with son. SW aware and addressing
- Severe hard of hearing, use whiteboard to communicate
-Pill crusher in room with patient label

Electronically signed by Fajarillo, Irene M, RN at 2/19/2025 3:00 PM

Fausto Jr., James Arthur, MD at 2/19/2025 2008

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Beth Chance PC SW and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was not able to interact with the whiteboard, she was resting at times and other times quite restless and possibly in pain. She appears to possibly be holding her abdomen at times, but was not able to affirm if she was having abdominal pain. Louis shared he thinks if she is holding her belly its due to hunger pains.

Louis shared that he has appreciated the efforts to try to get an NGT placed, and he is hoping we might be able to do it today. We reviewed a plan to ask for consultant support for placement and by end of day a plan was being explored with interventional radiology.

Overall, Louis again reiterated how important he thinks getting nutrition will be. He also shared that at times since yesterday she has been more interactive with him but he could not get an answer from her about being hungry.

We discussed getting an abdominal CT and Louis was in support of this plan.

I also participated in a multidisciplinary meeting over the noon hour to discuss the patients plan of care and possible options for post-hospitalization care.

PHYSICAL EXAM:

Vitals:

	02/19/25 1551
BP:	**(!) 169/71**
Pulse:	
Resp:	20
Temp:	36.2 °C
SpO2:	94%

Gen: Jeanne sitting in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry with food specs present, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
146	106	9		12.7	AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54	82	9.94 >< 273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5		39	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85 ALC: 1.01			BNP: - INR: -	Anti-Xa: -

IMAGING

Reviewed imaging and imaging reports

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent

for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

3) advance care planning: per the patients POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 97 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/19/2025 8:27 PM

Clinical Notes (group 15 of 17)

Progress Notes

Fancher-Dominguez, Alexandria Paige, MD at 2/20/2025 0842

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON, VSS
- Pt not interactive; does not answer questions
- Appears restless
- Per her son, Louis, has been mouth breathing for quite some time
- Off oxygen and doing well
- Louis thinks she is hungry
- They try to eat well at home and Jeanne enjoys cooking and canning food

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q6h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q8h PRN
- LORazepam, 0.5 mg, Once PRN
- morphine, 5 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN

Objective

OBJECTIVE

T: 36.5 °C (02/19/25 2307) **BP:** 136/65 (02/20/25 0040) **HR:** 80 (02/19/25 2307)
RR: 18 (02/19/25 2307) **SpO2:** 94 % (02/19/25 2307) Room air
T range: Temp Min: 36.2 °C Max: 36.6 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 46.7 kg (102 lb 15.3 oz) (02/17/25 1647)

I&Os: No intake or output data in the 24 hours ending 02/20/25 0842

Physical Exam

General - patient laying in bed flat; restless but not acutely distressed
HEENT - NCAT, no scleral icterus; edentulous
Cardiovascular - RRR, no mgr
Pulmonary - CTA b/l. Breathing comfortably on ambient air.
Abdomen - soft, does not appear to be ttp throughout on abdominal exam today
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Face symmetric to conversation. No focal deficit.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
146	106	9	82	12.7			AST: -	ALT: -	-/-/-/- | -/-/-/-	
2.9	24	0.54		9.94	><	273	AP: -	T bili: -	Lact (a): -	Lact (v): 1.4
eGFR: >60		Ca: 8.5		39			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: 7.85 ALC: 1.01					BNP: -	Anti-Xa: -
									INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	No new labs 2/20
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her.
- Pursuing NGT and tube feeds; hoping to place NGT under fluoro 2/20
    - Will treat w/ ativan 0.5mg IM prior to procedure. Thanks to excellent coordination by her RN team, there will be several nurses available to accompany her to fluoro
- If unable to place 2/20, would pursue central line for electrolyte repletion and fluids
- DCS meeting completed 2/19
- Pain / anxiety treatment as outlined below

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less

likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Attempting to obtain NGT to address her nutrition status as directed by her son who feels this is what she would want
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain regimen hydromorphone 0.5 every 6 hours, morphine suppository 5 mg rectal every 6, buprenorphine 5 mcg/h patch
- Ativan 0.25mg IM q8h PRN agitation/anxiety
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
At this time we are pursuing NGT placement as described above. If unable to place under fluoro, pursuing central line to treat hypovolemia and hypokalemia. However, this will be informative for ongoing goals of care conversation with Louis, as we will need to discuss next steps if fluoro NG fails.

#Hypokalemia
If unable to get NGT 2/20, then will plan for CVC w/ MICU assistance this afternoon 2/20.

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO. If continues to have significant pain, will consider RUQUS to further assess. Seems improved 2/20.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO, pursuing NGT
Prophylaxis: Lovenox

Lines/Drains/Airways: None currently
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/20/2025 4:35 PM

Fausto Jr., James Arthur, MD at 2/20/2025 1156

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Beth Chance PC SW, Lauren Wrisley, PC NP and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was resting initially, at times became restless. She was off O2.

Plan is to go down to fluoroscopy to attempt NGT placement and then start feeds, if NGT is placed.

Son was hoping this plan will workout.

We also reviewed that if the NGT is not able to be placed, she may need a central line for fluids, Louis was in support of this if needed.

Lastly we touched on the fact that if an NGT is placed and she is starting to show some improvement, but gains are slow, we may need to explore a SNF placement as we may have one that would accept her with an NGT. Louis said, if that is needed he would be OK with it in principle. Of course he would want to know the facility and review it before such a decision was made.

We shared the update from her CT and labs a well.

PHYSICAL EXAM:

Vitals:

	02/20/25 0859
BP:	**(!) 143/60**
Pulse:	81
Resp:	18
Temp:	36.4 °C
SpO2:	95%

Gen: Jeanne laying flat in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry with food specs present, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial NGT with artificial feeding

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days

If has an IV, can given morphine 0.5-1mg IV q3hrs prn for pain
If no IV, but has an NGT, can give Morphine 3mg NGT q3hrs prn
If no IV and NGT, could do oral morphine concentrate 3mg between gum and cheek q3hrs prn

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If not IV, can do ativan 0.25mg SQ q6hrs PRN

If has NGT, could switch IV/SQ to ativan 0.25mg NGT q6hrs prn.

3) advance care planning: per the patient's POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 43 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/20/2025 12:15 PM

Portante, Katie, LSWAIC at 2/20/2025 1423

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Consult with healthcare team/provider/community;Chart Review/Screening;Care/Family conference facilitated

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, team attempting to place NGT today. Update provided to Ballard Care Center re: possibility of NGT placement.

PLAN or OUTCOME:
F/u re: d/c plan, f/u w/ SNF; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/20/2025 2:27 PM

Knowling, Molly Christine, RD at 2/21/2025 0754

Inpatient Follow Up Nutrition Assessment

PI: 100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13.

Recommendations/Interventions:
Nutrition support:

- Holding per team. Pt with insufficient access att.
- If GOC is to d/c home or to SNF placement, PN support not indicated as would limit options.

LABS:
- significant risk of refeeding syndrome, consider potassium/magnesium/phos BID checks

VITAMINS/SUPPLEMENTS:
- **Start IV thiamine 100 mg daily until nutrition support plan/PO intake initiated**

Subjective

Interim:
- NGT placement under fluoro unsuccessful 2/20
- Unable to place CVC 2/20.
- GOC discussion 2/21. Plan to start PIV w/ MIVF in hopes that pt will improve enough to be alert and able to safely take PO by mouth
- Team holding on starting thiamine d/t tenuous IV access

Current Nutrition Assessment:
FEN: NPO d/t AMS, aspiration. Started D5 today.
GI: dysphagia. LBM 2/18
Edema/Fluid: Generalized
Weight: fluctuates w/ fluid shifts. Down 9% in last 5 days
Wounds Present: Yes, multiple wounds, see wound care sheet

Nutrition-Focused Physical Assessment:
Completed: Yes, Date: 1/10/25

Objective

Labs:

Lab Results

Component	Value	Date
SODIUM	146 (H)	02/19/2025
POTASSIUM	2.9 (L)	02/19/2025
MAGNESIUM	1.9	02/09/2025
PHOSPHATE	3.2	02/05/2025
CA	8.5 (L)	02/19/2025
BUN	9	02/19/2025
CREATININE	0.54	02/19/2025
GLUCOSE	82	02/19/2025
A1C	6.6 (H)	01/10/2025
VITD	22.9	01/16/2025

Lab Results

Component	Value	Date
GLUCOSE	82	02/19/2025
GLUCOSE	182 (H)	02/14/2025
GLUCOSE	181 (H)	02/14/2025
GLUCOSE	191 (H)	02/13/2025
GLUCOSE	157 (H)	02/12/2025
GLUCOSE	252 (H)	02/11/2025

GLUCOSE	148 (H)	02/10/2025
GLUCOSE	131 (H)	02/09/2025
GLUCOSE	122	02/08/2025
GLUCOSE	136 (H)	02/06/2025

Medications:
buprenorphine, 1 patch, Transdermal, q7 days SCH
enoxaparin, 30 mg, Subcutaneous, q HS
lidocaine, 1 patch, Topical, q24h
saliva substitute, 15 mL, Swish & Spit, TID
timolol maleate, 1 drop, Both EYES, BID

Lines/Drains/Airways/Wounds:

External Urinary Suction Device 01/28/25 (Active)

Suction	No	02/20/25 2100
Site Assessment	Skin Intact;Clean;Dry	02/20/25 2100
Care & Maintenance	Change device	02/17/25 1646
Output (mL)	0 mL	02/18/25 0600
Urine Appearance	Clear	02/18/25 2100
Urine Color	Yellow/straw	02/19/25 0900

Wound 01/09/25 Incision Leg Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/09/25 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputation

Assessments	1/9/2025 4:57 PM	2/20/2025 9:00 PM
Peri-Wound Assessment	—	Clean;Dry;Intact
Closure	Sutures;Staples;Other (Comment)	Staples
Dressing	—	Betadine Swabs

Active Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1245	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled. - Site:: Left AKA	Routine	Active	Decker, Troy, PA-C

Inactive Orders

Date	**Order**	**Priority**	**Status**	**Authorizing Provider**
01/14/25 1243	Wound Care - Treatment:: Dry dressing - Dressing Type:: Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.	Routine	Discontinued	Decker, Troy, PA-C

- Site:: Left AKA

Wound 01/09/25 Incontinence Associated Dermatitis Perineum (Active)

Date First Assessed/Time First Assessed: 01/09/25 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD

Assessments	1/9/2025 8:00 PM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Dry;Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry
Drainage Amount	None	—
Dressing	Barrier Cream	None - Open to air
Dressing Changed	New	—
Edges	Undefined edges	—
Non-staged Wound Description	Partial thickness	—

No associated orders.

Wound 01/13/25 Incision Chest Left;Upper (Active)

Date First Assessed/Time First Assessed: 01/13/25 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision

Assessments	1/13/2025 5:00 PM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Intact;Dry
Closure	Sutures;Skin glue	—
Drainage Amount	None	—
Dressing	Island Dressing (Primapore)	None - Open to air
Dressing Changed	New	—
Dressing Status	Clean;Dry;Intact	—

No associated orders.

Wound 01/24/25 Back Medial (Active)

Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial

Assessments	1/24/2025 8:20 AM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	Clean;Pink	Unable to assess
Peri-Wound Assessment	Pink;Blanchable erythema	—
Drainage Amount	None	—
Dressing	—	Mepilex Border
Wound Length (cm)	0.5 cm	—
Wound Width (cm)	0.5 cm	—
Wound Surface Area (cm^2)	0.25 cm^2	—
Pressure Injury Stage	Stage 2	—

No associated orders.

Wound 01/25/25 Other (comment) Heel Right (Active)

Date First Assessed/Time First Assessed: 01/25/25 1052 Primary Wound Type: (c) Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): (c)

Assessments	1/25/2025 10:53 AM	2/20/2025 9:00 PM
Wound Bed/Base Assessment	—	Clean;Dry
Peri-Wound Assessment	Pale	Dry;Intact
Drainage Amount	None	—
Dressing	Mepilex Border	None - Open to air
Dressing Status	Clean;Dry;Intact	—
Characteristics, Tunneling, Undermining	blanchable erythema	—
Wound Length (cm)	6 cm	—
Wound Width (cm)	4 cm	—
Wound Surface Area (cm^2)	24 cm^2	—
Wound Depth (cm)	0 cm	—
Wound Volume (cm^3)	0 cm^3	—
Edges	Attached edges	—
Pressure Injury Stage	Other (Comment)	—

No associated orders.

Active Diet Order: Yes
Diet: NPO

Nutrition Support: No

Admission Anthropometrics:
Weight: 45.5 kg (100 lb 6.4 oz)
Admit kg/m2

UBW: 125 lb per son 1/16
UBW%: 80%

Assessment/Plan
Current Anthropometrics:
Weight for the past 168 hrs:

	Weight
02/21/25 0749	45.7 kg (100 lb 12 oz)
02/17/25 1647	46.7 kg (102 lb 15.3 oz)
02/16/25 0937	50.1 kg (110 lb 7.2 oz)

Current Body mass index is 19.68 kg/m².

Estimated Nutrition Needs
Using lowest wt, 43.7 kg
Energy: 1092-1311 kcal (25-30 kcal/kg)
Protein: 56-66 gm daily (1.2-1.4 gm/kg)
Fluid: 1 ml/kcal or per MD goals for fluid/Na+ balance

Evaluation of Nutritional Status
Nutrition Diagnosis:
Increased nutrient needs related to L AKA and partial thickness wound as evidenced by calculated kcal/pro needs for wound healing
Inadequate oral intake related to dysphagia and dry mouth as evidenced by difficulty swallowing solid foods

Malnutrition Assessment: Severe malnutrition
Malnutrition Diagnosis:
Severe malnutrition present on admission

Interventions:
Coordination of Care:
Chart reviewed.
Discussed status, point of care/goals with physician.
Sent secure message to attending

Goals of Interventions:
To maintain nutritional status/weight.
To support healing/repletion.
To support anabolism.

Language Support:
No interpreter needed (patient not a participant in teaching)

Plan / Monitoring and Evaluation:
Follow nutrition support plan.
Monitor nutrition lab trends, weight trends.

Nutrition following
See treatment team for RD contact
Weekend pager: 206-989-1191

Electronically signed by Knowling, Molly Christine, RD at 2/21/2025 4:35 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/21/2025 0805

Progress Note
Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- VSS, NAEON
- Unable to get FT tube yesterday
- Unable to get CVC yesterday but RN able to get pIV this AM!
- Pt remains the same; intermittently moaning and restless
- Long GOC discussion with palliative care (Dr. Fausto, Lauren Wrisley PC NP), bedside RN (Julia), and Louis while in the presence of Jeanne
- We discussed that we have attempted multiple different ways and unable to get NGT due to inability for pt to cooperate and discomfort/agitation with NG placement
- Louis is hopeful that she will 'perk up' and be able to eat after getting a couple days of fluids
- He would like to pursue NG with endoscopic placement if she doesn't perk up
- We discussed that if we try this options and she does not improve (or worsens) then we would consider her to be at end of life due to inability to eat. We hope that she does improve.
- Louis expressed understanding.
- Please see pall care note from 2/21 for additional details

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 100 mL/hr, Continuous, Last Rate: 100 mL/hr (02/21/25 0944)

PRN MEDICATIONS:
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q3h PRN **OR** HYDROmorphone, 0.5 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.8 °C (02/21/25 1700) **BP:** **(!) 150/71** (02/21/25 1700) **HR:** 83 (02/21/25 1700)
RR: **20 (02/21/25 1700)** **SpO2:** 95 % (02/21/25 1700) Room air
T range: Temp Min: 36.4 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/21/2025 1934
Last data filed at 2/21/2025 1800

Intake	826.67 ml
Output	—
Net	**826.67 ml**

Physical Exam

General - patient laying in bed; restless and intermittently moaning in pain; cachectic
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Breathing comfortably on ambient air.
Extremities - no edema. Moving all against gravity. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions. Responds to pain.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	No new labs 2/21
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- Repeat BMP, phos, mg 2/22 AM
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing

her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.5mg IV q3h prn OR if no IV access HM 0.5mg SQ q3h prn
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and getting fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Re-check BMP, mg, phos 2/22 AM

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs
Prophylaxis: Lovenox
Lines/Drains/Airways: pIV

Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/21/2025 7:49 PM

Portante, Katie, LSWAIC at 2/21/2025 0938

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care Coordination;Consult with healthcare team/provider/community;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, NGT placement was not successful, care plan continues to develop. Update provided to Ballard Care Center.

PLAN or OUTCOME:
F/u re: d/c plan, f/u w/ SNF; transportation

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/21/2025 9:38 AM

Brockman, Abby, MDiv at 2/21/2025 1517

Brief Progress Note – **Spiritual Care & Wellbeing**

Encounter Details
- Referral From: RN

- Requested by: RN
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Initial
- Location: UWMC (Montlake) 7SA

Summary of Encounter

Visited with Jeanne and her son at bedside. She was unable to communicate and was lying in bed with her mouth wide open and her facial expressions were in a grimace that looked like she might be in pain. She sometimes pointed to her mouth, or clasped her hands across her stomach. I noted concern for her pain level, asking if we should get the RN, and her son explained that he didn't think it denoted pain but "just that she's crying" and he tried to soothe her by holding her hand and caressing her shoulder. He shared that yesterday she "hugged him and said thank you" and feels like they still have meaningful moments of connection.

He spoke lovingly about his mother and his hopes - and conviction - that she will get better. He said this is what he is trying to focus on and that because of this perspective, he has "said no to morphine but allowed some anxiety medication."

I shared my experience of Jeanne seeming to be in pain with both the RN and MD, along with a debrief of my visit.

Standard Interventions

- Spiritual Care Assessment,

Plan of Care

- Follow-up Plan: No further needs at this time Will request spirtual care as desired
- To Provide:

Visit Duration

- Direct Time: 30
- Indirect Time: 15
- Total Time: 45

Electronically signed by Brockman, Abby, MDiv at 2/21/2025 3:22 PM

Fausto Jr., James Arthur, MD at 2/21/2025 1544

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care.

INTERVAL HISTORY:

Today we (Dr. Fancher-Dominguez, Lauren Wrisley, PC NP, Julia Walsh RN and I) met at Jeanne and Louis at Jeanne's bedside. Jeanne was resting initially, at times became restless. She was off O2.

Unfortunately, an NGT was not able to be placed despite the assistance of fluoroscopy. A peripheral IV was able to be placed and Jeanne is getting IVF now.

We discussed with Louis a plan to see if IVF help Jeanne improve enough to start being more alert, focused and maybe to then try eating by mouth.

We shared that if she does not improve with a trial of IVF and she can't eat, the ability to not eat can be a form of a terminal condition in a very debilitated. Louis asked if she does not improve over the weekend could we explore having an NGT placed via endoscopy with anesthesia. We did not promise this could occur, but said we would explore this option should she not improve with fluids.

He was able to share if we do place tube by endoscopy and she does not respond to artificial feeding or if we end up not being able to place the tube and she has not improved with IVF, he realizes that would mean she is at end of life. He asked us to pray that she turns a corner soon and we all acknowledge a wish that should could turn a corner, while continuing to worry she may not.

While in the room she was moaning a lot, he said she was crying, we tried to explore why she might be crying and he said that maybe agitation or it could be pain sometimes.

I let him know that earlier in the week she was getting hydromorphone and doing better with hydromorphone, so I'm going to suggest we return to hydromorphone. He was OK with this suggestion.

PHYSICAL EXAM:
Vitals:

	02/21/25 0747
BP:	**(!) 106/54**
Pulse:	72
Resp:	20
Temp:	36.5 °C
SpO2:	96%

Gen: Jeanne laying flat in bed, minimally opens her eyes and will turn to people at times. Audibly moaning at times, and sometimes rubbing her leg or abdomen
HEENT: tongue dry, lips dry
Resp: breathing comfortable on room air
Neuro: does not participate in conversation or track conversation, seems confused, agitated

IMPRESSION: Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Over the weekend, her ability to interact has decreased and her ability to take PO went from poor to not taking anything by mouth. There was plan in the works to consider going home with hospice, but with this recent turn of events, her son wants a trial of artificial nutrition to see if she might improve to her baseline. It is also noteworthy to share that although going home with hospice was being discussed her son feels she could still live or another 5-10 years and therefore, his interest in hospice seemed mostly to come from it being a way to get her home and then he could work on getting her stronger.

Goals of care: DNR, intubation Ok. Otherwise he is interested in a trial of artificial nutrition and generally open to fairly intensive medical measures with the hope she might get stronger and improve. Also of note the patient has a POLST

from 2018 that she signed noting full code, full treatment, use antibiotics for life prolongation, and long term artificial nutrition. She also signed multiple power of attorney documents (under media in EHR) naming her son as her agent for decision making.

RECOMMENDATIONS:
- Palliative care will continue to follow and engage in discussions with Louis, happy to co-round with primary team if helpful
- trial of IVF with hope she may improve enough for oral feeding to be considered.
If she does not, team will explore if endoscopic NGT could be placed for a trial of artificial feeding as Louis feels he really has to try this trial if he is going to honor the wishes and preferences she has told him she wanted any time they discussed advanced directives.

1) generalized pain:
Continue Butrans 5mcg/hr TD q7days
Change morphine 0.5mg IV q3hrs prn to hydromorphone 0.5mg IV q3hrs prn, as she was receiving hydromorphone SQ this week and was doing better with pain.

IF she loses her IV, hydromorphone 0.5mg SQ q3hrs prn can be given instead of the IV

2) agitation/anxiety:
Pt responded well to ativan, could change to
Ativan 0.25mg IV q6hrs prn (if we have an IV).
If she loses her IV, ativan 0.25mg SQ q6hrs prn can be given, this would be preferred over IM dosing. Although our order for ativan does not show a SQ option, you can select "see comments" and in the comments write in SQ.

3) advance care planning: per the patient's POLST and multiple power of attorney documents she has expressed wishes to pursue longevity focused care and has named her son on many occasions as her agent. Early in the hospital course, she verbally reiterated her wish to allow her son to speak on her behalf if she cannot. He appears to be requesting care that aligns with her previously stated wishes.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 97 minutes for the patient's care on the date of the service.

Electronically signed by Fausto Jr., James Arthur, MD at 2/21/2025 3:58 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/22/2025 0857

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:

Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

- VSS
- Ongoing pain / discomfort this AM and pt's spouse reportedly declining pain medications. Ultimately overnight provider and RN able to talk to him and give pt pain medication.
- Per report, son also yelling at mom and getting in her face, imitating her cries overnight
- Pt requesting peripheral nutrition today so Jeanne can get some zinc and micronutrients / vit / minerals
- We talked about the fact that PPN/TPN is reserved for patients with intestinal failure, which is not Jeanne's issue
- We also discussed that I worry about losing her peripheral IV if we were to start PPN
- We are going to plan to stick with fluids over the weekend and discuss re: next steps on Monday w/ palliative care
- I shared we will give Jeanne some magnesium today and start checking her blood glucose because it was elevated on labs today
- I encouraged gentle conversation and encouragement but not aggressive
- I reinforced that patient should not be up in wheelchair as she does not have the strength / safety to support herself
- Can discuss with nursing about facing bed toward the window for different view
- I also reinforced that it is important that we give Jeanne medications to treat her pain, anxiety, and distress as we don't want her to be uncomfortable

SCHEDULED MEDICATIONS:

- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 100 mL/hr, Continuous, Last Rate: 100 mL/hr (02/21/25 0944)

PRN MEDICATIONS:

- acetaminophen, 1,000 mg, Once PRN
- acetaminophen, 650 mg, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- HYDROmorphone, 0.5 mg, q3h PRN **OR** HYDROmorphone, 0.5 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.8 °C (02/21/25 1700) **BP:** **(!) 150/71** (02/21/25 1700) **HR:** 83 (02/21/25 1700)
RR: **20 (02/21/25 1700)** **SpO2:** 95 % (02/21/25 1700) Room air
T range: Temp Min: 36.8 °C Max: 36.8 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:

Intake/Output Summary (Last 24 hours) at 2/22/2025 0857
Last data filed at 2/22/2025 0600

Intake	2026.67 ml
Output	—
Net	**2026.67 ml**

Physical Exam

General - patient laying in bed; comfortable on my arrival initially but is intermittently restless and moaning
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Breathing comfortably on ambient air.
Extremities - no edema. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries	CBC	LFT	Gases, other
- - - -	-	AST: - ALT: -	-/-/-/- | -/-/-/-
- - - -	- >< -	AP: - T bili: -	Lact (a): - Lact (v): -
eGFR: - Ca: -	-	Prot: - Alb: -	Trop I: - D-dimer: -
Mg: - PO4: -	ANC: -		BNP: - Anti-Xa: -
	ALC: -		INR: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP with stable cr, improved K+, improved na; mildly low phos; mildly low mag
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- Repeat BMP, phos, mg 2/22 AM --> **replete Mg w/ 2g IV; will f/u phos 2/23 as it is only mildly low and would like to preserve IV as much as able**
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below

- **I discussed with Louis that I would not recommend PPN given tenuous nature of IV access and that this should be reserved for pts with intestinal failure, which Jeanne does not have**

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Acute respiratory failure with hypoxia -- resolved
#Aspiration pneumonitis -- resolved
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment.
- Monitor O2
- Strict NPO

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.5mg IV q3h prn OR if no IV access HM 0.5mg SQ q3h prn
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and getting fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
#Hypomag
#Hypophos
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Mg 2g IV x1 2/22
- Holding off on phos repletion given only mildly low
- Repeat 2/23

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#**T2DM** - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs
Prophylaxis: Lovenox
Lines/Drains/Airways: pIV
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/22/2025 3:00 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 0910

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- Some episodes of hypertension; otherwise VSS & NAEON
- Received HM x2 yesterday and x2 thus far today
- Received lorazepam x2 so far today and x2 yesterday
- Pt had acute de-sat event this AM to the 70s requiring initiation of HF mask w/ RT
- Louis believes this is related to receiving pain medications and anxiety medications
- Louis thought she looked more restless and uncomfortable this AM and now he is worried because he can't talk to her
- I discussed with Louis that I feel Jeanne is reaching the end of her life. I shared that I do not think tube feeds is going to fix all the things that we are seeing (agitation, confusion, pain, hypoxemia, etc).
- I discussed with him that I would not recommend intubation for Jeanne. I do not think that she will be able to return to a quality of life where she is able to do the things that she enjoyed doing. I do not think that she would meaningfully recover from being intubated based on her current functional status.
- Louis was tearful and expressed just wanting to see how things look over today and that we can re-assess tomorrow or later today
- I again expressed, that she is on maximum high flow oxygen and that next steps would include the MICU and intubation if we were unable to wean her oxygen or she is worsening. And I again expressed that I do not think this is a path that would be beneficial for Jeanne and I would recommend DNR/DNI code status. He wanted time to think about this and see how she does.
- He has been worried about her blood pressure. I shared that high blood pressure is often a sign of discomfort from pain or anxiety and that her blood pressure improves when we treat these symptoms for Jeanne.
- I shared that I worry Jeanne could potentially pass as early as today. He said if that happens, so be it. His preference would be to take her home.
- I encouraged that he continue to share moments with Jeanne and offer a familiar voice.

SCHEDULED MEDICATIONS:

- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- insulin LISPRO, 0-5 units, q6h SCH
- lidocaine, 1 patch, q24h
- potassium phosphate, 40 mEq, Once
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L, 75 mL/hr, Continuous, Last Rate: 75 mL/hr (02/23/25 1259)

PRN MEDICATIONS:
- bisacodyl, 10 mg, Daily PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.2-0.4 mg, q3h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: 36.1 °C (02/23/25 1047) **BP: 111/69 (02/23/25 1047)** **HR:** 70 (02/23/25 1105)
RR: (!) 28 (02/23/25 1105) **SpO2: (!) 88 %** (02/23/25 1105) (S) Heated High Flow - Mask 70 L/min (S) 100 %
T range: Temp Min: 35.8 °C Max: 36.1 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/23/2025 1658
Last data filed at 2/23/2025 1447

Intake	959.09 ml
Output	200 ml
Net	**759.09 ml**

Physical Exam
General - patient laying, not responsive, not distressed
HEENT - NCAT, no scleral icterus; edentulous
Pulmonary - Some crackles present R>L base, but otherwise CTA. Not coughing at this time. Breathing is not labored on HF mask.
Extremities - 1+ edema. WWP.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 15 of 17) (continued)

Chemistries				CBC	LFT		Gases, other	
142	109	5	146	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
3.4	26	0.50		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.8		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.8		PO4: 1.8		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP with mild hypokalemia 3.4, phos 1.8, mg normal
Radiology	☒	☐	CXR results reviewed -- interval increase in BL pleural effusions & findings suggestive of pulmonary edema
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
- Unable to place NGT under fluoro with minimal sedation 2/20
- Able to get pIV 2/21 and running D5 1/2 NS + Kcl @ 100cc/hr
- If no improvement in mentation with fluids, will have GI / anesthesia assess for endoscopic NGT placement
- If unable to have endoscopic placement or does not improve, would consider pt to be at end of life due to inability to not eat
- Please see pall care note from 2/21 (Dr. Fausto) for additional details
- Pain / anxiety treatment as outlined below
- I discussed code status with Louis 2/23, but he declined to change it at this time. I recommended DNR/DNI. He requested that I f/u later to discuss again.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. I plan to recommend cessation of fluids, repletion of lytes, and a dose of diuretics 2/23 PM.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- Will recommend cessation of IV fluids & a dose of lasix PM 2/23
- Currently on HF mask
- Continue to discuss code status (currently DNR, ok to intubate)

- Decreased pain medications due to concern that they contributed to hypoxemia
- Monitor O2
- Strict NPO

#Acute encephalopathy
Waxes and wanes -- hypoactive and hyperactive. She does have mild hypernatremia, but likely not to the degree that it is causing her altered mentation. Nutrition / hypovolemia could be contributing. Uncontrolled pain (though unclear where) could also be contributing. She is having small Bms and does not have evidence of significant stool burden on her CT, so constipation is less likely a contributor. No new s/s of ongoing infection. She is not having focality to her symptoms to suggest a structural lesion or stroke.
- Nutrition plan as discussed above
- Delirium precautions
- Talk directly to patient / use white board due to hearing impairment
- Ongoing GOC discussions

#Chronic pain r/t prior L AKA
#Anxiety
- Pain: Buprenorphine 5mcg/h patch; hydromorphone 0.2-0.4 mg IV q3h prn OR if no IV access HM 0.2-0.4 mg SQ q3h prn (**HM reduced 2/23**)
- Anxiety: Ativan 0.25mg IV q6h prn OR if no IV access ativan 0.25mg SQ q6h prn
- Palliative care following, appreciate recs

#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
Has pIV now and fluids as above. IF doesn't perk up with fluids then will plan to pursue NGT with GI endoscopically.

#Hypokalemia
#Hypomag
#Hypophos
- D5 1/2 NS w/ Kcl now running @ 100cc/hr
- Plan for Kphos 2/23

#Abdominal pain, diffuse
CTAP without acute finding to explain her abdominal pain. Her distended gallbladder is likely related to prolonged NPO.

#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
- When enteral access is obtained, consider resumption of ASA 81mg daily & atorvastatin

#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
PPM functioning appropriately at this time.

#Bilateral Pleural Effusions, likely r/t poor nutrition status and third-spacing; TTE 1/10/25 with nrml LVEF but unable to assess diastolic function

#Mild normocytic anemia, stable

#T2DM - no current insulin requirements

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO; on mIVFs

Prophylaxis: Lovenox
Lines/Drains/Airways: pIV
Disposition: Acute care. Dispo ongoing conversation.
Code Status: DNR Intubation OK (No CPR)
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/23/2025 5:04 PM

Callahan, Hailey Michelle, RCP at 2/23/2025 1729

Patient unable to maintain SpO2 goal on Venti mask 50% 15L, placed on HHFM. Current settings 50% 50L. No NTS needed throughout the day, BS clear/diminished

	02/23/25 1658
Vital Signs	
Pulse	72
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	92 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	50 %
O2 Flow Rate (L/min)	50 L/min
Heater Temperature	31 °C
Patient Activity	At rest
ROX Index	8.36
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 22**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Suction	No
Bilateral Breath Sounds	Clear;Diminished

Electronically signed by Callahan, Hailey Michelle, RCP at 2/23/2025 5:30 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/24/2025 0823

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR Intubation OK (No CPR)

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- VSS, remains on HF mask sat'ing in 90s
- UOP 1500cc

Long GOC discussion with myself, Louis (son), Jeanne (present but not contributing), Lauren Wrisley PC ARNP, Beth Chance PC SW, and Allen Porter bedside RN. Please see pall care note from 2/24 for full details. Ultimately we talked we described to Louis that Jeanne appears to be at the end of life. We trialed IVF and it made her worse due to pulmonary edema. Her respiratory status is too tenuous to pursue endoscopic EGD or any aggressive sedation to pursue a NG or central line. Furthermore, we discussed that this would be unlikely to significantly improve her current status and may actually lead to further harm. We discussed that our focus at this point as Jeanne is in the final stages of her life should transition to treating her symptoms and keeping her comfortable. Louis agreed that if there was nothing else that could be done to improve her situation, that we should make her comfortable. He would like to take her home if possible, but we described that she would be unlikely to survive transport at this time. If she were to remain alive on lower amt of oxygen and able to be transported, then it may be something we can pursue. However, I would anticipate that she will day in the coming hours to days. We described that we will work on making the hospital as comfortable as possible as we keep her comfortable. He assented and agreed with DNR/DNI and comfort measures given there are no further interventions that would be recommended for Jeanne at this time.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- insulin LISPRO, 0-5 units, q6h SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- bisacodyl, 10 mg, Daily PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.2-0.4 mg, q3h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q3h PRN
- ipratropium-albuterol, 3 mL, q4h PRN
- lidocaine-prilocaine, 1 application, Once PRN
- LORazepam, 0.25 mg, q6h PRN **OR** LORazepam, 0.25 mg, q6h PRN
- ondansetron, 4-8 mg, q8h PRN
- phenol, 1 spray, Q2 Hours PRN
- sodium chloride, 4 mL, q4h PRN
- white petrolatum, , TID PRN

Objective

OBJECTIVE

T: **36.2 °C (02/24/25 0610)** **BP:** **(!) 113/54** (02/24/25 0610) **HR:** 70 (02/24/25 0610)
RR: **(!) 22** (02/24/25 0610) **SpO2:** **97 % (02/24/25 0610)** Heated High Flow - Mask 50 L/min 50 %

T range: Temp Min: 36 °C Max: 36.2 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/24/2025 0824
Last data filed at 2/24/2025 0327

Intake	259.09 ml
Output	1300 ml
Net	**-1040.91 ml**

Physical Exam

General - patient laying in bed, intermittently agitated and crying out
HEENT - NCAT, edentulous
Pulmonary - breathing comfortably on high flow mask, but often trying to remove mask
Extremities - Moving all extremities.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
142	107	4	124	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
4.2	27	0.57		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: >60		Ca: 7.9		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: 1.6		PO4: 3.9		ANC: - ALC: -			BNP: - INR: -	Anti-Xa: -

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☒	☒	BMP stable; mag a little low; phos ok
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. Pt will transition to comfort measures only at this time. She will likely pass in hours to days.

- CMO
- Pain: HM 0.2-0.4 q1hr prn
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- SW will come by to talk with Louis and discuss next steps

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: NPO
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/24/2025 4:39 PM

Portante, Katie, LSWAIC at 2/24/2025 0935

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Ballard Care Center received auth for pt. Per MD update, pt back on high flow O2. Update provided to Ballard Care Center.

Update from MD that pt now on comfort care. Per MD and bedside RN, pt's son Louis requesting to speak to SW.

MSW met w/ Louis at bedside; when asked about questions for SW, Louis states he has none and there is "nothing you can do". MSW provided support to Louis as he described at length his frustration with the course of pt's care; feels like she was "pronounced dead" and given a "death sentence" during admission solely because of her age. MSW reviewed photos of pt's life and travels with Louis. MSW offered UWMC Patient Relations information to Louis if he wanted to discuss concerns; Louis not interested at this time. MSW sat with Louis as he shared his grief at losing his best friend.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/25/2025 4:12 PM

Wrisley, Lauren Jean, ARNP at 2/24/2025 1336

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:

Jeanne, Louis, Dr. Fancher-Dominguez (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC SW, Allen Porter bedside RN

INTERVAL HISTORY:
- Prior to seeing Jeanne and Louis reviewed chart and communicated with primary team.
- Over the weekend, Jeanne's respiratory status became worse and at one point she was requiring 100% FiO2. Multiple conversations were had with Louis by the primary team recommending to change Jeanne's code status to DNI. Louis wanted to take some time and see how Jeanne did overnight before making any changes.
- We then visited Jeanne with Louis at her bedside. I Explained to Louis that on Friday we had agreed to trial some IVF in the hopes that Jeanne may perk up and be interested in taking food. Unfortunately, we think the fluid probably made her worse as now her lungs are making Jeanne very sick. I also explained that because Jeanne's lungs are so sick, that she is not a candidate for a feeding tube to be placed under anesthesia. I shared that while I wished things had gone differently over the weekend, that we think Jeanne is facing the end of her life.
- Louis told us that if Jeanne is at the end of life, that he would like to try and get her back to Bainbridge. We shared with Louis that while we would hope for that too, that right now Jeanne is needing too much oxygen to survive a trip back to the island.
- Louis told us he wished we had been able to get a feeding tube in sooner, and that he believes this would have made a big difference for Jeanne. Dr. Fancher-Dominguez shared that we had take a step-wise approach to the feeding tube, and that we wouldn't have been able to go straight to an endoscopically placed tube with GI and anesthesia. She also explained that placing a tube at this point might even hasten Jeanne's death.
- I gently recommended that we transition the rest of our focus to keeping Jeanne comfortable in the time she has left. Louis agreed that if there was nothing else to be done, then yes he would want to keep her comfortable. Louis asked how long Jeanne has to live, and I explained that while we are bad at predicting our best guess would be hours to days.
- Beth Chance told Louis that if we cannot get Jeanne home, then would would create a calming and safe environment here in the hospital of Jeanne's final days.
- Louis told us Jeanne would want to be buried, but he had worries about how to pay for it. We offered to reach out to the primary social work to see about additional resources for family's at end of life.

PHYSICAL EXAM:
Jeannie is laying in bed, oxygen mask in place but she is keeps trying to remove it. She had brief periods of rest during our visit, but had several episodes of crying out and moaning.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. We trialed IVF fluids over the weekend to see if this might help Jeanne's energy level and interest in food, but unfortunately she became hypoxic and is now requiring high flow oxygen. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she is not a candidate for endoscopically placed feeding tube due to her respiratory status. Per discussion with Louis, we believe that Jeanne is at end of life and will transition the rest of her care to keeping her comfortable with the time she has left.

RECOMMENDATIONS:
- Transition to comfort focused care, DNI by assent

#Dyspnea/Pain
- Would increase frequency of SQ Hydromorphone from 0.2-0.4 q3h prn --> q1h prn for pain and/or dyspnea
- Defer to primary team, but could consider discontinuing Butrans patch to minimize polypharmacy

#Agitation/anxiety
- Would increase dose of her SQ Lorazepam from 0.25mg -->0.25-0.5mg q6h prn

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 83 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/24/2025 2:03 PM

Yonkers, Michael L, MDiv at 2/24/2025 1652

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details

- Referral From: Palliative Care
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Follow-up
- Location: UWMC (Montlake) 7SA

Summary of Encounter

I visited with Jeanne and Louis this morning for spiritual support as Jeanne officially transitioned to comfort care. Their community pastor was present with them holding Jeanne's hand. Jeanne was clearly uncomfortable with air hunger and moaning. I observed this with Louise and he seemed interested in more medication to make her more comfortable. Louise shares some of his concerns about Jeanne's care leading up to this moment. We discuss how having love at bedside is most important at this time. Louise notes that Jeanne was Catholic, but that she would not likely appreciate having a priest visit for sacraments. Offered simple blessing of peace. I updated our Palliative provider to help with symptom control. We circled back later in the day and Jeanne appeared sleeping and much more comfortable.

Please feel free to page spiritual care at any time for additional needs. I will round as available.

Standard Interventions

- Spiritual Support;Other (Comment),

Plan of Care

- Follow-up Plan: Yes As available Will request spirtual care as desired
- To Provide:

Visit Duration

- Direct Time: 15
- Indirect Time: 20
- Total Time: 35

Electronically signed by Yonkers, Michael L, MDiv at 2/24/2025 4:56 PM

Fancher-Dominguez, Alexandria Paige, MD at 2/25/2025 0835

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
- NAEON
- Pt's son continues to request NGT this AM
- On arrival this AM, Jeanne is resting comfortably and does not wake while we are talking around her

Joint visit with Lauren Wrisley PC ARNP & nurse manager Irene Krall RN. This morning Louis was very focused on getting Jeanne an NG tube. He expressed that he thinks nutrition is going to allow her to interact more with him and keep her from starving to death. We re-iterated that we are unable to place an NG tube at this time due to the risks associated with this (such as risk of anesthesia, risk of worsening her aspiration). He said he was willing to take that risk even if she "dies on the table". He feels we should get an NG tube in her even if we have to put her in some kind of body mold to completely hold her down or sedate her completely. We re-iterated that would not be an acceptable risk to take. He reported he was not going to let her have more medication today as he wants to talk to her. We expressed that Jeanne is at the end of her life and it is important that we continue to treat her symptoms associated with this. Please see Lauren Wrisley's note from 2/25/25 for additional details.

Later in the day, Louis requested transfer to Harborview for NG tube placement. I discussed with him that this would not be possible nor indicated. I discussed this with Dr. Marcinkevicius at HMC thru the transfer center due to patient request. She agreed that it would not be an appropriate transfer given she is medically tenuous and it would be unlikely that GI at HMC would have a different perspective on risks compared with the GI at UWMC. Louis was informed by the 7SA staff that txfr was declined.

APS visited Louis (has had an open case for some time). This caused him to become upset and suspicious of the staff and providers taking care of Jeanne, as he was worried that someone called them today and gave them additional information. He requested to transfer to a different floor. I encouraged him to talk with the patient advocate, as he had been given the number already. We again reiterated that an NG tube is not possible and that Jeanne is at the end of her life. At this time, we will continue to keep her comfortable. He agreed that she was at the end of her life and he thinks she has 3-5 more days. He reported he told her this. He wanted to talk to her more before we gave additional medications for discomfort. Jeanne appeared uncomfortable and distressed while Lauren and I were in the room this afternoon. She was grimacing, crying out, intermittently shaking, and had increased work of breathing with weak/gurgle-y cough. We expressed that Jeanne looked significantly uncomfortable and urged use of medications to help keep her comfortable as she nears the end of her life. He said the RN could come in about 5 minutes and will plan for lowest dose of SQ HM. He in some ways expressing acceptance/realization regarding the fact that Jeanne is at the end of her life -- e.g. he told Jeanne she was at the end of her life, is looking into funeral homes on Bainbridge, has told friends that Jeanne is at the end of her life.

SCHEDULED MEDICATIONS:
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:

- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) BP: (not recorded) HR: (not recorded)
RR: (!) 22 (02/24/25 1238) **SpO2: (not recorded)** Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os: No intake or output data in the 24 hours ending 02/25/25 0835

Physical Exam

General - patient laying in bed. In the AM was resting comfortably. In the PM was agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - See above. Also w/ wet/gurgle-y cough.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -				-		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

	Reviewed Results?	Independently visualized & interpreted?	Key Findings
Lab	☐	☐	
Radiology	☐	☐	
EKG/Tele/Echo	☐	☐	
Other? Micro	☐	☐	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25

with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube band feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. Pt will transition to comfort measures only at this time. She will likely pass in hours to days.
Please see above under "subjective" for conversations held today with Louis. She will continue on CMO. WE continue to express that NG tube is not a possibility and Jeanne is at the end of her life.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- Multidisciplinary meeting planned for tomorrow including ethics, nursing, pall care, etc
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:

Fluids/Electrolytes/Nutrition: NPO
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Fancher-Dominguez, Alexandria Paige, MD at 2/25/2025 7:40 PM

Wrisley, Lauren Jean, ARNP at 2/25/2025 1123

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC:
Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:
Jeanne, Louis, Dr. Fancher-Dominguez (primary attending), Lauren Wrisley PC ARNP, Irene Krall RN manager

INTERVAL HISTORY:
- We met with Louis this morning at Jeanne's bedside. When we arrived, Louis was going through a slideshow with Jeanne with music and pictures of trips that they had been on together over the years.
- Louis told us he was hoping to talk with everyone this morning because he's not giving up on Jeanne. He asked again about sedating her to place a feeding tube. Louis feels confident that with some nutrition, Jeanne would get better
- We explained that because of how sick Jeanne is, she cannot safely have a feeding tube placed under sedation. Louis said that he is willing to take the risk she might die, because it wouldn't change anything anyway.
- We explained that the doctors who reviewed Jeanne's case think that the likelihood is extremely high of causing more harm than good in sedating Jeanne, and that while we wish it was different that is unfortunately not an option right now. We also explained that even IF Jeanne could get a feeding tube, the risk of her aspirating and making her lungs worse is extremely high, and therefore feeding her might even hasten her death.
- Louis asked about IV nutrition. We explained that unfortunately Jeanne has shown us that her body cannot tolerate additional fluid because of her lungs. We also explained that we have no IV access right now and no way to safely obtain any.
- Louis told us that he doesn't want to give up and wants to make sure we've tried everything. We let Louis know that he has done a great job advocating and supporting Jeannie. We also let Louis know that Jeanne's medical team has tried every possible intervention, and that sometimes even modern medicine has limitations.
- We reiterated to Louis that Jeanne is at the end of her life, and like we discussed yesterday we will do our best to keep her comfortable in the time she has left.
- Louis told us he would like to take Jeanne home. We told him that we unfortunately did not think Jeanne would survive the trip back to Bainbridge with how sick she is.
- Louis expressed that he didn't want Jeanne to receive any more pain medication that would sedate her. We explained that it's always a balance and we want to have Jeanne be as awake as possible, while also treating her pain.
- Louis told us he knows Jeanne is dying but that he is not going to give up on her. Louis thanked us for our time, and we assured him we would continue to support him and Jeanne.

PHYSICAL EXAM:
Jeanne was laying in bed sleeping comfortably during our visit. She did not wake to interact with us today.

IMPRESSION:

Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. We trialed IVF fluids over the weekend to see if this might help Jeanne's energy level and interest in food, but unfortunately she became hypoxic and is now requiring high flow oxygen. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she is not a candidate for endoscopically placed feeding tube due to her respiratory status. She was transitioned to comfort measures yesterday after discussion with Louis. Today, Louis had more questions about both enteral and parenteral nutrition, and we explained to him that unfortunately neither would a safe option for Jeanne right now. We reiterated that Jeanne is at the end of her life, and that our interventions are focused on keeping her comfortable in the time she has left.

RECOMMENDATIONS:
- Continue comfort focused care
- Our team will continue to follow along for support.

#Dyspnea/Pain
- After further multidisciplinary discussion, would actually add back Butrans 5mcg/hr patch q7 days. Could provide basal rate and perhaps decrease the amount of pokes she is getting from SQ injections
-Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 96 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/25/2025 11:59 AM

Barnhart, Shelley Lea, RD at 2/25/2025 1304

Nutrition Brief Note:

Chart reviewed for nutrition assessment. Noted patient DNR/DNI and on comfort measures only.
Nutrition to follow peripherally.
Please consult if more aggressive nutrition intervention is warranted/desired.

RD following.
See Treatment Team for contact.
Weekends: pager 206.989.1191
Shelley Barnhart, MS, RD, CD

Electronically signed by Barnhart, Shelley Lea, RD at 2/25/2025 1:05 PM

Portante, Katie, LSWAIC at 2/25/2025 1600

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care/Family conference facilitated;Consult with healthcare team/provider/community;Chart Review/Screening;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Pt's son Louis spoke w/ SW outside of pt's room. Louis asked to speak with "dean of medicine or someone in charge" regarding his concerns about pt's care and that he can no longer "trust" floor staff. MSW advised Louis to start by contacting Patient Relations to establish a formal complaint; Louis agreeable, MSW provided contact information.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/26/2025 2:58 PM

Wrisley, Lauren Jean, ARNP at 2/25/2025 1724

PALLIATIVE CARE SERVICE: FOLLOW UP

PARTICIPANTS:
- Called to bedside this afternoon by nursing for support. Today, Louis has been down to the ED to ask if they could place a feeding tube for Jeanne. He has also asked about a transfer to HMC, which was explored but is unfortunately Jeanne was not accepted as a transfer. Additionally, APS came to the room to talk with Louis this afternoon as there

had already been a case open. Louis also communicated with nursing he was upset APS came by.
- Met with Louis along with Dr. Fancher-Dominguez at bedside. Louis told us all of the events of the afternoon and that he doesn't feel like he can trust anyone since be believes someone called APS. We told Louis that to our knowledge, no one called APS today but think they may have come by given there was already an active case open. Louis told us that he already has a close relationship with APS, and so we encouraged him to continue talking with them at his discretion.
- Louis acknowledged to us that he knows Jeanne is dying, but that he's not going to give up as long as there are still things we can do. Louis told us it's hard because Jeanne wasn't dying when she came to the hospital, and he thinks if he could have been a stronger advocate for Jeanne that we wouldn't be in this situation.
- We acknowledged that Louis has been an incredible advocate for Jeanne this entire time, and that her medical team has also offered every possible intervention to prolong Jeanne's life. We explained that her body has gone through a lot of changes since she was first admitted, and that unfortunately there is nothing more reversible for Jeanne that can be done.
- We again told Louis that Jeanne is at the end of her life and that it is our goal to keep her from suffering. Louis agreed he doesn't want Jeanne to suffer.
- Jeanne was moaning, grimacing, and appeared dyspneic during our visit. I told Louis I am worried Jeanne is suffering right now and that we can help her symptoms with small doses of pain medication.
- Louis worried that pain medication wouldn't allow Jeanne to communicate with him and wanted to talk to Jeanne about it after we left. I asked Louis if Jeanne had been talking with him at all and he said she hadn't. I told Louis that as people approach end of life, they often lose the ability to communicate with us and we have to look for other signs of discomfort. I let him know that when we see those signs, we would treat Jeanne with small amounts of pain medication. I told Louis our goal is never to sedate Jeanne, but to keep her from suffering.
- Louis agreed that he didn't want Jeanne to suffer, and that she would get some medication but still wanted to talk with her privately. We gave Louis some time and space to do so, and let him know Jeanne's nurse would be in soon to treat her symptoms.

RECOMMENDATIONS:
- Please see my note from earlier today to reference her symptom management plan.
- Our team will continue to follow along for support, appreciate excellent care from nursing and primary team.

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 74 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/25/2025 5:45 PM

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No overnight significant medical events.
Patient's son requested to remove CMO overnight.

This morning Louis was giving Jeanne small sips of water but was mostly using the oral hygiene sponge. He feels she is making progress. Louis has been removing her oxygen when he feels it's appropriate and replacing it when her sats decrease. She has stayed >90% on RA for the most part. He is hoping to have her discharged to a SNF that can help with cares while he continues to give her water. I explained that we are not going to advance her NPO status given repeated aspirations but that if Louis feels comfortable giving her liquids, then that would be okay since she is CMO at this time. I explained that she is still quite tenuous to support sedation for any tube placements.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- haloperidol lactate, 0.5-2 mg, q4h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** **(!) 119/57** (02/25/25 2123) **HR:** 73 (02/25/25 2123)
RR: 20 (02/25/25 2123) **SpO2:** 95 % (02/25/25 2123) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/26/2025 1217
Last data filed at 2/26/2025 0100

Intake	—
Output	150 ml
Net	**-150 ml**

Physical Exam

General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
				-	Prot: -	Alb: -	Trop I: -	D-dimer: -
eGFR: -		Ca: -		ANC: -			BNP: -	Anti-Xa: -
Mg: -		PO4: -		ALC: -			INR: -	

I have reviewed the prior chart notes on this patient.
Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.
Please see "subjective" for conversations held today with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x

dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to minimal if any at all.

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/26/2025 12:29 PM

Wrisley, Lauren Jean, ARNP at 2/26/2025 1235

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:

Jeanne, Louis, Dr. Daniel Stenberg (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC ARNP

INTERVAL HISTORY:
- We met again with Louis at Jeanne's bedside this morning. Louis had music playing and was going through more pictures of their train travels over the years.
- Jeanne's eyes were intermittently open today, and she was able to tell us hello. During our visit, Jeanne had periods that she was resting comfortably punctuated by several episodes of agitation. Jeanne's oxygen was off for most of our visit, with SpO2 sats varying from the high 80s to mid 90s.
- Louis showed us how he has been giving Jeanne mouth swabs and told us that he thinks this is the beginning of Jeanne's recovery. We hoped with him that was the case, but told Louis we still think Jeanne is at end of life and that Jeanne is still not strong enough to undergo sedation or more invasive procedures right now. Louis was understanding of this.
- We told Louis that on Monday we were worried Jeanne wouldn't survive a trip back to Bainbridge Island. Seeing her today, we told him that she might be able to get back closer to home if that were something still important to them.
- Louis said he would like to get her back home. We offered to speak with social work about reaching out to some skilled nursing facilities. We also told Louis that because Jeanne would not qualify for rehab and we do still believe Jeanne is at end of life, and so the best way to get her to another facility close to home would be with Hospice. We told Louis that if Jeanne does show signs of improvement, she could always graduate from hospice. We also told Louis that there is a real chance Jeanne could aspirate again or become sicker again prior to transfer, and that she still might die here in the hospital.
- Louis expressed that he would like to begin the process of transferring to a SNF closer to home. We explained we could start that process today, and that in the meantime we would not make any changes to the care we are giving Jeanne here in the hospital.
- Louis also expressed his concern that he thinks someone called APS yesterday, and that he feels distrustful of the hospital staff. We told Louis that we don't know about anyone calling APS, and they may have just come by due to a case already being open. We encouraged Louis to continue to talk to APS at his discretion, and to communicate with patient affairs (he already has their number).
- We offered to continue to check in on Louis and Jeanne throughout the week.

PHYSICAL EXAM:
Jeanne was laying in bed, alternating between periods of wakefulness and agitation. Able to say "hello" but was otherwise not participating in our visit today.

IMPRESSION:
eanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. She has had at least two episodes of aspiration with increased O2 requirements of the weekend, which seem to be improving somewhat today though she remains tenuous. Multiple unsuccessful attempts at NGT placement have been made (including fluoroscopy), and she continues to not be a candidate for endoscopically placed feeding tube due to her respiratory status. Today, we discussed initiating a transfer to a SNF with hospice which Louis is interested in pursuing.

RECOMMENDATIONS:
- Appreciate social work assistance to initiate hospice referrals
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety

- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 105 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/26/2025 1:01 PM

Portante, Katie, LSWAIC at 2/26/2025 1458

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Care/Family conference facilitated;Consult with healthcare team/provider/community;Chart Review/Screening;Care Coordination

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Update from MD that pt's son Louis is agreeable to pt discharging to SNF on hospice. Per MD report, Louis prefers Bainbridge Island Health and Rehab, but is open to Ballard Care Center as well.

Call placed to Bainbridge Island Health and Rehab (206-842-4765). Facility willing to re-review; referral sent in AIDA.

Pt previously accepted at Ballard Care Center for rehab; confirmed w/ Ballard Care Center that they can accept pt for hospice care.

PLAN or OUTCOME:

SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/26/2025 3:01 PM

Decker, Troy, PA-C at 2/27/2025 1125

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Jeanne Hoffman is a 100-year-old woman with status post left above-the-knee amputation for ischemic limb on 1/9/2025. I was asked to come at look at removing staples. She has baseline delirium, agitation, and is hard of hearing. Her son was with her again today. She was much more alert and cooperative to exam today. I removed all the staples. The incision is well approximated and there is no edema in the stump. Minimal erythema and no drainage. The medial incision has minimal eschar. Dry dressings only.

The son expressed a desire to get a prosthetic. She will need PMR to see over at Harborview limb loss clinic. I told the son that it's very rare for a 100 y/o to walk after AKA. It takes 80% more energy to walk than with her own legs. She would need to have minimal hip contraction and strength in her right leg and arms to prevent falls while using a prosthetic.

Thank you for asking us to participate in the vascular care of this patient. We are happy to return if the need arises. Please don't hesitate to call us.

Troy Decker, MPAS, PA-C
Teaching Associate
UWMC Vascular Surgery
Ph. 206-598-4477
Fax 206-598-2532



Electronically signed by Decker, Troy, PA-C at 2/27/2025 11:37 AM

Portante, Katie, LSWAIC at 2/27/2025 1126

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care and no longer on supplemental O2.

Per AIDA, only accepting SNF is Ballard Care Center.

MSW, MD, Palliative team met w/ pt and son Louis at bedside to discuss goals of care. MSW updated Louis on SNF referrals, Louis agreeable to Ballard Care Center when discharge is appropriate.

Call placed to Ballard Care Center admissions (253-302-9500) to provide update on plan. Per admissions, facility can accept over the weekend.

ADDENDUM: Call from Bainbridge Island Health and Rehab (206-518-4425); they can accept pt if Haldol can be discharged; MD, bedside RN updated.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/27/2025 12:32 PM

Wrisley, Lauren Jean, ARNP at 2/27/2025 1435

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

PARTICIPANTS:
Jeanne, Louis, Dr. Daniel Stenberg (primary attending), Lauren Wrisley PC ARNP, Beth Chance PC ARNP, Mike Yonkers Spiritual care, Katie Portante SW

INTERVAL HISTORY:
- Prior to seeing Jeanne we reviewed her chart. It appears Jeanne has on RA for much of the night.
- Met with Jeanne and Louis at bedside this morning. Jeanne had her eyes open today, but otherwise did not interact with us. Louis told us he has been giving her fluids on mouth swabs and that she has also drank half a bottle of water using a straw.
- We discussed that Jeanne's lungs do seem to be a bit better this morning. We explained two paths forward to Louis.
- In the first path, Dr. Stenberg could reach back out GI since Jeanne's oxygenation appears a bit better to see if they would be willing to place either a dobhoff tube vs a PEG tube. We explained that with this option, specifically with dobhoff placement, that it might be more difficult to get to a SNF.
- In the second path, we would continue our current plan of focusing on Jeanne's comfort and attempt to transfer her to SNF. Katie let Louis know that Jeanne has been accepted to Ballard SNF and they could take her in the near future.
- Louis said he's like another day to try and see if Jeanne will take more by mouth. We explained she remains a very high aspiration risk with any amount of oral intake, and that even if she could get a feeding tube would still be a high aspiration risk. Louis voiced his understanding of her aspiration risk.
- Dr. Stenberg offered to reach out to GI to see if Jeanne would be a candidate for tube placement in the meantime. Dr. Stenberg offered to circle back in the afternoon with Louis.

PHYSICAL EXAM:
Jeanne is laying in bed, eyes open intermittently. Does not appear to be in significant distress this morning. Did not interact during our visit.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. She has had at least two episodes of aspiration with increased O2 requirements, which seem to be improving somewhat. Dr. Stenberg will reach out to GI to ensure that Jeanne is not a candidate for feeding tube placement, which I suspect she is likely not. In that case, we would still have no additional treatments we could offer Jeanne and it would still be appropriate to transfer to a SNF with hospice care. Louis is in agreement with this plan.

RECOMMENDATIONS:
- Appreciate social work assistance for SNF referrals
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn
- Continue Haldol 2.5-5mg SQ prn q4hr if Lorazepam is not effective

patient discussed with nursing Yes
discussed with primary team Yes

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 56 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/27/2025 2:53 PM

Yonkers, Michael L, MDiv at 2/27/2025 1523

Brief Progress Note – Spiritual Care & Wellbeing

Encounter Details
- Referral From: Palliative Care
- Requested by: Family
- Form of Contact: In person
- Present at Encounter: Patient and caregivers
- Visit Type: Palliative care Follow-up
- Location: UWMC (Montlake) 7SA

Summary of Encounter

-I attended this mornings rounds with primary team and palliative care for continued GOC discussion. Please see Lauren Wrisley's Palliative Care note for synopsis.

-Following I stayed after to hold Jeanne's hands and offer continued prayer for her, which she clearly welcomed. Louis shares with me their mixed Catholic/Episcopal background and clearly valued the prayers as well.

Standard Interventions

- Spiritual Support;Ritual, Prayer

Plan of Care

- Follow-up Plan: Yes As available Will request spirtual care as desired
- To Provide: Faith affirmation;Ritual: prayer/blessing/meditation

Visit Duration

- Direct Time: 25
- Indirect Time: 20
- Total Time: 45

Electronically signed by Yonkers, Michael L, MDiv at 2/27/2025 3:26 PM

Wang, Virginia, MD at 2/27/2025 1642

Gastroenterology Brief Note
Jeanne Leonie Hoffman | U8170135 | 2/27/2025

4:42 PM

Jeanne Leonie Hoffman is a 100 year old female with PMH HTN, T2DM, HLD, prior DVT, PAD p/w ALI on 1/9/25, now s/p L AKA (Smith 1/9/25). Post-op course c/b post-op bradycardia & new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM (1/13/25). Remains inpatient 2/2 delirium, poor PO intake, electrolyte derangements. GI is being re-engaged for endoscopic NGT placement vs PEG placement at the request of the patient's DPOA.

Records reviewed, patient not seen. On review, although the patient now appears to be on room air, upon discussion with the primary team attending (Dr. Stenberg) and his discussion with patient's bedside nurses, patient is actually not on room air - she is receiving 15L O2 via blow-by face mask although it is not being charted as such because she is not wearing the mask on her face. Per nursing staff reports, while she is satting well in this setting at rest, she desats swiftly and reliably on mobilization. Dr. Stenberg also saw her desat to 70% without the blow-by oxygen in the room.

In this setting, it appears that her respiratory status does remain tenuous and unstable. We still feel that she would have a very low likelihood of successful sedation - as such the very likely risks of procedural intervention still far outweigh the potential benefits, and we are not offering endoscopically guided NGT placement or PEG placement at this time.

If the patient were to be intubated for ay other reason, the primary team is welcome to re-engage us for enteral access if bedside NGT placement or NGT placement under fluoroscopic guidance is unsuccessful at that time - though per discussion with Dr. Stenberg, the patient's code status has changed to DNR/DNI since our last discussion regarding this patient, and she is receiving comfort-focused care.

Staffed with GI attending Dr. Saxena.

Electronically Signed By:
Virginia Wang, MD
PGY-3 | General Surgery

Electronically signed by Saxena, Nina A, MD at 2/27/2025 7:38 PM

Stenberg, Daniel Lloyd, DO at 2/27/2025 1824

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Vital signs have remained stable however worth noting that the patient is requiring 15 L of oxygen typically delivered to a nonrebreather though it is being placed on a blow-by method that the patient's son has clipped to her hospital gown. Patient will intermittently, and especially with exertion, desaturate down to the 80s, 70s, 60s, and occasionally 50s as witnessed by bedside nurse.
Patient's son is showing me how he has been able to give her small amount of liquid and that she does not have episodes of aspiration or coughing and he is hoping to gradually increase the amount that he is feeding her. I explained that we are still going to recommend no additional feeding as it would likely result in an aspiration as has happened twice already. But given that the patient is presently comfort measures only, the patient's son is allowed to feed her as long as the risk is knowledged.
Was able to have sutures removed from surgical leg today.
Discussed with GI providers regarding possible feeding tube placement. Patient's vital signs are still too tenuous and would not be safe for anesthesia. Thus, we would not recommend additional intervention for feeding.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** **(!) 142/67** (checking upon pt's son request) (02/27/25 0854) **HR:** 91 (02/27/25 0854)
RR: (not recorded) **SpO2:** 92 % (02/27/25 1116) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/27/2025 1824
Last data filed at 2/27/2025 0900

Intake	237 ml
Output	100 ml
Net	**137 ml**

Physical Exam
General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -			-		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

I have reviewed the prior chart notes on this patient.

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: As a presently stands, this patient is still comfort measures only with some knowledgeable great area on the low interventional and as to what we would normally not provide versus what the patient's son/DPOA is recommending would make the patient comfortable. We are not recommending placement of a feeding tube, we are not recommending aggressive intervention including daily labs, we are not recommending tube feeds or TPN or PPN. Patient's son is allowed to assist with nutrition at bedside as he is acknowledged aspiration risk. Present plan is to discharge patient to Bainbridge or palliative care on hospice acknowledging that she may graduate from this. Discontinued Haldol today from MAR.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.

Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/27/2025 6:30 PM

Wrisley, Lauren Jean, ARNP at 2/28/2025 1104

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: Altered mental status, acute limb ischemia s/p L AKA, malnutrition, palliative care

INTERVAL HISTORY:
- Met Louis at Jeanne's bedside along with Dr. Stenberg and Katie Portante SW.
- Louis told us that Jeanne is still continuing to take in fluids that he is offering her. Jeanne is sitting up in bed today, eyes open. She is not wearing oxygen and is intermittently desatting to 80s.
- Louis had some concern that Jeanne has a new mass on her L cheek, which was evaluated by Dr. Stenberg. He offered to prescribe Jeanne a short course of antibiotics for sialadenitis.
- Katie shared that Jeanne has been accepted by Bainbridge SNF and will likely be able to initiate transfer in the coming days.
- We discussed that our priority will be working towards a safe transfer for Jeanne closer to home, with no other major changes to the plan for today.

PHYSICAL EXAM:
Jeanne is sitting up in bed eyes open, not in distress. Looks at us but is otherwise non-communicative.

IMPRESSION:
Jeanne is 100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13 with course c/b delirium and poor PO intake who has had increased sleepiness, agitation and inadequate PO intake over the last weeks. Jeanne is not a candidate for feeding tube placement, due to her respiratory status and was transitioned to comfort measures earlier this week. She has been accepted to Bainbridge Island Health and Rehab and will hopefully be able to transfer in the coming days.

RECOMMENDATIONS:
- Appreciate social work assistance for SNF referral
- Continue comfort focused care

#Dyspnea/Pain
- Continue Butrans 5mcg/hr patch q7 days.
- Continue SQ Hydromorphone from 0.2-0.4 q1h prn for pain and/or dyspnea

#Agitation/anxiety
- Continue SQ Lorazepam 0.25-0.5mg q6h prn

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 35 minutes for the patient's care on the date of the service.

Electronically signed by Wrisley, Lauren Jean, ARNP at 2/28/2025 11:19 AM

Portante, Katie, LSWAIC at 2/28/2025 1247

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

MSW, MD, Palliative team met w/ pt and son Louis at bedside. Provided update on acceptance at Bainbridge Island Health and Rehab; Louis prefers to move forward with Bainbridge SNF as it is closer to home.

F/u call from Lisa at Bainbridge admissions (206-5138-4425); auth for rehab was submitted today, requesting HCS referral be submitted for LTC Medicaid as back-up. HCS referral completed, faxed to Region 2S King Co (p: 206-341-7750, f: 206-373-6855). MD, Palliative team updated.

ADDENDUM: MSW attempted to fax HCS ref 4x; unsuccessful. Will continue to attempt to fax referral.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 2/28/2025 3:53 PM

Stenberg, Daniel Lloyd, DO at 2/28/2025 1701

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
We are not continuously checking her vitals as she is comfort measures only. Observed oxygen in the room was appropriate though noted to still be on 15 L of O2 by blow-by. Labs have not been checked in several days.

Louis is quite proud of his mother's improvement. He has been working hard to give her small sips of water and Ensure. He has also been helping to mobilize her joints and try and strengthen her in bed. We all feel that placement in Bainbridge is most appropriate for her. Reviewed current strategy for patient's oral intake and I continue to impress upon Louis that she has aspirated multiple times and remains n.p.o. though he is welcome to feed her if he acknowledges the risk

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 2/28/2025 1701
Last data filed at 2/28/2025 1415

Intake	237 ml
Output	80 ml
Net	**157 ml**

Physical Exam
General - patient laying in bed. Son had put her dentures in and she had the hydration sponge stick in her mouth. Was mostly calm but intermittently agitated, crying out, grimacing, and had increased WOB.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: Patient is still a comfort measures only patient though, at the desire of her DPOA and son Luis, remains a minimally necessary elevation of care. With many issues such as IV access and oxygen we have come to the agreement that we are not going to maintain access or provide invasive oxygen therapy. We also are not going to do invasive strength training or pursue PEG tube or NG tube given patient's tenuous oxygen status. This is more in line with a comfort focused order set. However, and working with patient's son, and in maintaining a standard of minimally necessary elevation of care, we find it agreeable to treat superficial concerns such as an infected parotid gland likely from dry oral mucosa and a picked off a scab from her left stump site with topical Betadine and a bandage. There was noted previously, her overall intent distal to provide primarily comfort focused care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. She will likely pass in a matter of days.
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible. Our present plan is to discharge the patient to hospice with the son is agreeable to.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn

- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 2/28/2025 5:08 PM

Koschik, Hannah Leigh at 3/1/2025 0921

Weekend Social Work:

Referral: Weekend social work team has been requested to follow for auth pending for Bainbridge Island Rehab and to attempted to send HCS referral.

Data:
Per chart review, patient is Jeanne Leonie Hoffman, 100 year old, female, admitted for Arterial occlusion [I70.90] Acute lower limb ischemia [I99.8].
Patient's home address is listed as: 321 HIGH SCHOOL RD NE
STE D3 PMB 292
BAINBRIDGE ISLAND WA 98110.
Payor Source: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid.

Important Contacts:
-SNF AC, Lisa: 206-518-4425

Intervention:
Weekend social work, reviewed chart and handoff.
TC to Lisa at Bainbridge admissions; auth for rehab has not been submitted. Lisa reports she has attempted to fax 15 times and none of the attempts have been successful. She reports that she will e-mail it to the insurance supervisor today. Lisa agreeable to update this writer with any progress.

SNF has requested HCS referral be submitted for LTC Medicaid as back-up. HCS referral completed, faxed to Region 2S King Co (p: 206-341-7750, f: 206-373-6855) X2 Fax unsuccessful.
Attempted contact by phone to see if another fax number is available- reached VM that states phone/VM staffed M-F only.

Medical team updated.

Plan: Weekend social work will continue to follow and support with coordination to SNF and HCS referral.

Hannah Koschik, MSW
University of Washington Medical Center
Weekend Social Work

---Weekend Pager: 206-645-0792---

Electronically signed by Koschik, Hannah Leigh at 3/1/2025 2:36 PM

Stenberg, Daniel Lloyd, DO at 3/1/2025 1329

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.

Had an extended conversation today with Louis at bedside. He is advocating for his mother to work with physical therapy. Luis is requesting crutches so that he can demonstrate for her how they are used. He shows me photos on his personal laptop of her health just 1 year ago and how she was able to move around. He frequently goes into very detailed and superfluous stories providing the necessary information. I discussed with him that while I feel that there are many interventions that we should not offer the patient out of concern for futility and more harm than good, we do need to acknowledge that she is no longer imminently deteriorating and that her oxygen status has improved. Keeping with that recognition, it would be best to offer the patient more care as opposed to last. I am still not advocating to take her off of comfort measures and I explained this to to the son. I think it is worthwhile to keep her in her current order set but offer bits and pieces from a more full care perspective. While I do not think that we should attempt to feed the patient, I explained to Luis that he is welcome to do so. I also explained that it would not be in the patient's best interest to try and collect daily labs and continue with invasive intravenous therapies to which he agreed.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded

Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/1/2025 1329
Last data filed at 3/1/2025 0850

Intake	537 ml
Output	231 ml
Net	**306 ml**

Physical Exam

General - patient laying in bed. Dentures out, occasionally crying out in distress. Did tell her son that she wanted to go to the bathroom. Occasional grimacing. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen

status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Acute care; CMO
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/1/2025 3:25 PM

Stanikzy, Ameenjohn A, RN at 3/2/2025 0643

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (-)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/2/2025 6:43 AM

Adhikari, Liz, LICSW at 3/2/2025 0906

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF

Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Placement - Skilled Nursing Facility;Care Coordination;Consult with healthcare team/provider/community

Weekend Social Worker received a referral via the Weekend Worklist to follow up with SNF regarding insurance authorization and to fax HCS referral.

SW called Bainbridge Island SNF Admissions Coordinator Lisa (206-518-4425) for updates. Lisa shared that she has attempted to fax patient's insurance 22 times and has been unsuccessful. She has called them and is awaiting a call back after speaking with an answering service.

Per handoff, SNF has requested HCS referral be submitted for LTC Medicaid as back-up. SW attempted to fax completed HCS referral to Region 2S King Co (p: 206-341-7750, f: 206-373-6855), fax unsuccessful. SW later received information that the new HCS fax number is 425-277-7033. SW re-faxed referral to new number, fax was successful.

SW provided VM handoff to primary SW.

PLAN or OUTCOME:
Patient is anticipated to discharge to Bainbridge Island SNF pending insurance authorization. SW to coordinate discharge and to continue to attempt to submit HCS referral.

Social Work remains available for discharge planning, care coordination, resources, and support.

Liz Adhikari, MSW, LICSW
Social Work and Care Coordination
Providing weekend coverage

WEEKEND SOCIAL WORK PAGER: 206-645-0792 (8:30am-4:30pm)

Electronically signed by Adhikari, Liz, LICSW at 3/2/2025 2:44 PM

Stenberg, Daniel Lloyd, DO at 3/2/2025 1548

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025

Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Patient's oxygen remains in the 90s completely off to room air.
Discussed at length with son at bedside who has been attempting to feed her liquids. He shows me all of the various soups and bottles of water that she has consumed. Also tells me that she has had a bowel movement from the MiraLAX.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/2/2025 1548
Last data filed at 3/2/2025 1100

Intake	210 ml
Output	—
Net	**210 ml**

Physical Exam
General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.

HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site

#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement to CLD for son to trial liquids GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/2/2025 3:51 PM

Stanikzy, Ameenjohn A, RN at 3/3/2025 0608

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

2300-0700:
-AOX: UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: No pain noted
-I/O: No PO intake this shift
-BM/UOP: (+)BM LUOP.
-Left above the knee amputation
-OTHER:
-O2 15L blow-by
-Slept well

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/3/2025 6:09 AM

Portante, Katie, LSWAIC at 3/3/2025 1140

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: TBD
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare

team/provider/community;Discharge planning;Placement - Skilled Nursing Facility

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Per SW handoff, HCS referral faxed to new HCS fax number (425-277-7033). SNF reports issues w/ submitting insurance auth to Molina.

MSW called main number for pt's Molina insurance (800-869-7175); per phone tree, fax number for authorization is 844-251-1450. Per Molina representative, fax number for authorizations is 833-912-4454. MSW provided both fax numbers to Bainbridge SNF in case they were needed. Update from SNF that auth was successfully faxed.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/3/2025 2:26 PM

Stenberg, Daniel Lloyd, DO at 3/3/2025 1613

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events. Patient has had BM and is still being fed by her son a combination of liquids and semisolids like oatmeal. O2 status remains adequate though with desaturation to lots of movement. Plan for DC to Bainbridge rehab

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- moxifloxacin, 400 mg, Daily
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN

- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: 36.3 °C (03/03/25 0810) **BP:** **(!) 101/54** (03/03/25 0810) **HR:** 92 (03/03/25 0810)
RR: **(!) 21** (03/03/25 0810) **SpO2:** 94 % (03/03/25 0810) Room air
T range: Temp Min: 36.3 °C Max: 36.3 °C
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/3/2025 1613
Last data filed at 3/3/2025 1219

Intake	1206 ml
Output	1 ml
Net	**1205 ml**

Physical Exam
General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland is superficially erythematous and appears mildly swollen and is lightly TTP.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions.

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently

deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia

#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: None, CMO
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/3/2025 4:14 PM

Stanikzy, Ameenjohn A, RN at 3/4/2025 0606

able.

Patient Summary

100YO w/ PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart
block requiring temporary TVP, now s/p PPM 1/13.

1900-0700:
-AOX:1 oriented to person.UTA orientation, intermittently able to follow directions. Bed alarm active.
-VS: No VS per comfort care orders
-PAIN: Rectal tylenol administered
-I/O: Super Low PO intake this shift (3 oz tomatoes soup). HOB elevated, high aspiration risk.
-BM/UOP: (-)BM incontinent LUOP.
-OTHER:
-O2 15L blow-by
-PRN Metamucil administered. Sips tolerated well.
-Left above the knee amputation, slight dehiscence on the medial aspect covered with Mepilex.
-Diet advanced to 4-Pureed during day.
- Mid back wound is red & non-blanchable, Mepilex replaced.
-See secure chat Hx for interaction w /Pt during shift change. 3/3/25
-Son may try to feed Pt despite her yelling "stop" or "I don't want it"
-HOH, Use white board for communication.
-L.Pacemaker
-Waffle pillow under butt.

Electronically signed by Stanikzy, Ameenjohn A, RN at 3/4/2025 6:22 AM

Chance, Beth A, LICSW at 3/4/2025 1225

Palliative Care Service: Follow-up

Palliative care social worker visited Jeanne and her son Louis today for a supportive check-in. Louis shared that he's looking forward to his mom returning to Bainbridge Island.

SW provided supportive listening and checked in briefly with Dr. Daniel Stenberg. Awaiting SNF insurance authorization and discharge.

CONTACTS:
Extended Emergency Contact Information
Primary Emergency Contact: Hoffmann Alloin,Louis Charles
Address: 321 High School Road NE

STE D3 PMB 292
Bainbridge Island, WA 98110 UNITED STATES
Home Phone: 206-780-6885
Mobile Phone: 206-780-6885
Relation: Son
Primary Contact Role: Medical POA
No emergency contact information on file.

Health Care Agent: Hoffmann Alloin,Louis Charles - Son - 206-780-6885

POLST: Received

Thank you for asking the Palliative Care team to be involved. Please page the team via the paging operator with any specific questions or concerns.

Beth Chance, LICSW
Palliative Care Social Worker
Office phone 206 598-2932

Electronically signed by Chance, Beth A, LICSW at 3/4/2025 12:37 PM

Stenberg, Daniel Lloyd, DO at 3/4/2025 1328

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
No significant overnight events.
Visited patient today at bedside and spoke with Luis. Lewis feels she is doing much better and he is trying to get her to take more p.o. intake. He is enthusiastically describing her arm and leg movements with his resistance band and looking forward to the discharge to Bainbridge rehab.

Discussed with charge nurse and bedside nurse about plan for care

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h

- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/4/2025 1328
Last data filed at 3/3/2025 2311

Intake	20 ml
Output	0 ml
Net	**20 ml**

Physical Exam

General - patient laying in bed. Dentures out, sleeping. No agitation or increased work of breathing noted.
HEENT - NCAT, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
Pulmonary - no supplemental oxygen needed. Minimal WOB. No cough. Decreased air movement. Crackles bilaterally mild.
Skin - no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Neuro - Does not answer questions for me today though is able to follow me with her eyes

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a

component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: I'm okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab likely tomorrow
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Stenberg, Daniel Lloyd, DO at 3/4/2025 9:24 PM

Portante, Katie, LSWAIC at 3/4/2025 1517

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF

Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Chart Review/Screening;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Per update from Bainbridge Island Rehab, auth submitted yesterday, Molina requesting additional information be sent today.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/4/2025 3:19 PM

Barnhart, Shelley Lea, RD at 3/4/2025 1754

Nutrition Brief Note:

Chart reviewed. Noted patient DNR/DNI and on comfort measures only.
Nutrition to follow peripherally.
Please consult if more aggressive nutrition intervention is warranted/desired.

RD following.
See Treatment Team for contact.
Weekends: pager 206.989.1191

Electronically signed by Barnhart, Shelley Lea, RD at 3/4/2025 5:54 PM

Portante, Katie, LSWAIC at 3/5/2025 1252

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO D-SNP / Product Type: Medicaid
Primary Decision Maker: Patient is their own decision maker

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Chart Review/Screening;Counseling/Support/Psychoeducation (coping, adjustment to illness)

MSW reviewed chart, participated in multidisciplinary rounds to discuss ongoing medical plan and discharge needs. Per MD report, pt on comfort care.

Update from admissions at Bainbridge Island SNF that insurance continues to request additional info, including PT eval. MD, PT updated. PT note completed, SNF updated.

MSW reached out to SW supervisor re: possible assistance from Contracting.

PLAN or OUTCOME:
SW to continue to follow.

Katie Portante, LSWAIC
ph: 206-598-5134

Electronically signed by Portante, Katie, LSWAIC at 3/5/2025 2:11 PM

Abay, Rebecca Joyce Yared, MD at 3/5/2025 1336

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:
NAEO
Son at bedside; She is sitting up in bed this AM, requests us to hand her glasses (were in her bedsheets)
Plan for discharge to Bainbridge rehab.
PM update:
Patient with fall 3/5 PM, found by RN staff on floor while patient's son not in the room (though seems to have slipped from bed), bed alarm was not enabled (RN staff noted that son had turned off bed alarm, son counseled against this). Met with patient (son was not there at the time), asked patient if had any pain to body or head/asked if she hit her head (she shook her head to these questions). She states (notably with dysarthria) "I didn't break anything", also "don't worry about me", when asks what happens she makes hand swirling motion and says "I rolled down". She shrugs when asked how she fell/slipped out of bed. Counseled patient regarding asking for help if trying to get out of bed, she nods to this. Patient on modified/comfort care as below- she appears comfortable, alert, no further interventions at this time.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/5/2025 1336
Last data filed at 3/4/2025 2000

Intake	803 ml
Output	—
Net	**803 ml**

Physical Exam

NAD, comfortable appearing; sitting up in bed, puts on her eyeglasses (tinted)
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something (e.g., pointed out wanted us to hand her her sunglasses), when asked some ROS she shrugs her shoulders, interactive
Mood/affect congruent

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
-	-	-	-	-	AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		- >< -	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -		-	Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -			BNP: -	Anti-Xa: -
				ALC: -			INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo, copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.

- CMO
- Pain: HM 0.2-0.4 q1hr prn (**if Louis is requesting morphine instead, can do 2-5mg SQ q1hr**)
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time. Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR.
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox

Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Abay, Rebecca Joyce Yared, MD at 3/5/2025 5:07 PM

Menown, Jason L, PT at 3/5/2025 1401

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

3/5/2025
Duration of session: 40 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability

- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency	5/1/2007

Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective

Patient Report/Self-Assessment: n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd

Patient Stated Goal(s): None stated

Objective
RUE Assessment
RUE Assessment: Exceptions to WFL
RUE Assessment Comments: able to bring hand to mouth, good grip during hand shake, limited hand opening

LUE Assessment
LUE Assessment: Exceptions to WFL
LUE Assessment Comments: able to bring hand to mouth

RLE Assessment
RLE Assessment: Exceptions to WFL
RLE Assessment Comments: antigravity strength

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: limited assessment

Sensation
Light Touch: unable to assess

Coordination
Movements are Fluid and Coordinated : No

Static Sitting Balance
Static Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)

Activity Tolerance
Endurance: Tolerates less than 10 min of activity, no significant change in vital signs

Functional Level:
Bed Mobility
Rolling Left: Dependent (greater than 75% help needed)
Rolling Right: Dependent (greater than 75% help needed)
Supine to Sit: Dependent (greater than 75% help needed)
Sit to Supine: Dependent (greater than 75% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift
Chair/WC<>Bed: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows - son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's
Theract: supine > sit with dependent assist, elevated HOB, assist for initiation sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting sit > supine with dependent assist, scooting up in bed with two person dependent assist

ASSESSMENT/PLAN

Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches.

Barriers to Discharge: pt dependent for all mobility

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Home exercise program, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Progressing
Goal: Bed mobility, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Not Progressing

Acute Care PT Plan of Care:
Treatment/Interventions: Patient/family training, Therapeutic functional activities, Therapeutic exercise
PT Plan: Skilled PT
PT Dosage: 1-2x/week
Plan for Next Session: LE ther ex, sitting EOB

Other Recommendations:
Recommendation for PT After Hospital Discharge: Will need follow up PT at next level of care
PT Daily Recommendations: 2PA - OOB to chair via sling 3x/day

Jason L Menown, PT

Electronically signed by Menown, Jason L, PT at 3/5/2025 2:02 PM

Setik, Yvette Taleisha, LSWAIC at 3/6/2025 1041

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: SNF Placement
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
Primary Decision Maker: LNOK - Son, Louis Hoffman (206-780-6885)

Outpatient Providers:
Patient Care Team:
Navalurkar, Reema, MD as PCP - General (Geriatric Medicine Res/Flw)
Luu, Paul, MD (Wound Ostomy)
Vincler, Catherine, LICSW as Social Worker (Clinical Social Worker)

INTERVENTIONS and REFERRALS:
The following interventions and referrals have been initiated: Consult with healthcare team/provider/community;Discharge planning
MSW assisting primary Medicine E SW; this writer completed a chart review. NCC shared patient experienced a fall yesterday and broke her right femur. Per NCC, Orthopedics team was consulted and determined patient not a surgical candidate and will be medical management (versus surgical intervention). **NCC confirmed patient continues to be medically stable for transfer to SNF following fall.** SW consulted for SNF placement.

MSW received call from Sarah of Bainbridge Island Health and Rehab (206-842-4765) confirming receiving prior authorization for patient's SNF rehab stay and have capacity to receive patient tomorrow (Friday, 03/07) before 1600. This writer shared medical update re: patient's fall and faxed 3/6 MD note, 3/6 Orthopedics note, 3/6 RN note, and 24-hour MAR per their request (fax #206-842-4426). This writer later received AIDA message from SNF requesting patient to be stable on PO pain meds for 24 hours prior to admit. This writer responded asking for clarification if patient receiving dilaudid subcutaneous injections is acceptable or patient required to transition to PO prior to admit. This writer also inquired about weekend admissions; had not yet received response from SNF by end of shift.

MSW called Tri-Med and preemptively booked an ambulance, BLS ride for tomorrow at 1200 for discharge to SNF

(MSW to reschedule if DC does not happen).

MSW notified MD Barnes requesting updated POLST.

MSW planning to meet with patient's LNOK/Son, Louis, re: SNF updates but needed to wait until he returned to bedside in the 1500 hour (son told care team he was having surgery today). MSW to meet with Louis if time permits this afternoon.

MSW continues to follow for discharge planning and coordination.

PLAN or OUTCOME:
-MSW meets with patient and LNOK/Son re: DC to SNF
-MSW follows up with Bainbridge Island Health and Rehab re: dilaudid SC injections vs. PO meds and weekend admissions
-MSW follows up with primary team re: updated POLST
-MSW follows up with Tri-Med re: transportation (cancel or reschedule 3/7 ride)
-MSW coordinates DC to SNF

Yvette Setik, LSWAIC (she/her)
Medicine D, Medicine G, and Surg B4 Transplant Social Worker
Ph# 206-598-6503
For Weekend Social Work requests (urgent matters and discharges), please page (206)-645-0792

Electronically signed by Setik, Yvette Taleisha, LSWAIC at 3/6/2025 3:30 PM

Barnes, James Irvin, MD at 3/6/2025 1106

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Spoke with son, he is concerned about her bone being set properly and said he rotated her leg to try to set it after the xray was done. I was very adamant that he should not do that. He agreed . We will repeat xray. Her RLE is wwp without discoloration .

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: (not recorded) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os: No intake or output data in the 24 hours ending 03/06/25 1106

Physical Exam

NAD, comfortable appearing; sitting up in bed, puts on her eyeglasses (tinted)
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something (e.g., pointed out wanted us to hand her her sunglasses), when asked some ROS she shrugs her shoulders, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-	-			AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -	Ca: -			-			Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -	PO4: -			ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25

with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

Dispo, copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 5-7 days ago. Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI. We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises. I have also requested that, on the first sign of desaturation, that the therapeutic exercises be terminated.
Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray
- I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent
Please see "subjective" for conversations held today and the last two days with Louis. She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO
- Pain: HM 0.2-0.4 q1hr prn -> transition to concentrated oral morphine on 3/6/25
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia

#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR. Now stable
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Barnes, James Irvin, MD at 3/6/2025 6:11 PM

Barnes, James Irvin, MD at 3/7/2025 0822

Progress Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers

Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with history notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Transferred to acute care 1/14.

Subjective

SUBJECTIVE

INTERVAL HISTORY:

Patient laying in bed difficult to arouse this morning apparently this intermittently occurs has been send says that he thinks she got too much morphine she got 5 mg at 12:00am she did respond to tactile stimulation and moved in response to voice

Later on revisit with son and patient around 12pm, she was very much awake and interactive, complaining of discomfort and itching on back. Had GOC conversation with son (see below)

Got sub q dilaudid overnight, will dc now in favor of oral regimen.

SCHEDULED MEDICATIONS:
- buprenorphine, 1 patch, q7 days SCH
- enoxaparin, 30 mg, q HS
- lidocaine, 1 patch, q24h
- psyllium, 1 packet, BID
- saliva substitute, 15 mL, TID

INFUSED MEDICATIONS:

PRN MEDICATIONS:
- acetaminophen, 650 mg, q6h PRN
- atropine, 2 drop, q4h PRN
- bisacodyl, 10 mg, Daily PRN
- camphor-menthol, , BID PRN
- artificial tears, 1 drop, q1h PRN
- HYDROmorphone, 0.2-0.4 mg, q1h PRN **OR** HYDROmorphone, 0.2-0.4 mg, q1h PRN
- LORazepam, 0.25-0.5 mg, q6h PRN **OR** LORazepam, 0.25-0.5 mg, q6h PRN
- magnesium hydroxide, 30 mL, BID PRN
- morphine CONCENTRATED, 5 mg, q4h PRN
- phenol, 1 spray, Q2 Hours PRN
- scopolamine, 1 patch, q72h PRN
- white petrolatum, , PRN

Objective

OBJECTIVE

T: (not recorded) **BP:** (not recorded) **HR:** (not recorded)
RR: 16 (03/06/25 2200) **SpO2:** (not recorded) Room air
T range: No data recorded
Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033)
Last weight: 45.7 kg (100 lb 12 oz) (02/21/25 0749)

I&Os:
Intake/Output Summary (Last 24 hours) at 3/7/2025 0822
Last data filed at 3/7/2025 0600

Intake	—
Output	220 ml
Net	**-220 ml**

Physical Exam

NAD, comfortable appearing; sitting up in bed,
EOMI, edentulous. Left parotid gland appears to be improved and is no longer erythematous.
No increased WOB, Decreased air movement. Crackles bilaterally mild.
Abd soft, NTND
No pretibial edema
no rash or concerning lesion of exposed skin. Incision site medial aspect with scab that appears picked off. No discolored drainage though there is some superficial white slough and 1-2mm of erythema.
Alert, no gross focal deficits, +dysarthria, seems to respond to question (though not intelligible) but interactive and able to prompt when wants something, interactive
Mood/affect congruent
RLE- wwp, pulses palpable

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
-	-	-	-		-		AST: -	ALT: -	-/-/-/- | -/-/-/-	
-	-	-		-	><	-	AP: -	T bili: -	Lact (a): -	Lact (v): -
eGFR: -		Ca: -			-		Prot: -	Alb: -	Trop I: -	D-dimer: -
Mg: -		PO4: -		ANC: -					BNP: -	Anti-Xa: -
				ALC: -					INR: -	

Assessment/Plan

ASSESSMENT/PLAN

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA and course c/b post-op bradycardia w/ mobitz II HB requiring pacemaker placement (1/13/25). She remains inpatient due to delirium, poor oral intake, electrolyte derangements, and goals of care.

#Goals of care
There have been extensive discussions with her son, Louis, who would like to pursue all possible avenues to get Jeanne home. He would like to pursue feeding tube and feels that she would want this as she values nutrition. Louis does not feel that the patient is at the end of her life. Per providers who have taken care of Jeanne before, the patient (when lucid) has continued to express she would want Louis to make decisions for her. DCS meeting completed 2/19.
Please see "subjective" for GOC discussion from 2/24. Full details in palliative care (Lauren Wrisley PC ARNP) from 2/24. She did transition to comfort measures only 2/25. It was previously thought that she would pass in a matter of days however her oxygen status has recovered to an extent

Portions copied forward from 3/4/2024 progress note by Dr. Stenberg: I am not going to move this patient off of comfort measures because I do not think that a more treatment based approach is beneficial to her at this time. Various intravenous therapies, routine laboratory monitoring, etc. are not likely to play a large benefit for her long-term health and they cause her significant amount of distress. That being said, she does not appear to be imminently deteriorating as previously thought approximately 1-2 weeks ago Therefore, we need to tailor our care for both patient and her DPOA/son. I am advocating for, as previously stated, minimal necessary care with minimal elevation. She remains DNR/DNI while here. Patient's son as surrogate decision-maker was in agreement with DNR/DNI but on 3/7 he said that he wanted her to be full code when she leaves. We had numerous discussions about how we felt this was going to cause her more harm than good (see discussion with palliative on 2/18/25 regarding similar

discussion to ours today and after which she was determined to be DNR), and he said he wanted to make the decision at the moment. We feel that it is medically inappropriate to code her here given her frailty and co morbidities and will remain DNR/DNI, however her POLST states Full code. He stated his understanding that she is DNR/DNI in the hospital during my discussion re: POLST form. He did say his hope was that she improves over the coming weeks and if not, he would revisit the code status. When leaving the room he came by and said that he agreed that we should do what we can to make her comfortable. This will likely require ongoing conversations.

We will continue not to check daily labs, ins and outs, provide intravascular rehydration, or attempt parenteral nutrition. As such, she will effectively remain on comfort measures. However, with the stated goal of rehabilitation per her son, it is worthwhile to attempt to treat superficial infections, keep her wounds clean, provide oxygen as necessary for comfort only, and allow Louis the opportunity to help rehab his mother if she improves. I have placed a consult to physical therapy to resume care and assess her in the bed to help with mobility and strength and provide exercises.

Patient plan is still as follows: Minimal necessary escalation of care while maintaining a majority comfort measures only approach. Should there be any signs of actual distress between the patient and her son, recommendation to gently separate son and patient and allow the situation to diffuse naturally before assessing and, level, attempting to maintain comfort measures with minimal necessary escalation of care as determined to be reasonable by care team

She will continue on CMO. We continue to express that NG tube is not a possibility and Jeanne is at the end of her life. Though her O2 requirement has improved, her vitals are still too tenuous to support sedation. If son wants to continue to give small amounts of fluid then that is permissible.
- CMO (modified as above)
- see pain
- Anxiety: lorazepam 0.25-0.5mg q6h prn
- Secretions: atropine SL; scopolamine patch 2nd line
- Other comfort meds also placed
- If Louis is wanting to take patient out of the hospital against medical advice, he would be decisional to do this as long as he is able to understand and accept all the risks (worsening of her hypoxemia, inability to adequately treat pt's agitation/pain/anxiety, death during transport related to hypoxemia). If an ambulance would be able to be arranged then we should try to do that if he is leaving. He should sign AMA form. There should also be thorough documentation of the risks, benefits, alternatives discussion.

 # Right hip fracture
- fall in hospital on 3/5 with R hip fracture, non -op management decided upon based on very high operative risks.
- patient's son reported he internally rotated her leg to "set it" and we will repeat 2V femur xray - d/w orthoi and looks like there is no intervention needed after this manipulation by son
- I have reiterated that he should not do this. If he does this again I think we need to have a discussion about him not being in her room. He reported he would not do this again.
- brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho.
- NWB on Right leg
- Should limit motion of leg (ideally no ROM of R leg)
- abduction pillow
- log rolls for turning
- hip-spica brace now in place settings 0-60, slight abduction
- referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF)
- concentrated oxycodone for pain (low dose 2.5 mg)
- will continue lovenox for now, but if causing significant discomfort can stop

#Superficial infection of left stump site
#Mild parotitis
Will provide patient with 5-day course of crushable p.o. antibiotic to cover for parotitis infection which is limiting patient's quality of life at this time (completed). Also will instruct nursing staff to perform basic wound care on left stump site such as Betadine antiseptic and bandage care. Adhering to minimum necessary escalation of care

#Pulmonary edema
Pt now has evidence of volume overload likely related to the fluid she has been receiving. Fluids stopped 2/23 PM and given 1x

dose of IV lasix while she still had IV access. Since lost IV access but O2 requirement has come down to 15L on blow by from which the patient still has significant desaturations

#Acute respiratory failure with hypoxia
#Aspiration pneumonitis
Patient had worsening respiratory status due to aspiration, which is likely what is seen on her CTAP from 2/19. This improved without antibiotic treatment. She again had worsening respiratory status on 2/23. The acute nature suggests aspiration as a component on top of pulmonary edema seen on CXR. Now stable
- CMO as above

#Deconditioning
Patient may be evaluated by PT primarily to help Louis have the tools/education to further strengthen his mother on his own. If she desaturates then the therapy session should be terminated.

#Acute encephalopathy
#Chronic pain r/t prior L AKA
#Anxiety
#Severe protein-calorie malnutrition
#Hypovolemia
#Hypernatremia
#Hypokalemia
#Hypomag
#Hypophos
#Abdominal pain, diffuse
#PAD, c/b
#Acute limb ischemia
#S/p L AKA (1/9/25, Smith)
#Symptomatic bradycardia
#2nd degree AV block
#S/p Transvenous pacemaker placement (1/10)
#S/p PPM placement (1/13)
#Bilateral Pleural Effusions
#Mild normocytic anemia
#T2DM

Inpatient Checklist:
Fluids/Electrolytes/Nutrition: okay with diet advancement for son to trial more advanced foods GIVEN we accept she is a high risk and also CMO. Son acknowledges this.
Prophylaxis: lovenox
Lines/Drains/Airways: None
Disposition: Bainbridge rehab lin upcoming days
Code Status: DNR DNR/DNI
Contacts: Primary Emergency Contact: Hoffmann Alloin,Louis Charles, Home Phone: 206-780-6885

Electronically signed by Barnes, James Irvin, MD at 3/7/2025 8:05 PM

Shoemaker, Suzanne J, LSWAIC at 3/7/2025 1204

ADDENDUM:
--Covering SW confirmed a Tri-Med BLS (Ambulance) for pt to DC at *1100 on Sat 3/8/25* to SNF Bainbridge Island Health and Rehab.
--Covering SW contacted Lisa of Bainbridge Island Health and Rehab in her cell: 206-518-4425 and updated her on pt's tentative DC at 1100 on 3/8. She was appreciative and understood that a weekend SW would be reaching out to her tomorrow morning with an update
--SW updated provider and provider confirmed that POLST was in process with pt's son.

Social Work Progress Note

ASSESSMENT:
Admit reason: This is a 100 year old old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC to SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid

INTERVENTIONS and REFERRALS:
Covering SW participated in rounds with medical team and dicussed pt's discharge plan. Provider shared that he would be speaking with pt's son this morning to completes the pt's POLST, prior to a possible DC today or this weekend.

SW contacted the accepting SNF, Lisa of Bainbridge Island Health and Rehab (Work: 206-842-4765, Lisa's Cell: 206-518-4425 - use this on weekend) and Lisa confirmed that pt *must be stable on PO pain meds for 24 hours prior to admit* (cannot be on dilaudid subcutaneous injections). Because pt received dilaudid subcutaneous injections within the last 24 hours SW ended up cancelling pt's Trimed ambulance booked for 1200 Noon today and updated provider.

Lisa at Bainbridge Island Health and Rehab went on to share that they can only accept pt over the weekend if *she leaves here by 1100 or 1200 at the latest on Sat 3/8.* They cannot accept pt on Sunday 3/9/25. SW updated provider with this information.

SW to provide a hand off to the Weekend SW team if pt is on track to DC on Saturday 3/8 before Noon.

PLAN or OUTCOME:
--SW to coordinate transportation with Tri-Med to Bainbridge Island Health and Rehab when pt is medically ready to DC.
--MSW follows up with primary team re: updated POLST
--MSW to call Lisa (Cell: 206-518-4425) at Bainbridge Island Health and Rehab when pt is medically ready to DC to coordinate DC

Suzanne Shoemaker, LSWA-IC
(Covering for Katie Portante, LSWAIC)
Medicine F Social Work
PH: 206-598-5134

Electronically signed by Shoemaker, Suzanne J, LSWAIC at 3/7/2025 2:26 PM

Nakatsu, John M, Orthotist at 3/7/2025 1748

PROSTHETICS & ORTHOTICS - HIP SPICA/ABDUCTION BRACE

Patient is a 100 year old female with history of concerns for chronic LLE wounds and increased pain, ultimately found to have acute limb ischemia and went to the OR urgently with vascular surgery for AKA.
Right peri-implant femur fracture 3/5.

She was seen on 7SA-7411 per consult for right hip spica orthosis. Orthosis indicated to provide support and restrict ROM. The patient was measured and fit with a Newport hip stabilizer orthosis. Medium Pelvic and size small thigh components were used. Hip joint set at 0-60 degrees flexion and slight abduction for comfort. Patient appears to be comfortable at this time with the brace in place.

Orthosis to be removed for regular skin inspection. The orthosis was inspected for structural integrity and determined to be appropriate for delivery today. Written and verbal instructions were provided to the patient and/or left at bedside. Spare set of pad were left at bedside with her son.

Please contact Prosthetics and Orthotics with questions or concerns at 206.598.4025 (M-F 8-4pm) or page P&O from Teams.

Electronically signed by Nakatsu, John M, Orthotist at 3/7/2025 5:55 PM

Schlenker, Kathryn Ann Vogelsang, DO at 3/7/2025 1903

PALLIATIVE CARE SERVICE: FOLLOW UP

ID/CC: acute limb ischemia s/p L AKA, heart block s/p PPM, malnutrition, R femur fracture, GOC, support, palliative care.

INTERVAL HISTORY:
-Discussed case with Dr. Barnes. Jeanne had R femur fracture in the setting of a fall. No surgical intervention, is non-weightbearing. Plan was for Jeanne to d/c to SNF today for rehab, however, she required SQ hydromorphone overnight. Is now transitioned to an oral regimen.
-Per discussion with Dr. Barnes, son Louis expressed desire for Jeanne to be full code upon discharge. This topic came up with completing POLST. Dr. Barnes and I made plans to follow up for further discussion. Jeanne has been more somnolent this morning.
-Dr. Barnes and I discussed case with bedside RN Rosalie and charge RN Alex. Rosalie shared that Louis has been requesting a brace for Jeanne's leg to help stabilize it. Per discussion with Dr. Barnes, Louis manipulated Jeanne's leg trying to "set it".

Dr. Barnes, Rosalie Puleo RN, and I met bedside with Louis. Initially, Louis shared a desire for his mom to have a brace placed to stabilize her leg. He had done some research on is own and had some ideas about possible options. Louis shared worry that if her leg is not stabilized she will have severe pain with turns, which she will need to have for things such as toileting. He shared that she is quite sensitive to pain medications. If she becomes sedated from pain medications then she will not eat and then will eventually starve to death. I reflected to Louis that we were facing her decreased intake weeks ago and that it seems like this has been up and down. Louis shared that he wants to give his mom a chance to recover.

We shared worry with Louis that Jeanne will continue to have complications and may not be able to recover and may be close to EOL. He shared that he knows that she will survive and will be able to get better.

We discussed with Louis standard of care and ortho recs for no brace, log roll turns. Louis shared how important it is to him for Jeanne to have her leg as stable as possible to have the best chance at recovery. We discussed that pain management will still be necessary as part of her care plan. He was accepting of this and expressed a desire to minimize opioids as much as possible.

We then addressed code status. Shared with Louis our perspective that providing interventions such as CPR or a breathing tube are unlinely to be helpful to Jeanne given her comorbidities and current clinical situation. Louis shared a hope for peace at EOL and also does not want to take things off of the table when she leaves the hospital. Shared that a peaceful EOL for Jeanne would not involve CPR. We asked Louis what his plan would be if his mom does not improve and continues to worsen. Louis shared taht eh would be willing to re-evaluate in the moment and make the decision.

PHYSICAL EXAM:
BP (!) 101/54 (Patient Position: Lying) | Pulse 92 | Temp 36.3 °C (Temporal) | Resp 16 | Ht 5' (1.524 m) | Wt 45.7 kg (100 lb 12 oz) | SpO2 94% | BMI 19.68 kg/m²
Jeanne was laying supine in bed, intermittently yelled out and appeared uncomfortable, pointed to my back when I asked her about pain, try mouth/tongue.

IMPRESSION: Jeanne remains hospitalized and has been stable on comfort care for the past few weeks. She recently sustained a femur fracture which has increased her pain. Her son Louis has concerns about ongoing pain and has requested a brace to support her leg. At this time his is hoping for recovery and would like for his mom to remain full code. If things chance and his mom is clearly declining, then he is willing to consider changing her code status to DNR/ DNI. At this time Louis hopes for rehab oriented care for his mom.

RECOMMENDATIONS:
-Continue with current level of care. Louis would like code status changed to full code upon discharge from the hospital. Will leave code status as DNR/DNI and continue with comfort oriented care. Dr. Barnes and I are in agreement that full code status would not be medically appropriate at this time.
-Appreciate orthotics support with getting a brace for Jeanne if possible.
-Recommend trial of scheduled tylenol suppository (recommend Q8 hour dosing with turns).
-Recommend oxycodone 2.5-5mg PO Q8 hours PRN pain. Will be helpful to premedicate before turns.
-Louis is willing to reconsider POLST and changing code status in the future should Jeanne continue to clinically declline or not tolerate rehab oriented care.

Patient discussed with nursing and Discussed with primary team

Thank you for asking the Palliative Care team to be involved in the care of this patient. Please page the team via the paging operator with any specific questions or concerns.

I spent a total of 106 minutes for the patient's care on the date of the service.

Electronically signed by Schlenker, Kathryn Ann Vogelsang, DO at 3/7/2025 10:58 PM

Foxx, Vivian Amber, LICSW at 3/8/2025 0848

Weekend Social Work Progress Note

ASSESSMENT:

Admit reason: This is a 100 year old female admitted for Arterial occlusion [I70.90]
Acute lower limb ischemia [I99.8].
Anticipated disposition/needs: DC to SNF
Potential barriers/concerns: Homeless
Funding: Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid

INTERVENTIONS and REFERRALS:
Per Covering SW note from 03/07/2025:
--Provider shared that he would be speaking with pt's son this morning to completes the pt's POLST, prior to a possible DC today or this weekend.
--SW contacted the accepting SNF, Lisa of Bainbridge Island Health and Rehab (Work: 206-842-4765, Lisa's Cell: 206-518-4425 - use this on weekend) and Lisa confirmed that pt must be stable on PO pain meds for 24 hours prior to admit (cannot be on dilaudid subcutaneous injections).
--Because pt received dilaudid subcutaneous injections within the last 24 hours SW ended up cancelling pt's Trimed ambulance booked for 1200 Noon today and updated provider.
--Lisa at Bainbridge Island Health and Rehab went on to share that they can only accept pt over the weekend if she leaves here by 1100 or 1200 at the latest on Sat 3/8. They cannot accept pt on Sunday 3/9/25. SW updated provider with this information.
--Covering SW confirmed a Tri-Med BLS (Ambulance) for pt to DC at 1100 on Sat 3/8/25 to SNF Bainbridge Island Health and Rehab.
--Covering SW contacted Lisa of Bainbridge Island Health and Rehab in her cell: 206-518-4425 and updated her on pt's tentative DC at 1100 on 3/8. She was appreciative and understood that a weekend SW would be reaching out to her tomorrow morning with an update
--SW updated provider and provider confirmed that POLST was in process with pt's son.
--SW to provide a hand off to the Weekend SW team if pt is on track to DC on Saturday 3/8 before Noon.

Weekend SW coordinated with Dr. Barnes and RN Puelo, who confirmed that patient is medically ready for DC to SNF. MD confirmed completion of PASRR and paper scripts for controlled medications. MD also confirmed POLST completed.

SW contacted admission coordinator Lisa Fry of Bainbridge Island Health and Rehab; she confirmed patient admission on 03/08/2025 with a DC from UWMC at 11am via Trimed ambulance.

SW met with patient and her son; son confirmed the DC plan. Son expressed concern for patient's future needs, as he has been her primary caregiver. SW provided emotional support and encouraged ongoing conversation with treatment team and SNF staff to ensure her needs continue to be met appropriately. Son confirmed agreement.

SW contacted Trimed and confirmed ride; SW also informed that son and her wheelchair (with additional personal items) will be going with her as well. Trimed confirmed no concerns for this plan.

SW initiated completion of PASRR; MD completed PASRR.

SW created DC planning supplement.

SW uploaded paper scripts for controlled medications and PASRR into AIDA for SNF.

SW created DC packet.

SW confirmed the above with the medical team. SW confirmed that RN has been provided RN-to-RN phone number.

SW later confirmed the above with admission coordinator Lisa Fry of Bainbridge Island Health and Rehab; she confirmed she has all needed DC documents and denied any further concerns.

No further SW needs identified.

PLAN or OUTCOME:
Patient DC to Bainbridge Island Health and Rehab at 11am. Social work will continue to provide support and care coordination, as needed.

Electronically signed by Foxx, Vivian Amber, LICSW at 3/8/2025 7:05 PM

Significant Event

Nario Jr., Edwin A, RN at 1/25/2025 0351

	01/25/25 0350
RRT Event Details	
Time Call Received	0248
Arrival Time	0250
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	Concerns for respiratory compromise
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Julia Wilson
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0330
Tracking	
Family Present	Yes

RRT was called due to possible aspiration. Upon arrival patient was confused at baseline, RR 30, spo2 90% on RA. Lungs are clear with diminished at base. CXR was done, labs and VBG were drawn. 500cc bolus given for lactate 2.2. Per provider keep spo2 goal >88%. Repositioned patient, patient is more calm and comfortable.

Electronically signed by Nario Jr., Edwin A, RN at 1/25/2025 3:54 AM

Wilson, Julia, MD at 1/25/2025 0353

Rapid Response Note - Provider

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Brief summary of event:
Called to bedside for desaturation to 85%. Per bedside RN, pt's son was giving her water as she was slumped over/low in the bed and she then developed a wet-sounding cough. SpO2 at that time dropped to 85% and quickly recovered to the 90s without intervention, but then continued to fluctuate between 88-92. Pt was resistant to wearing nasal cannula although not overly agitated and not combative. Had recovered to a consistent 92% with good waveform upon my arrival to bedside and did not have any witnessed coughing. Was not consistently following commands or answering questions but per pt's son at bedside and nursing staff this is consistent with prior days and her fluctuating delirium.

Pertinent vitals:
Temp 36.3
HR 70s
BP 154/73
SpO2 steadily at 92% on room air with good waveform

Physical Exam
GENERAL: laying in bed, eyes shut, does not appear to be in acute distress
HEENT: moist mucous membranes, edentulous
CARDIAC: RRR, no m/r/g
PULM: clear in anterior lung fields, good air movement, no rales/crackles/wheeze
EXT: warm and well perfused, s/p L AKA
NEURO: awake but not answering questions verbally, moving all extremities

Pertinent labs:
Results for orders placed or performed during the hospital encounter of 01/09/25 (from the past 12 hours)

POC Glucose, Whole Blood - UWMC Montlake
Collection Time: 01/24/25 4:54 PM

Result	Value	Ref Range
Glucose (POC)	136 (H)	62 - 125 mg/dL

POC Glucose, Whole Blood - UWMC Montlake
Collection Time: 01/24/25 9:52 PM

Result	Value	Ref Range
Glucose (POC)	125	62 - 125 mg/dL

Blood Gas, Venous (no electrolytes)
Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
Specimen Description	Venous	No Ref. Range
pH, VEN	7.37	7.32 - 7.40
pCO2, VEN	38 (L)	42 - 50 mm[Hg]
pO2, VEN	45 (H)	35 - 40 mm[Hg]
Bicarbonate, VEN	22 (L)	23 - 27 meq/L
O2 Saturation, VEN	77 (H)	70 - 75 %
Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L
Base Deficit Blood, VEN	3.0 (H)	0.0 - 2.0 meq/L

L Lactate, Venous WB (To U/H Lab < 30 Min)
Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
L Lactate (Direct), Venous Whole Blood	2.1 (H)	0.6 - 1.9 mmol/L

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Clinical Notes (group 17 of 17) (continued)

CBC

Collection Time: 01/25/25 3:21 AM

Result	Value	Ref Range
WBC	7.77	4.3 - 10.0 10*3/uL
RBC	3.38 (L)	3.80 - 5.00 10*6/uL
Hemoglobin	10.6 (L)	11.5 - 15.5 g/dL
Hematocrit	35 (L)	36.0 - 45.0 %
MCV	103 (H)	81 - 98 fL
MCH	31.4	27.3 - 33.6 pg
MCHC	30.5 (L)	32.2 - 36.5 g/dL
Platelet Count	362	150 - 400 10*3/uL
RDW-CV	15.7 (H)	11.0 - 14.5 %

Assessment/Plan:
Seems as though pt may have had mild aspiration event given episode of desaturation occurred after pt's son was giving pt water as she was slumped over/low in the bed. Had essentially recovered from event by the time I was at the bedside. Pulmonary exam not concerning and CXR appears unchanged from prior. Obtained CBC to ensure no mounting leukocytosis to raise suspicion for a developing pneumonia which was reassuring. VBG also unremarkable. Lactate very mildly elevated at 2.1 so gave 500cc of NS given suspicion that pt has not had optimal PO intake. Reasonable to have pt remain NPO for remainder of evening and have SLP re-evaluate tomorrow given ongoing concern for aspiration. Need to continue to build rapport with and educate son, hopeful that provider continuity with team transfer today will help.

Dispo: to remain on acute care
Discussed with: bedside RN, STAT RN

Electronically signed by Wilson, Julia, MD at 1/25/2025 7:20 AM

Arzaga, Aaron, RN at 2/16/2025 0619

	02/16/25 0550
RRT Event Details	
Time Call Received	0550
Arrival Time	0550
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	O2 sat <92 with increased O2 requirements
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Bhandari, S - MD
Disposition	

Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0612
Tracking	
Family Present	Yes

RRT for potential aspiration event w/ acute desaturations to 70s. Pt. went from RA -> NRB -> HFM 60L/60%. CXR done. Nebs given. Holding abx treatment for now d/t current goals of care.

Electronically signed by Arzaga, Aaron, RN at 2/16/2025 6:26 AM

Alumbaugh, Allison Andreea, MD at 2/16/2025 0622

Attestation signed by Bhandari, Shiv, MD at 2/16/2025 6:41 AM

Date of Service: 02/16/25
I saw and evaluated the patient. I have reviewed the resident(s)'s/fellow(s)'s documentation and agree.

Rapid Response Note - Provider

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: DNR DNR/DNI

Brief summary of event:
Received RRT page at 5:51AM for acute hypoxia to 80's.

Pertinent vitals:
BP 161/101, RR 20, HR 85, T 36.3, SpO2 86%

Physical Exam
General: frail appearing, in mild distress
Pulm: breath sounds audible bilaterally, crackles on the right lower side, breathing through the mouth
CV: RRR, no M/R/G
Skin: warm

Pertinent labs:
No labs obtained.
CXR: low lung volumes with increased bibasilar opacification R>L

Assessment/Plan:
Ms Hoffman with acute hypoxia, likely due to aspiration and atelectasis. Pt with high aspiration risk, increased secretions, breathing mostly through the mouth. Chest film opacity follows the aspiration pattern on the right lower lobe.
Low concern of infection, such as HAP. Pt afebrile, no tachypnea. Secretions although increased, but thin and clear.No indication for antibiotics unless further decompensates or becomes febrile.
Low concern for PE, pt on DVT PPX, no tachycardia.
Pt placed on NRB, then on high flow 50L 40%, maintaining 94% SpO2. High flow is within GOC, and discussion was held with the son, who is expressing understanding and agrees to the plan. Additionally will trial duoneb and hypertonic saline to break up secretions, followed by endotracheal suctioning if not cleared by spontaneous cough.

Dispo: acute care
Discussed with: Dr Bhandari

Electronically signed by Alumbaugh, Allison Andreea, MD at 2/16/2025 6:32 AM
Electronically signed by Bhandari, Shiv, MD at 2/16/2025 6:41 AM

Negrete Maldonado V, Karla, RN at 3/5/2025 1618

Post Fall Information

Fall Documentation
Date of fall: 03/05/25
Time of fall: 1540
What patient said about the fall: Nothing
Event Location: Patient Room
Witnessed or assisted fall?: Unwitnessed fall
Did injury occur?: No
Patient transferred to higher level of care due to fall?: No

Post Fall Notifications
Name of Provider Notified: Dr. Abay
Date Provider Notified: 03/05/25
Time Provider Notified: 1600
Family Notified of Fall: Yes
Name of Family Member Notified: Louis
Date Family Notified: 03/05/25
Time Family Notified: 1614
Name of Staff Notifying Family: Amber Callison

Post Fall Vitals
Temp: (CMO)

Post Fall Assessment
Neurological
Neuro (WDL): Exceptions to WDL (CMO)
Level of Consciousness: Alert
Orientation Level: Oriented to person, Disoriented to place, Disoriented to time, Disoriented to situation
Cognition: Poor judgement, Poor safety awareness, Poor attention/concentration, Short term memory loss, Unable to follow commands
Speech: Incomprehensible, Uses written communication
Swallow: Chokes on liquids, Chokes on solids, Difficulty swallowing
Neuro Symptoms: Fatigue
Relieved by: Rest

Implemented floor mat and provided fall prevention education to son (low bed, bed alarm, fall mat, notifying staff when exiting room for long periods of time). Son witnessed turning off bed alarm while staff outside of room completing post-fall documentation. Verbalizes understanding of importance of bed alarm in fall prevention and turns alarm back on.

Electronically signed by Negrete Maldonado V, Karla, RN at 3/5/2025 4:24 PM

Paul, Sharmila, MD at 3/6/2025 0615

Patient reportedly had fall in AM (see Dr. Abay's PM update on 3/5 note) after which point she had LLE swelling but given low likelihood of operative management and apparent stable functionality, imaging had not been obtained. Provider called to bedside d/t son's concerns re: patient's leg. On inspection, thigh swelling with rotated thigh, able to wiggle toes on command and palpable pulses, no notable hematoma. Son (DPOA) stated patient was not in pain and that he preferred patient not to receive pain meds (concern for oversedation). Pelvis and femur XR's were ordered; son expressed concern that he wanted to know what/where fracture may be if there was a fracture; notably, son had been counseled regarding that operative management could be morbid and appears to be contradictory to her previously established goals. XR showed R inter-implant femur fracture; at that time, results were discussed with patient's son who stated that he would at least want orthopedic consultation; he stated conflicting goals of longevity but only at "quality of life" (which he did not elaborate on) though endorsed persistent DNR/DNI. Did not change status given vacillating and conflicting goals and significant documentation indicating patient would prefer current care status. Notably, on repeat evaluation, directly asked patient if she was in pain and she nodded; counseled son that Jeanne might not express pain clearly and son agreed to trial hydromorphone (has prns ordered). Additionally, had nursing evaluate for pain and instructed to give prn HM if not contraindicated by respiratory status or oversedation. Orthopedics was called and they evaluated patient (see Dr. Ingalls's note); after significant discussion with patient and her son, non-operative management was pursued.

Electronically signed by Paul, Sharmila, MD at 3/6/2025 7:41 AM
Electronically signed by Sunga, Cassandra, MD at 3/6/2025 8:21 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1030** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1030
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1030 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 10:31 AM
Order comments: Ordered by an unspecified provider
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1057	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD
01/09/25 1031	Clinic Pcp, Unassigned Or	Clinic Pcp, Unassigned Or	Uw Lab Results Interface, User

Specimen Information

ID	Type	Source	Collected By
H3813016	Whole blood	—	01/09/25 1030

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/09/25 1031, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1030
Filed by: Uw Lab Results Interface, User 01/09/25 1031
Resulting lab: UWMC POCT
Acknowledged by: Perez, Delmis Joel, RN on 01/09/25 1041
Order status: Completed
Collected by: 01/09/25 1030

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	202	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

Comprehensive Metabolic Panel (Abnormal) Resulted: 01/09/25 1129, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Filed by: Uw Lab Results Interface, User 01/09/25 1129
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1039

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	183	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	25	8 - 21 mg/dL	H	UWMC
Creatinine	1.10	0.38 - 1.02 mg/dL	H	UWMC
Protein (Total)	7.8	6.0 - 8.2 g/dL	—	UWMC
Albumin	3.9	3.5 - 5.2 g/dL	—	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	9.2	8.9 - 10.2 mg/dL	—	UWMC
AST (GOT)	48	9 - 38 U/L	H	UWMC
Alkaline Phosphatase (Total)	69	49 - 199 U/L	—	UWMC
ALT (GPT)	28	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	45	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC with Diff (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

CBC with Diff (Abnormal) Resulted: 01/09/25 1050, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1050 Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	13.85	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.97	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.3	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

MCV	98	81 - 98 fL	—	UWMC
MCH	31.0	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	205	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.4	11.0 - 14.5 %	—	UWMC
% Neutrophils	80	%	—	UWMC
% Lymphocytes	13	%	—	UWMC
% Monocytes	6	%	—	UWMC
% Eosinophils	0	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	11.19	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.74	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.77	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.02	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.05	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.08	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813172	Blood	—	01/09/25 1039

L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted: 01/09/25 1052, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1052 Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

L Lactate (Direct), Venous Whole Blood	1.6	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Extra Blue Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

Extra Blue Top Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046
Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Blue Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Pearl Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

1st Extra Pearl Top — Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 — Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046 — Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Pearl Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Gray Top (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** — Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039 — Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD — Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence — Class: Lab Collect
Quantity: 1 — Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813171	Blood	—	01/09/25 1039

1st Extra Gray Top — Resulted: 01/09/25 1045, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039 — Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1046 — Collected by: 01/09/25 1039
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Gold Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1039** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 10:46 AM
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3813171	Serum	—	01/09/25 1039

1st Extra Gold Top Resulted: 01/09/25 1046, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Filed by: Uw Lab Results Interface, User 01/09/25 1046
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1039

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Gold Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Troponin-I (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1039** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 12:44 PM
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3813171	Serum	—	01/09/25 1039

Troponin-I Resulted: 01/09/25 1313, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Filed by: Uw Lab Results Interface, User 01/09/25 1313
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1039

Components

Component	Value	Reference Range	Flag	Lab
Troponin_I	0.03	<0.04 ng/mL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Comment:
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

Troponin_I Interpretation	Normal	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Blood Culture, Peripheral (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1044

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813180	Blood	Blood, Venous	—

Blood Culture, Peripheral (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039**
Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1040 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

1/9/2025 10:39 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1044

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813181	Blood	Blood, Venous	—

Blood Gas, Venous, w/ iCa, Na, K, Lact, Glu (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine STAT 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Uw Lab Results Interface, User 01/24/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813173	Blood	—	White, Makenzie R, RN 01/09/25 1042

Blood Culture, Peripheral (Final result)

Electronically signed by: **Hendricksen, Kayla, RN on 01/09/25 1044** Status: **Completed**
Ordering user: Hendricksen, Kayla, RN 01/09/25 1044
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine STAT 01/09/25 1044 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result
Instance released by: Hendricksen, Kayla, RN (auto-released) 1/9/2025 10:44 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813244	Blood	Blood, Venous	Hendricksen, Kayla, RN 01/09/25 1048

Comment: Arm, Left

Blood Culture, Peripheral Resulted: 01/14/25 0621, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1044
Filed by: Uw Lab Results Interface, User 01/14/25 0621
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Hendricksen, Kayla, RN 01/09/25 1048

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral (Final result)

Electronically signed by: **Hendricksen, Kayla, RN on 01/09/25 1044** Status: **Completed**
Ordering user: Hendricksen, Kayla, RN 01/09/25 1044
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/09/25 1044 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Hendricksen, Kayla, RN (auto-released) 1/9/2025 10:44 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3813245	Blood	Blood, Venous	Hendricksen, Kayla, RN 01/09/25 1059

Comment: Arm, Right

Blood Culture, Peripheral Resulted: 01/14/25 0621, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1044
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0621
Collected by: Hendricksen, Kayla, RN 01/09/25 1059
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral #1 (Discontinued)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Discontinued**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine STAT 01/09/25 1101 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Vrablik, Marie Clougherty, MD (auto-

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

released) 1/9/2025 11:01 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1121

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood	—

Blood Culture, Peripheral #2 (Discontinued)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Discontinued**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once (Next Routine) 01/09/25 1101 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Vrablik, Marie Clougherty, MD (auto-released) 1/9/2025 11:01 AM

Discontinued by: Hendricksen, Kayla, RN 01/09/25 1121

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Obtain from a different site than #1

Specimen Information

ID	Type	Source	Collected By
—	Blood	Blood	—

Lab Add On Order (Final result)

Electronically signed by: **Song, Chris, MD on 01/09/25 1242** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1242
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once (Next Routine) 01/09/25 1242 - 1 occurrence
Quantity: 1
Ordering provider: Song, Chris, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:42 PM

Questionnaire

Question	Answer
Lab Test Requested	Troponin
Sample to Use	Most recent
Call Back Number	2065983273
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3814923	Blood	—	01/09/25 1242

Lab Add On Order Resulted: 01/09/25 1245, Result status: Final result

Ordering provider: Song, Chris, MD 01/09/25 1242
Filed by: Uw Lab Results Interface, User 01/09/25 1245
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 01/09/25 1242

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	Troponin	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin Time (Final result)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine STAT 01/09/25 1235 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Prior to starting heparin infusion

Specimen Information

ID	Type	Source	Collected By
H3814844	Blood	—	Sanders, Emily Carylon, RN 01/09/25 1245

Prothrombin Time Resulted: 01/09/25 1315, Result status: Final result

Ordering provider: Song, Chris, MD 01/09/25 1235
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1315
Collected by: Sanders, Emily Carylon, RN 01/09/25 1245
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.1	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Type and Screen (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1625** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1625
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1625 - 1 occurrence
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/9/2025 4:53 PM

Specimen Information

ID	Type	Source	Collected By
H3817754	Whole blood	—	01/09/25 1625

Type and Screen
Resulted: 01/09/25 1744, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1625
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1744
Collected by: 01/09/25 1625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Units Ordered	None	—	—	UWMC
Physician Instructions	None	—	—	UWMC
ABO/Rh	AB POSITIVE	—	—	UWMC
Antibody Screen	NEGATIVE	—	—	UWMC
Crossmatch Expiration	01/12/2025,2359	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and provide treatment per Hypoglycemia Protocol

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: - Standard Insulin Infusion: If BG is 71-99 mg/dL or decreases more than 100 mg/dL in previous hour, check BG in 15-20 min. - FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine Until discontinued 01/09/25 1627 - Until Specified
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Check BG Q1 hr until it is within goal range for 4 consecutive hrs. Then decrease BG checks to Q2 hrs. ALWAYS resume hourly checks if there is an algorithm change, oral intake, change in health status, or BG exits goal range. Hourly monitoring may be indicated for critically ill patients or patients having medical or surgical procedures even if they have stable BG. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 5:00 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

CBC (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Authorized by: Smith, Matthew C, MD
Frequency: Routine q AM 01/10/25 0600 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 6:00 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1808

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Heparin Infusion.

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Anti-Xa for Unfractionated Heparin (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine q AM 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 6:00 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 6:00 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1811** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1811
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1811 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/9/2025 6:33 PM

Specimen Information

ID	Type	Source	Collected By
H3818465	Whole blood	—	01/09/25 1811

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/09/25 1833, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1811
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1833
Collected by: 01/09/25 1811
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 1 of 9) (continued)

Glucose (POC)	126	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9)

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 7:00 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

CBC (Abnormal) Resulted: 01/09/25 1918, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1918
Collected by: Tatum, Krista N, RN 01/09/25 1909
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.48	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.23	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	165	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Basic Metabolic Panel (Abnormal) Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Collected by: Tatum, Krista N, RN 01/09/25 1909
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	117	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.92	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	56	>59 mL/min/1.73_m2	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Magnesium Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Tatum, Krista N, RN 01/09/25 1909

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/09/25 1807 - 1 occurrence
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3818623	Blood	—	Tatum, Krista N, RN 01/09/25 1909

Phosphate Resulted: 01/09/25 1948, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/09/25 1948
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Tatum, Krista N, RN 01/09/25 1909

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.1	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 1944** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 1944
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 1944 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 7:45 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3818810	Whole blood	—	01/09/25 1944

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/09/25 1945, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1944
Filed by: Uw Lab Results Interface, User 01/09/25 1945
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/09/25 1944

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	92	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 8:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/09/25 2053** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/09/25 2053
Authorized by: Smith, Matthew C, MD
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Frequency: Routine Once 01/09/25 2053 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/9/2025 8:54 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3819209	Whole blood	—	01/09/25 2053

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/09/25 2054, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 2053
Filed by: Uw Lab Results Interface, User 01/09/25 2055
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/09/25 2053

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 9:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 10:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Authorized by: Bollag, Laurent Albert, MD
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Quantity: 1
Ordering provider: Czarnecki, Maciej, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 11:00 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:00 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine q1h 01/09/25 1700 - 999 occurrences
Class: Unit Collect
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/10/2025 12:05 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Standard Insulin Infusion: check BG every 1 hr until it is within goal range for 4 consecutive hrs. Then MAY decrease BG checks to every 2 hrs. Check BG 2 hours after stopping insulin infusion to ensure safe transition. ALWAYS resume hourly checks when: 1. BG exits goal range 2. Oral carbohydrate consumed 3. Changing algorithms 4. Change in health status or as indicated for medical or surgical procedures FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

Hemoglobin A1C, HPLC (Final result)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Completed**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Hemoglobin A1C, HPLC (Abnormal) Resulted: 01/10/25 1218, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1800
Filed by: Uw Lab Results Interface, User 01/10/25 1218
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1C	6.6	4.0 - 5.6 %	H	HMC

Comment:

Please Note:
Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

CBC (Abnormal) Resulted: 01/10/25 0223, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/10/25 0224
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.93	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.61	3.80 - 5.00 10*6/uL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Hemoglobin	8.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	102	81 - 98 fL	H	UWMC
MCH	32.2	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	76	150 - 400 10*3/uL	L	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Basic Metabolic Panel (Abnormal) Resulted: 01/10/25 0250, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0250
Collected by: Sande, Nathan R, RN 01/10/25 0211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	118	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	15	22 - 32 meq/L	L	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	240	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	15	8 - 21 mg/dL	—	UWMC
Creatinine	0.59	0.38 - 1.02 mg/dL	—	UWMC
Calcium	5.3	8.9 - 10.2 mg/dL	LL	UWMC
Comment: Telephoned with read back to: RN SERAFINA K AT 0250 1/10/2025				
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Magnesium (Abnormal) Resulted: 01/10/25 0246, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0246 Collected by: Sande, Nathan R, RN 01/10/25 0211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.4	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3705391	Blood	—	Sande, Nathan R, RN 01/10/25 0211

Phosphate Resulted: 01/10/25 0246, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/09/25 1806
Filed by: Uw Lab Results Interface, User 01/10/25 0246
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0211

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.7	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Calcium, Ionized, Whole Blood (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0600 - 1 occurrence
Quantity: 1

Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Status: **Discontinued**
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect

Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM

Specimen Information

ID	Type	Source	Collected By
F3705975	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0600 - 1 occurrence
Quantity: 1

Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Status: **Discontinued**
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect

Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM

Specimen Information

ID	Type	Source	Collected By
F3705941	Blood	—	—

Potassium, Whole Blood (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0340** Status: **Discontinued**
Ordering user: Sande, Nathan R, RN 01/10/25 0340
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0900 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 3:40 AM
Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Potassium, Whole Blood (Discontinued)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0433** Status: **Discontinued**
Ordering user: Sande, Nathan R, RN 01/10/25 0433
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/10/25 0434 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 4:33 AM
Discontinued by: Sande, Nathan R, RN 01/10/25 0513

Specimen Information

ID	Type	Source	Collected By
F3705975	Blood	—	—

CBC (Edited Result - FINAL)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0420** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/10/25 0420
Authorized by: Smith, Matthew C, MD
Frequency: Routine STAT 01/10/25 0421 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Edited Result - FINAL
Instance released by: Grabar, Christina, MD (auto-released) 1/10/2025 4:20 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3705941	Blood	—	Sande, Nathan R, RN 01/10/25 0514

Resulted: 01/10/25 0540, Result status: Edited Result - FINAL

CBC (Abnormal)

Ordering provider: Grabar, Christina, MD 01/10/25 0420
Filed by: Uw Lab Results Interface, User 01/10/25 0540
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Sande, Nathan R, RN 01/10/25 0514

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.54	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.00	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	123	150 - 400 10*3/uL	L	UWMC
RDW-CV	13.5	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

BMP w/Reflexive Ionized Ca (Final result)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0511** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/10/25 0511 Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Next Routine) 01/10/25 0512 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 5:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3706122	Blood	—	Sande, Nathan R, RN 01/10/25 0514

BMP w/Reflexive Ionized Ca (Abnormal) Resulted: 01/10/25 0552, Result status: Final result

Ordering provider: Grabar, Christina, MD 01/10/25 0511 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0552 Collected by: Sande, Nathan R, RN 01/10/25 0514
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	172	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	UWMC
Calcium (Ionized Reflex Status)	Not indicated.	—	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

DEPT OF LAB MED	STREET MS 357110 SEATTLE WA 98195-0001

Magnesium (Final result)

Electronically signed by: **Sande, Nathan R, RN on 01/10/25 0512** — Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/10/25 0512
Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Next Routine) 01/10/25 0513 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Sande, Nathan R, RN (auto-released) 1/10/2025 5:12 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3706122	Blood	—	Sande, Nathan R, RN 01/10/25 0514

Magnesium (Abnormal) — Resulted: 01/10/25 0552, Result status: Final result

Ordering provider: Grabar, Christina, MD 01/10/25 0512
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0552
Collected by: Sande, Nathan R, RN 01/10/25 0514
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.8	1.8 - 2.4 mg/dL	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 0952** — Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 0952
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 0952 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 9:54 AM

Specimen Information

ID	Type	Source	Collected By
F3708559	Whole blood	—	01/10/25 0952

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) — Resulted: 01/10/25 0954, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 0952
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 0954
Collected by: 01/10/25 0952
Resulting lab: UWMC POCT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	152	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 1227** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 1227
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1227 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 1:06 PM

Specimen Information

ID	Type	Source	Collected By
F3711327	Whole blood	—	01/10/25 1227

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/10/25 1306, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1227
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1307
Collected by: 01/10/25 1227
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	134	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

01/10/25 1407

Basic Metabolic Panel (Abnormal) Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Authorized by: Smith, Matthew C, MD
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Quantity: 1
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Ordering provider: Nikravan, Sara, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Magnesium Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.4	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 2 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9)

Phosphate (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Phosphate Resulted: 01/10/25 1445, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1445
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.5	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

CBC (Abnormal) Resulted: 01/10/25 1433, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1433
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
WBC	14.86	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.18	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.9	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	181	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin and PTT (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1231** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1231 Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Per protocol: no cosign required
Frequency: STAT AM draw 01/10/25 1230 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:31 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3710924	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Prothrombin and PTT Resulted: 01/10/25 1438, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1231 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1438 Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC
Partial Thromboplastin Time	26	22 - 35 s	—	UWMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Arterial, w/ Lact (Final result)

Electronically signed by: **Thomas, Tamlyn P, RN on 01/10/25 1232** Status: **Completed**
Ordering user: Thomas, Tamlyn P, RN 01/10/25 1232
Ordering provider: Nikravan, Sara, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine STAT 01/10/25 1233 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Thomas, Tamlyn P, RN (auto-released) 1/10/2025 12:32 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3711111	Blood	—	Thomas, Tamlyn P, RN 01/10/25 1407

Blood Gas, Arterial, w/ Lact (Abnormal) Resulted: 01/10/25 1415, Result status: Final result

Ordering provider: Nikravan, Sara, MD 01/10/25 1232
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1416
Collected by: Thomas, Tamlyn P, RN 01/10/25 1407
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Arterial	—	—	UWMC
pH, ART	7.41	7.35 - 7.45	—	UWMC
pCO2, ART	33	33 - 48 mm[Hg]	—	UWMC
pO2	83	63 - 87 mm[Hg]	—	UWMC
Bicarbonate	21	22 - 26 meq/L	L	UWMC
O2 Saturation	98	95 - 99 %	—	UWMC
Base Excess Blood, ART	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, ART	2.9	0.0 - 2.0 meq/L	H	UWMC
Comment: This represents a negative base excess.				
L Lactate (Direct), ART WB	0.5	0.4 - 1.0 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 1408** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 1408
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1408 - 1 occurrence
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 2:09 PM

Specimen Information

ID	Type	Source	Collected By
F3712004	Whole blood	—	01/10/25 1408

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/10/25 1409, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1408
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 1409
Collected by: 01/10/25 1408
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	130	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/10/25 2014**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/10/25 2014
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 2014 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/10/2025 8:26 PM

Specimen Information

ID	Type	Source	Collected By
F3715205	Whole blood	—	01/10/25 2014

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/10/25 2026, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 2014
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/10/25 2026
Collected by: 01/10/25 2014
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	186	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

CBC (Abnormal) Resulted: 01/11/25 0210, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0210
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.44	4.3 - 10.0 10*3/uL	H	UWMC
RBC	2.98	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	97	81 - 98 fL	—	UWMC
MCH	31.9	27.3 - 33.6 pg	—	UWMC
MCHC	32.9	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	164	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Status: **Completed**
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Basic Metabolic Panel (Abnormal) Resulted: 01/11/25 0229, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0229
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	205	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	20	8 - 21 mg/dL	—	UWMC
Creatinine	0.81	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.7	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 6:00 PM

Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3715961	Blood	—	Bertram, Olivia T, RN 01/11/25 0202

Phosphate Resulted: 01/11/25 0229, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/10/25 1800
Filed by: Uw Lab Results Interface, User 01/11/25 0229
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Bertram, Olivia T, RN 01/11/25 0202

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Potassium, Whole Blood (Discontinued)

Electronically signed by: **Bertram, Olivia T, RN on 01/11/25 0545** Status: **Discontinued**
Ordering user: Bertram, Olivia T, RN 01/11/25 0545
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Timed) 01/11/25 0900 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Instance released by: Bertram, Olivia T, RN (auto-released) 1/11/2025 5:45 AM

Discontinued by: Walks, Tristan H, RN 01/11/25 0843

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2674094	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 0842** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 0842
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 0842 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 8:43 AM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2674319	Whole blood	—	01/11/25 0842

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 0843, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 0842
Filed by: Uw Lab Results Interface, User 01/11/25 0844
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 0842

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	176	62 - 125 mg/dL	H	104
Comment: Post food intake				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Potassium, Serum (Final result)

Electronically signed by: **Walks, Tristan H, RN on 01/11/25 0843** Status: **Completed**
Ordering user: Walks, Tristan H, RN 01/11/25 0843
Ordering provider: Mahdi, Elaa, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Authorized by: Smith, Matthew C, MD
Frequency: Routine STAT 01/11/25 0844 - 1 occurrence
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/11/2025 8:43 AM
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2674324	Blood	—	Walks, Tristan H, RN 01/11/25 0845

Potassium, Serum Resulted: 01/11/25 0920, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/11/25 0843
Filed by: Uw Lab Results Interface, User 01/11/25 0920
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Walks, Tristan H, RN 01/11/25 0845

Components

Component	Value	Reference Range	Flag	Lab
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 1152**
Ordering user: Uw Lab Results Interface, User 01/11/25 1152
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 1152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 11:53 AM
Status: **Completed**
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2675412	Whole blood	—	01/11/25 1152

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 1153, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 1152
Filed by: Uw Lab Results Interface, User 01/11/25 1154
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 1152

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	259	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: On Admit, QAC, QHS, PRN signs/symptoms of HYPOglycemia AND at 3 AM if bedtime CORRECTION insulin given.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and repeat RESCUE until POC BG > 100 mg/dL or until BG between 71-99 for > 1 hour. Once achieved, re-check POC BG in 1 hour to monitor for recurrent hypoglycemia. If BG < 55 mg/dL OR hypoglycemia persists at 40 min, notify provider STAT to evaluate need for ongoing glucose source, e.g. D10 @ 50 mL/hr.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 1647** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 1647
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 1647 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 4:48 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2676992	Whole blood	—	01/11/25 1647

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/11/25 1648, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 1647
Filed by: Uw Lab Results Interface, User 01/11/25 1649
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 1647

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	151	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Electronically signed by: **Uw Lab Results Interface, User on 01/11/25 2009** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/11/25 2009
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/11/25 2009 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/11/2025 8:10 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2677801	Whole blood	—	01/11/25 2009

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/11/25 2010, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/11/25 2009
Filed by: Uw Lab Results Interface, User 01/11/25 2010
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/11/25 2009

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	92	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

CBC (Abnormal) Resulted: 01/12/25 0340, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800
Filed by: Uw Lab Results Interface, User 01/12/25 0340
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Salick, Dominic J, RN 01/12/25 0329

Components

Component	Value	Reference Range	Flag	Lab
WBC	12.67	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.26	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.3	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	31	36.0 - 45.0 %	L	UWMC
MCV	95	81 - 98 fL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	33.1	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	160	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.6	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Basic Metabolic Panel (Abnormal) Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0400 Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	149	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	19	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

SEATTLE WA 98195-0001

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Phosphate Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/11/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0400
Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.4	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2001** Status: **Completed**
Ordering user: Phan, Janet, MD 01/11/25 2001
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/12/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2474764	Blood	—	Salick, Dominic J, RN 01/12/25 0329

Magnesium (Abnormal) Resulted: 01/12/25 0400, Result status: Final result

Ordering provider: Phan, Janet, MD 01/11/25 2001
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/12/25 0400
Collected by: Salick, Dominic J, RN 01/12/25 0329
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 0839**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 0839
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 0839 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 8:40 AM

Specimen Information

ID	Type	Source	Collected By
X2476020	Whole blood	—	01/12/25 0839

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/12/25 0840, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 0839
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 0840
Collected by: 01/12/25 0839
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	154	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1137**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1137
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1137 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 11:38 AM

Specimen Information

ID	Type	Source	Collected By
X2476905	Whole blood	—	01/12/25 1137

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/12/25 1138, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1137
Filed by: Uw Lab Results Interface, User 01/12/25 1138
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/12/25 1137

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	86	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1219** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1219
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/12/2025 12:28 PM

Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2477178	Whole blood	—	01/12/25 1219

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/12/25 1228, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1219
Filed by: Uw Lab Results Interface, User 01/12/25 1229
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/12/25 1219

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	115	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Blood Culture, Line Draw (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/12/25 1204 - 1 occurrence
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477060	Blood	Blood, central venous line	Walks, Tristan H, RN 01/12/25 1221

Comment: Right~Central Line

Blood Culture, Line Draw Resulted: 01/17/25 0323, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205
Filed by: Uw Lab Results Interface, User 01/17/25 0323
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Walks, Tristan H, RN 01/12/25 1221

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once (Next Routine) 01/12/25 1206 - 1 occurrence
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477062	Urine	—	Walks, Tristan H, RN 01/12/25 1221

Urinalysis with Reflex Culture (Abnormal) Resulted: 01/12/25 1319, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205
Filed by: Uw Lab Results Interface, User 01/12/25 1319
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Walks, Tristan H, RN 01/12/25 1221

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Color, URN	Pale	—	—	UWMC
Clarity, URN	Clear	—	—	UWMC
Specific Gravity, URN	1.008	1.006 - 1.027 g/mL	—	UWMC
pH, URN	< or =5.0	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	Negative	NRN	—	UWMC
Glucose Qual, URN	Negative	NRN	—	UWMC
Ketones, URN	Negative	NRN	—	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Negative	NRN	—	UWMC
Leukocyte Esterase, URN	Negative	NRN	—	UWMC
Urobilinogen, URN	0.1-1.9	URONML {Ehrlich'U}	—	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
Collection Method	Urine	—	—	UWMC
WBC, URN	0-5(NEG)	Z5NEG /[HPF]	—	UWMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Not Seen	NOSEEN	—	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	UWMC
Epith Cells_Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Cast_Hyaline, URN	1-5(1+)	NOSEEN /[LPF]	A !	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Culture, Peripheral (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1205** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1205 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/12/25 1205 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:05 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2477059	Blood	Blood, Venous	3858 01/12/25 1355
Comment: Blood~Arm, Left			

Blood Culture, Peripheral Resulted: 01/17/25 0323, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1205 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 0323 Collected by: 3858 01/12/25 1355

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	Aerobic and anaerobic bottles	—	—	UWMC
Culture	No growth 5 days	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 1623** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 1623
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1623 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 4:25 PM

Specimen Information

ID	Type	Source	Collected By
X2478192	Whole blood	—	01/12/25 1623

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/12/25 1625, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 1623
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/12/25 1625
Collected by: 01/12/25 1623
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	138	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/12/25 2021** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/12/25 2021
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 2021 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/12/2025 8:22 PM

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

ID	Type	Source	Collected By
X2479225	Whole blood	—	01/12/25 2021

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/12/25 2022, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/12/25 2021
Filed by: Uw Lab Results Interface, User 01/12/25 2022
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/12/25 2021

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	197	62 - 125 mg/dL	H	104
Comment: Arterial or Venous				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Type and Screen (Discontinued)

Electronically signed by: **Surrusco, Jordan N, PA-C on 01/12/25 2110**
Status: **Discontinued**
Ordering user: Surrusco, Jordan N, PA-C 01/12/25 2110
Authorized by: Surrusco, Jordan N, PA-C
Frequency: Routine Once (Next Routine) 01/12/25 2111 - 1 occurrence
Quantity: 1
Discontinued by: Surrusco, Jordan N, PA-C 01/12/25 2111
Ordering provider: Surrusco, Jordan N, PA-C
Ordering mode: Standard
Class: Unit Collect
Instance released by: Surrusco, Jordan N, PA-C (auto-released) 1/12/2025 9:11 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Type and Screen (Final result)

Electronically signed by: **Surrusco, Jordan N, PA-C on 01/12/25 2111**
Status: **Completed**
Ordering user: Surrusco, Jordan N, PA-C 01/12/25 2111
Authorized by: Surrusco, Jordan N, PA-C
Frequency: Routine Once (Next Routine) 01/13/25 - 1 occurrence
Quantity: 1
Instance released by: Surrusco, Jordan N, PA-C (auto-released) 1/12/2025 9:11 PM
Ordering provider: Surrusco, Jordan N, PA-C
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764608	Blood	—	Salick, Dominic J, RN 01/13/25 0251

Type and Screen Resulted: 01/13/25 0337, Result status: Final result

Ordering provider: Surrusco, Jordan N, PA-C 01/12/25 2111
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/13/25 0337
Collected by: Salick, Dominic J, RN 01/13/25 0251
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Units Ordered	None	—	—	UWMC
Physician Instructions	None	—	—	UWMC
ABO/Rh	AB POSITIVE	—	—	UWMC
Antibody Screen	NEGATIVE	—	—	UWMC
Crossmatch Expiration	01/16/2025,2359	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

CBC (Abnormal)
Resulted: 01/13/25 0344, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0344
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.61	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.34	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	95	81 - 98 fL	—	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	32.7	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	174	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.8	11.0 - 14.5 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Basic Metabolic Panel (Abnormal)

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	138	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	150	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	16	8 - 21 mg/dL	—	UWMC
Creatinine	0.72	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Phosphate

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Schwarz, Samuel, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.6	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2001**
Status: **Completed**
Ordering user: Phan, Janet, MD 01/11/25 2001
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/12/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Magnesium

Resulted: 01/13/25 0402, Result status: Final result

Ordering provider: Phan, Janet, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0403
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Prothrombin and PTT (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1552** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1552
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/13/25 0600 - 1 occurrence
Class: Unit Collect
Quantity: 1
Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3764607	Blood	—	Salick, Dominic J, RN 01/13/25 0318

Prothrombin and PTT Resulted: 01/13/25 0354, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 0354
Collected by: Salick, Dominic J, RN 01/13/25 0318
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time Patient	14.4	10.7 - 15.6 s	—	UWMC
Prothrombin INR	1.1	0.8 - 1.3	—	UWMC
Partial Thromboplastin Time	34	22 - 35 s	—	UWMC
Partial Thromboplastin X Mean	To calculate the PTT X Mean divide PTT value by 29.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 0734** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 0734
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Frequency: Routine Once 01/13/25 0734 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 7:35 AM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3766123	Whole blood	—	01/13/25 0734

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 0735, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 0734
Filed by: Uw Lab Results Interface, User 01/13/25 0735
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 0734

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	132	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 1214**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 1214
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 1214 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 12:20 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3770307	Whole blood	—	01/13/25 1214

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 1219, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 1214
Filed by: Uw Lab Results Interface, User 01/13/25 1220
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 1214

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	148	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 3 of 9) (continued)

Ordering user: McKinstry, Mia, MD 01/13/25 1727
Authorized by: Smith, Matthew C, MD
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1

Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Basic Metabolic Panel (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Authorized by: Smith, Matthew C, MD
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1

Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9)

Magnesium (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q6h 01/13/25 2000 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1727**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1727
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Frequency: Routine q6h 01/13/25 2000 - Until Specified
Quantity: 1
Class: Unit Collect
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:27 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

CBC (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/10/25 0600 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/13/2025 6:00 PM

Discontinued by: McKinstry, Mia, MD 01/13/25 1809

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 1825**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 1825
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1825 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/13/2025 6:26 PM

Specimen Information

ID	Type	Source	Collected By
M3774518	Whole blood	—	01/13/25 1825

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/13/25 1826, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 1825
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/13/25 1826
Collected by: 01/13/25 1825
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	144	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120	02/13/20 0818 - Present

Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/13/25 2250** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/13/25 2250
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 2250 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/13/2025 10:53 PM
Ordering provider: Smith, Matthew C, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3775953	Whole blood	—	01/13/25 2250

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/13/25 2252, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/13/25 2250
Filed by: Uw Lab Results Interface, User 01/13/25 2253
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/13/25 2250

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Arterial or Venous	100	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Basic Metabolic Panel (Abnormal) Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809
Filed by: Uw Lab Results Interface, User 01/14/25 0452
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Salick, Dominic J, RN 01/14/25 0403

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	19	22 - 32 meq/L	L	UWMC
Anion Gap	13	4 - 12	H	UWMC
Glucose	98	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.69	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Edited Result - FINAL)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Edited Result - FINAL
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

CBC (Abnormal)

Resulted: 01/14/25 0426, Result status: Edited Result - FINAL

Ordering provider: Wilson, Julia, MD 01/13/25 1809 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0427 Collected by: Salick, Dominic J, RN 01/14/25 0403
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.20	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.97	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	32.0	27.3 - 33.6 pg	—	UWMC
MCHC	32.5	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	191	150 - 400 10*3/uL	—	UWMC
RDW-CV	13.8	11.0 - 14.5 %	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Magnesium Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/14/25 0452 Collected by: Salick, Dominic J, RN 01/14/25 0403
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 6:09 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
T3857911	Blood	—	Salick, Dominic J, RN 01/14/25 0403

Phosphate (Abnormal) Resulted: 01/14/25 0451, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/13/25 1809
Filed by: Uw Lab Results Interface, User 01/14/25 0452
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Salick, Dominic J, RN 01/14/25 0403

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 1236** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 1236
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/14/25 1236 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 12:48 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3863219	Whole blood	—	01/14/25 1236

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/14/25 1248, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1236
Filed by: Uw Lab Results Interface, User 01/14/25 1248
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/14/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	265	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 1831** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 1831 Ordering provider: Pillai, Sunita, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 01/14/25 1831 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 6:32 PM
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3866946	Whole blood	—	01/14/25 1831

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/14/25 1832, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/14/25 1831
Filed by: Uw Lab Results Interface, User 01/14/25 1832
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/14/25 1831

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	124	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/14/25 2014** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/14/25 2014
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 01/14/25 2014 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/14/2025 8:16 PM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3867430	Whole blood	—	01/14/25 2014

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/14/25 2015, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/14/25 2014
Filed by: Uw Lab Results Interface, User 01/14/25 2016
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/14/25 2014

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Basic Metabolic Panel (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 0542 Collected by: 6439 01/15/25 0502
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	103	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.63	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.6	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

W3829225	Blood	—	6439 01/15/25 0502

CBC (Abnormal) Resulted: 01/15/25 0520, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Filed by: Uw Lab Results Interface, User 01/15/25 0520
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6439 01/15/25 0502

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.44	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.75	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.7	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	27	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	204	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.0	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Magnesium (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Filed by: Uw Lab Results Interface, User 01/15/25 0542
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6439 01/15/25 0502

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3829225	Blood	—	6439 01/15/25 0502

Phosphate (Abnormal) Resulted: 01/15/25 0542, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/14/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 0542
Collected by: 6439 01/15/25 0502
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 0923** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 0923
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once 01/15/25 0923 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/15/2025 9:24 AM

Specimen Information

ID	Type	Source	Collected By
W3831747	Whole blood	—	01/15/25 0923

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/15/25 0924, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/15/25 0923
Order status: Completed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Filed by: Uw Lab Results Interface, User 01/15/25 0924
Collected by: 01/15/25 0923
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	88	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 1210**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 1210
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once 01/15/25 1210 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/15/2025 12:12 PM

Specimen Information

ID	Type	Source	Collected By
W3834147	Whole blood	—	01/15/25 1210

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/15/25 1211, Result status: Final result

Ordering provider: Pillai, Sunita, MD 01/15/25 1210
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/15/25 1212
Collected by: 01/15/25 1210
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick Post food intake	182	62 - 125 mg/dL	**H** ^	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 1702**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 1702
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/15/25 1702 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/15/2025 5:14 PM

Specimen Information

ID	Type	Source	Collected By
W3837574	Whole blood	—	01/15/25 1702

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/15/25 1714, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1702
Filed by: Uw Lab Results Interface, User 01/15/25 1714
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/15/25 1702

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	143	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/15/25 2058** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/15/25 2058
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/15/25 2058 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/15/2025 9:03 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3839032	Whole blood	—	01/15/25 2058

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/15/25 2102, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 2058
Filed by: Uw Lab Results Interface, User 01/15/25 2103
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/15/25 2058

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	176	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 0741** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 0741
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/16/25 0741 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 7:42 AM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3822949	Whole blood	—	01/16/25 0741

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 0741
Filed by: Uw Lab Results Interface, User 01/16/25 0742
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 0741

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	164	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Basic Metabolic Panel (Abnormal) Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

CBC (Abnormal) Resulted: 01/16/25 0951, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 0951
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.55	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.92	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	30.8	27.3 - 33.6 pg	—	UWMC
MCHC	30.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	220	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.1	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Magnesium Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/15/2025 6:01 PM

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Phosphate Resulted: 01/16/25 1018, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/15/25 1801
Filed by: Uw Lab Results Interface, User 01/16/25 1019
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/16/25 0900

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.9	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Vitamin D 25-OH COMMON Deficiency Level (Final result)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/16/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 6:01 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Scheduling instructions
Vitamin D (25-Hydroxy) is not covered with routine preventative visits. It is only indicated and covered with the following diagnoses: osteoporosis, hypocalcemia or hypercalcemia, chronic kidney disease stage III or greater, hypercalcuria, hyper viataminosis D, parathyroid disorders, malabsorption states, obstructive jaundice, osteomalacia, rickets, and vitamin D deficiency related to the above diagnoses. Medicare patients who do not have an above condition but desire testing must sign an ABN and agree to pay.

Specimen Information

ID	Type	Source	Collected By
H3820487	Blood	—	7544 01/16/25 0900

Vitamin D 25-OH COMMON Deficiency Level Resulted: 01/21/25 0820, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/15/25 1801
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 0821
Collected by: 7544 01/16/25 0900
Resulting lab: HARBORVIEW MEDICAL CENTER LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Vitamin D2 (25_Hydroxy)	<1.0	ng/mL	—	HMC
Vitamin D3 (25_Hydroxy)	22.9	ng/mL	—	HMC
Vit D (25_Hydroxy) Total	22.9	20.1 - 50.0 ng/mL	—	HMC
Vit D (25_Hydroxy) Interp	Normal: 20.1-50.0 ng/mL	—	—	HMC

Comment: For more information see https://tests.labmed.washington.edu/VITDG2

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - HMC	HARBORVIEW MEDICAL CENTER LAB MED	Sabath, Daniel E, MD	325 9TH AVE MS 359743, Rm GWH47 SEATTLE WA 98104-2420	04/18/22 1317 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 1228** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 1228
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/16/25 1228 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Instance released by: (auto-released) 1/16/2025 12:30 PM

Specimen Information

ID	Type	Source	Collected By
H3827097	Whole blood	—	01/16/25 1228

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 1229, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 1228
Filed by: Uw Lab Results Interface, User 01/16/25 1230
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 1228

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	217	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 1609** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 1609
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/16/25 1609 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 4:11 PM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3829675	Whole blood	—	01/16/25 1609

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/16/25 1610, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 1609
Filed by: Uw Lab Results Interface, User 01/16/25 1611
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 1609

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	144	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/16/25 2122** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/16/25 2122
Authorized by: Segerson, Karen Elaine, MD
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Frequency: Routine Once 01/16/25 2122 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/16/2025 9:23 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3831912	Whole blood	—	01/16/25 2122

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/16/25 2123, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/16/25 2122
Filed by: Uw Lab Results Interface, User 01/16/25 2123
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/16/25 2122

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	160	62 - 125 mg/dL	H	104
Comment: Post food intake				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Basic Metabolic Panel (Abnormal)
Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	114	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	124	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	14	8 - 21 mg/dL	—	UWMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Calcium	7.6	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

CBC (Abnormal) Resulted: 01/17/25 0718, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800
Filed by: Uw Lab Results Interface, User 01/17/25 0719
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 01/17/25 0646

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.09	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.88	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	280	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.2	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Magnesium Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 0744 Collected by: 5455 01/17/25 0646
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/16/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
F3716633	Blood	—	5455 01/17/25 0646

Phosphate Resulted: 01/17/25 0743, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/16/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 0744 Collected by: 5455 01/17/25 0646
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 0836** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 0836
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/17/25 0836 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/17/2025 8:38 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3719887	Whole blood	—	01/17/25 0836

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 0837, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 0836
Filed by: Uw Lab Results Interface, User 01/17/25 0838
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/17/25 0836

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	136	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 1118** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 1118
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/17/25 1118 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/17/2025 11:20 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3722132	Whole blood	—	01/17/25 1118

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 1119, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 1118
Filed by: Uw Lab Results Interface, User 01/17/25 1120
Order status: Completed
Collected by: 01/17/25 1118

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	171	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 1659** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 1659
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 1659 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/17/2025 5:00 PM

Specimen Information

ID	Type	Source	Collected By
F3726232	Whole blood	—	01/17/25 1659

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/17/25 1700, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 1659
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/17/25 1700
Collected by: 01/17/25 1659
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	201	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/17/25 2033** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/17/25 2033
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 2033 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/17/2025 8:34 PM

Specimen Information

ID	Type	Source	Collected By
F3727571	Whole blood	—	01/17/25 2033

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/17/25 2034, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 4 of 9) (continued)

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 2033
Filed by: Uw Lab Results Interface, User 01/17/25 2034
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/17/25 2033

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	86	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 0054**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 0054
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/18/25 0054 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/18/2025 12:56 AM
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2679718	Whole blood	—	01/18/25 0054

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/18/25 0056, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/18/25 0054
Filed by: Uw Lab Results Interface, User 01/18/25 0056
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/18/25 0054

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	171	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9)

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Basic Metabolic Panel (Abnormal) Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Collected by: 7597 01/18/25 0745
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	112	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

CBC (Abnormal) Resulted: 01/18/25 0759, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Filed by: Uw Lab Results Interface, User 01/18/25 0759
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7597 01/18/25 0745

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.22	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.82	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.9	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC
MCV	98	81 - 98 fL	—	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.2	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	316	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.6	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Magnesium Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7597 01/18/25 0745

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/17/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2679015	Blood	—	7597 01/18/25 0745

Phosphate Resulted: 01/18/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/17/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0822
Collected by: 7597 01/18/25 0745
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 0856** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 0856
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 0856 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 8:57 AM

Specimen Information

ID	Type	Source	Collected By
S2681619	Whole blood	—	01/18/25 0856

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 0857, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 0856
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 0857
Collected by: 01/18/25 0856
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	171	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 1213**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 1213
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 1213 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 12:15 PM

Specimen Information

ID	Type	Source	Collected By
S2682781	Whole blood	—	01/18/25 1213

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/18/25 1214, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1213
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1215
Collected by: 01/18/25 1213
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	153	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Lab Add On Order (Final result)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/18/25 1313**
Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/18/25 1313
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/18/25 1313 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Holmberg, Mackenzie Howard, MD (auto-released) 1/18/2025 1:13 PM

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Question	Answer
Lab Test Requested	zinc
Sample to Use	Most recent
Call Back Number	9073602734
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2683162	Blood	—	01/18/25 1313

Lab Add On Order Resulted: 01/18/25 1314, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1313
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1315
Collected by: 01/18/25 1313
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	zinc	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Reorder requested. No sample available for additional testing.	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 1743**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 1743
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 1743 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 5:45 PM

Specimen Information

ID	Type	Source	Collected By
S2684513	Whole blood	—	01/18/25 1743

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 1744, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 1743
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 1745
Collected by: 01/18/25 1743
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Glucose (POC)	149	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/18/25 2040** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/18/25 2040
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/18/25 2040 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/18/2025 8:41 PM

Specimen Information

ID	Type	Source	Collected By
S2685200	Whole blood	—	01/18/25 2040

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/18/25 2041, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/18/25 2040
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/18/25 2041
Collected by: 01/18/25 2040
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	158	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Basic Metabolic Panel (Abnormal)

Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Filed by: Uw Lab Results Interface, User 01/19/25 0819
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7691 01/19/25 0713

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.5	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	193	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

CBC (Abnormal)

Resulted: 01/19/25 0737, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Filed by: Uw Lab Results Interface, User 01/19/25 0738
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7691 01/19/25 0713

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.12	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.69	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	8.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	28	36.0 - 45.0 %	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

MCV	104	81 - 98 fL	H	UWMC
MCH	31.2	27.3 - 33.6 pg	—	UWMC
MCHC	30.0	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	288	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

Magnesium (Abnormal) Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 0819
Collected by: 7691 01/19/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/18/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2480384	Blood	—	7691 01/19/25 0713

Phosphate
Resulted: 01/19/25 0819, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/18/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 0819
Collected by: 7691 01/19/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.7	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 0818**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 0818
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 0818 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/19/2025 5:48 PM

Specimen Information

ID	Type	Source	Collected By
X2485151	Whole blood	—	01/19/25 0818

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 0818
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Collected by: 01/19/25 0818
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	192	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark	1959 NE Pacific St	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Howard, MD
Room NW120
Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 1125** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 1125
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/19/25 1125 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/19/2025 5:48 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2485152	Whole blood	—	01/19/25 1125

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 1125
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/19/25 1125

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 1736** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 1736
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/19/25 1736 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/19/2025 5:48 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2485153	Whole blood	—	01/19/25 1736

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 1748, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 1736
Filed by: Uw Lab Results Interface, User 01/19/25 1748
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/19/25 1736

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	95	62 - 125 mg/dL	—	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/19/25 2112** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/19/25 2112
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 2112 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/19/2025 9:13 PM

Specimen Information

ID	Type	Source	Collected By
X2485976	Whole blood	—	01/19/25 2112

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/19/25 2113, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/19/25 2112
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/19/25 2113
Collected by: 01/19/25 2112
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	114	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Basic Metabolic Panel (Abnormal) Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.3	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	132	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

CBC (Abnormal) Resulted: 01/20/25 0649, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0650 Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.34	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.00	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.4	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.3	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	371	150 - 400 10*3/uL	—	UWMC
RDW-CV	14.7	11.0 - 14.5 %	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Magnesium (Abnormal) Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Collected by: 5455 01/20/25 0625
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/19/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3776748	Blood	—	5455 01/20/25 0625

Phosphate Resulted: 01/20/25 0702, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/19/25 1800
Filed by: Uw Lab Results Interface, User 01/20/25 0702
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 01/20/25 0625

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.0	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 1308** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 1308
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 1308 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 1:09 PM

Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3780689	Whole blood	—	01/20/25 1308

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/20/25 1309, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 1308
Filed by: Uw Lab Results Interface, User 01/20/25 1310
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/20/25 1308

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	133	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 1822** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering user: Uw Lab Results Interface, User 01/20/25 1822
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 1822 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 6:39 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3782242	Whole blood	—	01/20/25 1822

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/20/25 1839, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 1822
Filed by: Uw Lab Results Interface, User 01/20/25 1839
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/20/25 1822

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	158	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 2152** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 2152
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 2152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 9:53 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3783041	Whole blood	—	01/20/25 2152

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/20/25 2153, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 2152
Filed by: Uw Lab Results Interface, User 01/20/25 2153
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/20/25 2152

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	87	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/20/25 2221** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/20/25 2221
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/20/25 2221 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/20/2025 10:22 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
M3783164	Whole blood	—	01/20/25 2221

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/20/25 2222, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/20/25 2221
Filed by: Uw Lab Results Interface, User 01/20/25 2223
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/20/25 2221

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	132	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 0808** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 0808
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/21/25 0808 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/21/2025 8:09 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3871388	Whole blood	—	01/21/25 0808

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 0809, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 0808
Filed by: Uw Lab Results Interface, User 01/21/25 0809
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/21/25 0808

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	160	62 - 125 mg/dL	H	104

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Basic Metabolic Panel (Abnormal) Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015 Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium	5.2	3.6 - 5.2 meq/L	—	UWMC
Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.				
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	128	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.4	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

CBC Resulted: 01/21/25 0932, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Filed by: Uw Lab Results Interface, User 01/21/25 0932
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/21/25 0900

Components

Component	Value	Reference Range	Flag	Lab
WBC	Reorder requested, clotted	4.3 - 10.0 10*3/uL	—	UWMC
RBC	Reorder requested, clotted	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	Reorder requested, clotted	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	Reorder requested, clotted	36.0 - 45.0 %	—	UWMC
MCV	Reorder requested, clotted	81 - 98 fL	—	UWMC
MCH	Reorder requested, clotted	27.3 - 33.6 pg	—	UWMC
MCHC	Reorder requested, clotted	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	Reorder requested, clotted	150 - 400 10*3/uL	—	UWMC
RDW-CV	Reorder requested, clotted	11.0 - 14.5 %	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Magnesium
Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015
Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/20/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
T3868887	Blood	—	7544 01/21/25 0900

Phosphate
Resulted: 01/21/25 1014, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/20/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1015
Collected by: 7544 01/21/25 0900
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 1118** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 1118
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 1118 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 11:18 AM

Specimen Information

ID	Type	Source	Collected By
T3874127	Whole blood	—	01/21/25 1118

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 1119, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1118
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1119
Collected by: 01/21/25 1118
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	144	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 1717** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 1717
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 1717 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 5:18 PM

Specimen Information

ID	Type	Source	Collected By
T3878711	Whole blood	—	01/21/25 1717

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/21/25 1718, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1717
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 1718
Collected by: 01/21/25 1717
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	142	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/21/25 2102**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/21/25 2102
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/21/25 2102 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/21/2025 9:02 PM

Specimen Information

ID	Type	Source	Collected By
T3880063	Whole blood	—	01/21/25 2102

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/21/25 2103, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 2102
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/21/25 2103
Collected by: 01/21/25 2102
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	137	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Basic Metabolic Panel (Abnormal) Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0742
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 01/22/25 0708

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	127	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.75	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine AM draw 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

CBC (Abnormal) Resulted: 01/22/25 0804, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0804
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 01/22/25 0708

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	11.01	4.3 - 10.0 10*3/uL	H	UWMC
RBC	3.03	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.6	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	30	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.7	27.3 - 33.6 pg	—	UWMC
MCHC	31.9	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	411	150 - 400 10*3/uL	H	UWMC
RDW-CV	14.9	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Magnesium (Abnormal) Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 0742
Collected by: 6145 01/22/25 0708
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/21/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
W3840335	Blood	—	6145 01/22/25 0708

Phosphate Resulted: 01/22/25 0742, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/21/25 1800
Filed by: Uw Lab Results Interface, User 01/22/25 0742
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6145 01/22/25 0708

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	4.3	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 0907** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 0907
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/22/25 0907 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/22/2025 9:08 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3843705	Whole blood	—	01/22/25 0907

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 0908, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 0907
Filed by: Uw Lab Results Interface, User 01/22/25 0909
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/22/25 0907

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	138	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Comment: Fingerstick

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 1215** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 1215
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/22/25 1215 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/22/2025 12:16 PM

Specimen Information

ID	Type	Source	Collected By
W3846432	Whole blood	—	01/22/25 1215

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 1216, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 1215
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 1216
Collected by: 01/22/25 1215
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	169	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 1815** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 1815
Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Frequency: Routine Once 01/22/25 1815 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/22/2025 6:16 PM

Specimen Information

ID	Type	Source	Collected By
W3850369	Whole blood	—	01/22/25 1815

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/22/25 1816, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 1815
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/22/25 1817
Collected by: 01/22/25 1815
Resulting lab: UWMC POCT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 5 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	100	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9)

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/22/25 2053** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/22/25 2053
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/22/25 2053 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/22/2025 8:54 PM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3851267	Whole blood	—	01/22/25 2053

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/22/25 2054, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/22/25 2053
Filed by: Uw Lab Results Interface, User 01/22/25 2054
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/22/25 2053

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	133	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809
Authorized by: Wilson, Julia, MD
Frequency: Routine q AM 01/14/25 0600 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

Basic Metabolic Panel (Abnormal) Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800
Filed by: Uw Lab Results Interface, User 01/23/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7513 01/23/25 0720

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	114	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.67	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine AM draw 01/14/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

CBC (Abnormal) Resulted: 01/23/25 0734, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/23/25 0734 Collected by: 7513 01/23/25 0720
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	2.89	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	9.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	29	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.1	27.3 - 33.6 pg	—	UWMC
MCHC	31.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	368	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.3	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

DEPT OF LAB MED — STREET
MS 357110
SEATTLE WA 98195-0001

Magnesium (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** — Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified — Class: Lab Collect
Quantity: 1 — Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

Magnesium — Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800 — Order status: Completed
Filed by: Uw Lab Results Interface, User 01/23/25 0813 — Collected by: 7513 01/23/25 0720
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1809** — Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1809 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine q AM 01/14/25 0600 - Until Specified — Class: Lab Collect
Quantity: 1 — Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3833064	Blood	—	7513 01/23/25 0720

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Phosphate Resulted: 01/23/25 0813, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/22/25 1800
Filed by: Uw Lab Results Interface, User 01/23/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7513 01/23/25 0720

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.6	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 0852** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 0852
Authorized by: Holmberg, Mackenzie Howard, MD
Frequency: Routine Once 01/23/25 0852 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 8:54 AM
Ordering provider: Holmberg, Mackenzie Howard, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3836548	Whole blood	—	01/23/25 0852

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/23/25 0853, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/23/25 0852
Filed by: Uw Lab Results Interface, User 01/23/25 0854
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/23/25 0852

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	141	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Acknowledged: Jeanneret, Amber Marie, RN 01/23/25 1017 for Placing Order Porter, Allen, RN 01/25/25 0343 for D/C Order
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Porter, Allen, RN 01/25/25 0319

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Modified from: CBC

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/25/25 0319	Wilson, Julia, MD	Shepherd, Amanda Kay, MD	Porter, Allen, RN
01/23/25 0946	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 1140** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 1140
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/23/25 1140 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 11:41 AM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3838997	Whole blood	—	01/23/25 1140

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/23/25 1141, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/23/25 1140
Filed by: Uw Lab Results Interface, User 01/23/25 1141
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/23/25 1140

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/23/25 1929** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/23/25 1929
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/23/25 1929 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/23/2025 7:30 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
H3843876	Whole blood	—	01/23/25 1929

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/23/25 1930, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Ordering provider: Shepherd, Amanda Kay, MD 01/23/25 1929
Filed by: Uw Lab Results Interface, User 01/23/25 1930
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/23/25 1929

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	141	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Zinc (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 2246**
Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 2246
Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Class: Normal
Quantity: 1
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 2248
Acknowledged: Tesfasilassie, Roma T, RN 01/23/25 2317 for Placing Order Tesfasilassie, Roma T, RN 01/23/25 2317 for D/C Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 0825**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 0825
Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Frequency: Routine Once 01/24/25 0825 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 1/24/2025 8:26 AM

Specimen Information

ID	Type	Source	Collected By
F3732060	Whole blood	—	01/24/25 0825

POC Glucose, Whole Blood - UWMC Montlake (Abnormal)
Resulted: 01/24/25 0826, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 0825
Filed by: Uw Lab Results Interface, User 01/24/25 0827
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 0825

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	169	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 1213** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 1213
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 1213 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 12:14 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3735257	Whole blood	—	01/24/25 1213

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/24/25 1214, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 1213
Filed by: Uw Lab Results Interface, User 01/24/25 1215
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 1213

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	109	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 1654** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 1654
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 1654 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 4:55 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3738352	Whole blood	—	01/24/25 1654

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 01/24/25 1655, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 1654
Filed by: Uw Lab Results Interface, User 01/24/25 1655
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 1654

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	136	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/24/2025 6:00 PM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2686124	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Discontinued**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/24/2025 6:00 PM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2686124	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/24/25 2152** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/24/25 2152
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once 01/24/25 2152 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/24/2025 9:53 PM
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
F3740046	Whole blood	—	01/24/25 2152

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/24/25 2153, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/24/25 2152
Filed by: Uw Lab Results Interface, User 01/24/25 2153
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/24/25 2152

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Blood Gas, Venous (no electrolytes) (Discontinued)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0303** Status: **Discontinued**
Ordering user: Wilson, Julia, MD 01/25/25 0303
Authorized by: Wilson, Julia, MD
Frequency: Routine Once (Timed) 01/25/25 0304 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 3:03 AM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687395	Blood	—	—

L Lactate, Venous WB (To U/H Lab < 30 Min) (Discontinued)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0303** Status: **Discontinued**
Ordering user: Wilson, Julia, MD 01/25/25 0303
Authorized by: Wilson, Julia, MD
Frequency: Routine Once (Timed) 01/25/25 0304 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 3:03 AM

Discontinued by: Porter, Allen, RN 01/25/25 0314

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687395	Blood	—	—

Basic Metabolic Panel (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

Basic Metabolic Panel (Abnormal) Resulted: 01/25/25 0412, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0413
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	15	4 - 12	H	UWMC
Glucose	208	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.78	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous (no electrolytes) (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine Once (Timed) 01/25/25 0315 - 1 occurrence
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687443	Blood	—	Porter, Allen, RN 01/25/25 0321

Blood Gas, Venous (no electrolytes) (Abnormal) Resulted: 01/25/25 0333, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0333
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.37	7.32 - 7.40	—	UWMC
pCO2, VEN	38	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	45	35 - 40 mm[Hg]	H	UWMC
Bicarbonate, VEN	22	23 - 27 meq/L	L	UWMC
O2 Saturation, VEN	77	70 - 75 %	H	UWMC
Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	3.0	0.0 - 2.0 meq/L	H	UWMC

Comment: This represents a negative base excess.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314 Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Once (Timed) 01/25/25 0315 - 1 occurrence Class: Unit Collect
Quantity: 1 Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687443	Blood	—	Porter, Allen, RN 01/25/25 0321

L Lactate, Venous WB (To U/H Lab < 30 Min) (Abnormal) Resulted: 01/25/25 0333, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/25/25 0333 Collected by: Porter, Allen, RN 01/25/25 0321
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	2.1	0.6 - 1.9 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0314** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0314
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine AM draw 01/25/25 0600 - 1 occurrence
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:15 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

Magnesium (Abnormal) Resulted: 01/25/25 0412, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0315
Filed by: Uw Lab Results Interface, User 01/25/25 0413
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/25/2025 3:19 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Unit Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2687442	Blood	—	Porter, Allen, RN 01/25/25 0321

CBC (Abnormal) Resulted: 01/25/25 0340, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0319
Filed by: Uw Lab Results Interface, User 01/25/25 0340
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: Porter, Allen, RN 01/25/25 0321

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.77	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.38	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.6	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36.0 - 45.0 %	L	UWMC
MCV	103	81 - 98 fL	H	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	30.5	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	362	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 0818** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/25/25 0818 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/25/25 0818 - 1 occurrence Class: Normal
Quantity: 1 Lab status: Final result
Instance released by: (auto-released) 1/25/2025 8:19 AM

Specimen Information

ID	Type	Source	Collected By
S2688717	Whole blood	—	01/25/25 0818

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 0819, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 0818 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/25/25 0820 Collected by: 01/25/25 0818
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	113	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 1329** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 01/25/25 1329 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Frequency: Routine Once 01/25/25 1329 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 1:30 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2690765	Whole blood	—	01/25/25 1329

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 1330, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 1329
Filed by: Uw Lab Results Interface, User 01/25/25 1331
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/25/25 1329

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	111	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 1811**
Ordering user: Uw Lab Results Interface, User 01/25/25 1811
Authorized by: Chi, Frank, MD
Frequency: Routine Once 01/25/25 1811 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 6:12 PM
Status: **Completed**
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2692080	Whole blood	—	01/25/25 1811

POC Glucose, Whole Blood - UWMC Montlake Resulted: 01/25/25 1812, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 1811
Filed by: Uw Lab Results Interface, User 01/25/25 1813
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 01/25/25 1811

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	125	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 01/25/25 2056**
Ordering user: Uw Lab Results Interface, User 01/25/25 2056
Status: **Completed**
Ordering provider: Chi, Frank, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Authorized by: Chi, Frank, MD
Frequency: Routine Once 01/25/25 2056 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 1/25/2025 8:57 PM

Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2692706	Whole blood	—	01/25/25 2056

POC Glucose, Whole Blood - UWMC Montlake — Resulted: 01/25/25 2057, Result status: Final result

Ordering provider: Chi, Frank, MD 01/25/25 2056
Filed by: Uw Lab Results Interface, User 01/25/25 2057
Resulting lab: UWMC POCT

Order status: Completed
Collected by: 01/25/25 2056

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	112	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

CBC (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1437**
Ordering user: Chi, Frank, MD 01/26/25 1437
Authorized by: Chi, Frank, MD
Frequency: Routine Once (Next Routine) 01/26/25 1437 - 1 occurrence
Quantity: 1
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 2:37 PM

Status: **Completed**
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2490813	Blood	—	7697 01/26/25 1533

CBC (Abnormal) — Resulted: 01/26/25 1543, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1437
Filed by: Uw Lab Results Interface, User 01/26/25 1544
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7697 01/26/25 1533

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.59	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.20	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.0	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	32	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Platelet Count	310	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1437** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1437 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/26/25 1437 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 2:37 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2490813	Blood	—	7697 01/26/25 1533

Basic Metabolic Panel (Abnormal) Resulted: 01/26/25 1605, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1437 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/26/25 1605 Collected by: 7697 01/26/25 1533
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.0	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	18	22 - 32 meq/L	L	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	101	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.66	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Urinalysis Complete, Urine (Discontinued)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639** Status: **Discontinued**
Ordering user: Chi, Frank, MD 01/26/25 1639
Authorized by: Chi, Frank, MD
Frequency: Routine Once (Next Routine) 01/26/25 1640 - 1 occurrence
Quantity: 1
Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 4:39 PM
Discontinued by: Widmer, Ashley, MD 01/26/25 2045

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Urine	—	—

Magnesium (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/26/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Magnesium (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0838
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Ordering provider: Shepherd, Amanda Kay, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/26/2025 6:00 PM
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Basic Metabolic Panel (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0838
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.1	3.6 - 5.2 meq/L	—	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	16	4 - 12	H	UWMC
Glucose	181	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	10	8 - 21 mg/dL	—	UWMC
Creatinine	0.77	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 1/26/2025 6:00 PM
Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

CBC (Abnormal) Resulted: 01/27/25 0845, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0845
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.02	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.54	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	11.1	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	35	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.4	27.3 - 33.6 pg	—	UWMC
MCHC	31.7	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	372	150 - 400 10*3/uL	—	UWMC
RDW-CV	15.7	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous, w/ Lact (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1639
Authorized by: Chi, Frank, MD
Frequency: Routine AM draw 01/27/25 0600 - 1 occurrence
Quantity: 1
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 6:00 PM

Ordering provider: Chi, Frank, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784449	Blood	—	7687 01/27/25 0807

Blood Gas, Venous, w/ Lact (Abnormal) Resulted: 01/27/25 0813, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1800
Filed by: Uw Lab Results Interface, User 01/27/25 0813
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7687 01/27/25 0807

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.37	7.32 - 7.40	—	UWMC
pCO2, VEN	34	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	31	35 - 40 mm[Hg]	L	UWMC
Bicarbonate, VEN	20	23 - 27 meq/L	L	UWMC
O2 Saturation, VEN	53	70 - 75 %	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Base Excess, Blood, VEN	Test Not Required	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	4.7	0.0 - 2.0 meq/L	H	UWMC
Comment: This represents a negative base excess.				
L Lactate (Direct), Venous Whole Blood	1.6	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Beta Hydroxybutyrate (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1655** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 1655 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine AM draw 01/27/25 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/26/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3784448	Blood	—	7687 01/27/25 0807

Beta Hydroxybutyrate (Abnormal) Resulted: 01/27/25 0837, Result status: Final result

Ordering provider: Chi, Frank, MD 01/26/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/27/25 0838 Collected by: 7687 01/27/25 0807
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Beta Hydroxybutyrate	3.93	<0.30 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Zinc (Final result)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0827** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/28/25 0827 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine AM draw 01/29/25 0600 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 6:00 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3852788	Blood	—	7544 01/29/25 0608

Zinc Resulted: 01/31/25 1331, Result status: Final result

Ordering provider: Zafar, Zaeema, DO 01/28/25 1800
Filed by: Uw Lab Results Interface, User 01/31/25 1332
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 01/29/25 0608

Components

Component	Value	Reference Range	Flag	Lab
Zinc	77	60 - 120 ug/dL	—	UWMC
Zinc Method	SEE NOTES	—	—	UWMC

Comment:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. 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.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified
Quantity: 1
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Ordering provider: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Magnesium (Abnormal) Resulted: 01/30/25 0843, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800
Filed by: Uw Lab Results Interface, User 01/30/25 0843
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7678 01/30/25 0806

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 0946** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 0946 Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD Ordering mode: Standard
Frequency: Routine q Mon/Thu 01/27/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Basic Metabolic Panel (Abnormal) Resulted: 01/30/25 0843, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/30/25 0843 Collected by: 7678 01/30/25 0806
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	3.0	3.6 - 5.2 meq/L	L	UWMC
Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	136	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.58	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.7	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

0001

Zinc (Final result)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 2248** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 2248
Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Standard
Frequency: Routine AM draw 01/30/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Shepherd, Amanda Kay, MD (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

Zinc Resulted: 01/31/25 1331, Result status: Final result

Ordering provider: Shepherd, Amanda Kay, MD 01/29/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 1332
Collected by: 7678 01/30/25 0806
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Zinc	65	60 - 120 ug/dL	—	UWMC
Zinc Method	SEE NOTES	—	—	UWMC

Comment:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. 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.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 1/29/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
H3845549	Blood	—	7678 01/30/25 0806

CBC Resulted: 01/30/25 0821, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/29/25 1800
Filed by: Uw Lab Results Interface, User 01/30/25 0821
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7678 01/30/25 0806

Components

Component	Value	Reference Range	Flag	Lab
WBC	Reorder requested, quantity not sufficient	4.3 - 10.0 10*3/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
RBC	Reorder requested, quantity not sufficient	3.80 - 5.00 10*6/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Hemoglobin	Reorder requested, quantity not sufficient	11.5 - 15.5 g/dL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Hematocrit	Reorder requested, quantity not sufficient	36.0 - 45.0 %	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCV	Reorder requested, quantity not sufficient	81 - 98 fL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCH	Reorder requested, quantity not sufficient	27.3 - 33.6 pg	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
MCHC	Reorder requested, quantity not sufficient	32.2 - 36.5 g/dL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
Platelet Count	Reorder requested, quantity not sufficient	150 - 400 10*3/uL	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				
RDW-CV	Reorder requested, quantity not sufficient	11.0 - 14.5 %	—	UWMC
Comment: NTFD RN KAYLA L AT 0821 ON 1.30.25				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 6 of 9) (continued)

14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9)

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Comprehensive Metabolic Panel (Abnormal)

Resulted: 01/31/25 0922, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0922 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	135 - 145 meq/L	—	UWMC
Potassium Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	129	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.62	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	5.4	6.0 - 8.2 g/dL	L	UWMC
Albumin	2.8	3.5 - 5.2 g/dL	L	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	7.5	8.9 - 10.2 mg/dL	L	UWMC
AST (GOT) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	18	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	61	49 - 199 U/L	—	UWMC
ALT (GPT) Comment: Hemolysis present. Hemolysis interferes with this test method giving elevated results.	8	7 - 33 U/L	—	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC with Diff (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

CBC with Diff (Abnormal) Resulted: 01/31/25 0903, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0903 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.67	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.25	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	31	36.0 - 45.0 %	L	UWMC
MCV	96	81 - 98 fL	—	UWMC
MCH	32.3	27.3 - 33.6 pg	—	UWMC
MCHC	33.8	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	185	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.3	11.0 - 14.5 %	H	UWMC
% Neutrophils	62	%	—	UWMC
% Lymphocytes	26	%	—	UWMC
% Monocytes	9	%	—	UWMC
% Eosinophils	2	%	—	UWMC
% Basophils	0	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	2.86	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.21	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.44	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.11	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.02	0.00 - 0.20 10*3/uL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Immature Granulocytes	0.03	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Magnesium Resulted: 01/31/25 0958, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811 Order status: Completed
Filed by: Uw Lab Results Interface, User 01/31/25 0958 Collected by: 4346 01/31/25 0840
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.4	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 0810** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 0810 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once (Next Routine) 01/31/25 0811 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 8:11 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3743732	Blood	—	4346 01/31/25 0840

Phosphate Resulted: 01/31/25 0922, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 0811
Filed by: Uw Lab Results Interface, User 01/31/25 0922
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 4346 01/31/25 0840

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.7	2.5 - 4.5 mg/dL	—	UWMC

Comment:
Hemolysis present. Hemolysis interferes with this test method giving elevated results.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Basic Metabolic Panel (Abnormal) Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920
Filed by: Uw Lab Results Interface, User 02/01/25 0740
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7544 02/01/25 0639

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Chloride	105	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	28	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	144	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.64	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Magnesium Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/25 0740 Collected by: 7544 02/01/25 0639
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.0	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 7:20 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2693963	Blood	—	7544 02/01/25 0639

Phosphate (Abnormal) Resulted: 02/01/25 0740, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 01/31/25 1920 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/01/25 0740 Collected by: 7544 02/01/25 0639
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.4	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Basic Metabolic Panel (Abnormal) Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908 Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	104	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	175	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.64	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Magnesium Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908 Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/1/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2493334	Blood	—	7614 02/02/25 0814

Phosphate Resulted: 02/02/25 0908, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/01/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/02/25 0908
Collected by: 7614 02/02/25 0814
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Discontinued)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Discontinued**
Ordering user: Porter, Allen, RN 01/25/25 0319
Ordering provider: Wilson, Julia, MD
Authorized by: Shepherd, Amanda Kay, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start q6hr after we start tube feeds

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Magnesium (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Start after starting tube feeds

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

Phosphate (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/2/2025 6:00 PM
Discontinued by: Uw Lab Results Interface, User 02/03/25 0903 [Reorder requested, collection problem]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3795839	Blood	—	6899 02/03/25 0809

CBC with Diff (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

CBC with Diff (Abnormal) Resulted: 02/03/25 1315, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1315
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
WBC	7.08	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.42	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.8	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	34	36.0 - 45.0 %	L	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.6	27.3 - 33.6 pg	—	UWMC
MCHC	31.8	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	202	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.8	11.0 - 14.5 %	H	UWMC
% Neutrophils	60	%	—	UWMC
% Lymphocytes	23	%	—	UWMC
% Monocytes	14	%	—	UWMC
% Eosinophils	1	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	4.37	1.80 - 7.00 10*3/uL	—	UWMC
Absolute Lymphocyte Count	1.59	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.97	0.00 - 0.80 10*3/uL	H	UWMC
Absolute Eosinophil Count	0.06	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.04	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.05	0.00 - 0.05 10*3/uL	—	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC
% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Comprehensive Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Comprehensive Metabolic Panel (Abnormal) Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1325
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	19	22 - 32 meq/L	L	UWMC
Anion Gap	14	4 - 12	H	UWMC
Glucose	141	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.63	0.38 - 1.02 mg/dL	—	UWMC
Protein (Total)	5.7	6.0 - 8.2 g/dL	L	UWMC
Albumin	2.9	3.5 - 5.2 g/dL	L	UWMC
Bilirubin (Total)	0.5	0.2 - 1.3 mg/dL	—	UWMC
Calcium	8.0	8.9 - 10.2 mg/dL	L	UWMC
AST (GOT)	14	9 - 38 U/L	—	UWMC
Alkaline Phosphatase (Total)	66	49 - 199 U/L	—	UWMC
ALT (GPT)	4	7 - 33 U/L	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Lipase (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Lipase Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1325
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Lipase	23	<70 U/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Blood Gas, Venous, w/ Lact (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801992	Blood	—	7378 02/03/25 1236

Blood Gas, Venous, w/ Lact (Abnormal) Resulted: 02/03/25 1255, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/03/25 1256
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 7378 02/03/25 1236

Components

Component	Value	Reference Range	Flag	Lab
Specimen Description	Venous	—	—	UWMC
pH, VEN	7.46	7.32 - 7.40	H	UWMC
pCO2, VEN	35	42 - 50 mm[Hg]	L	UWMC
pO2, VEN	44	35 - 40 mm[Hg]	H	UWMC
Bicarbonate, VEN	25	23 - 27 meq/L	—	UWMC
O2 Saturation, VEN	81	70 - 75 %	H	UWMC
Base Excess, Blood, VEN	1.3	0.0 - 3.0 meq/L	—	UWMC
Base Deficit Blood, VEN	Test Not Required	0.0 - 2.0 meq/L	—	UWMC
L Lactate (Direct), Venous Whole Blood	1.7	0.6 - 1.9 mmol/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Magnesium Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1325 Collected by: 7378 02/03/25 1236
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine STAT 02/03/25 1218 - 1 occurrence Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3801991	Blood	—	7378 02/03/25 1236

Phosphate Resulted: 02/03/25 1324, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1325 Collected by: 7378 02/03/25 1236

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.8	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Beta Hydroxybutyrate (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/03/25 1236** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/03/25 1236
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once 02/03/25 1236 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/3/2025 2:36 PM

Specimen Information

ID	Type	Source	Collected By
M3801991	Serum	—	7378 02/03/25 1236

Beta Hydroxybutyrate (Abnormal) Resulted: 02/03/25 1834, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1236
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/03/25 1834
Collected by: 7378 02/03/25 1236
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Beta Hydroxybutyrate	0.80	<0.30 mmol/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Lab Add On Order (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1349** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1349
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 02/03/25 1350 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 1:49 PM

Questionnaire

Question	Answer
Lab Test Requested	beta hydroxybutyrate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Sample to Use	Most recent
Call Back Number	267 496 8826
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3803078	Blood	—	02/03/25 1350

Lab Add On Order

Resulted: 02/03/25 1437, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1349
Filed by: Uw Lab Results Interface, User 02/03/25 1437
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 02/03/25 1350

Components

Component	Value	Reference Range	Flag	Lab
Lab Test Requested	beta hydroxybutyrate	—	—	UWMC
Specimen Type/Description	Blood	—	—	UWMC
Sample To Use	Most recent	—	—	UWMC
Test Request Status	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Urinalysis with Reflex Culture (Edited Result - FINAL)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1218**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1218
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once (Next Routine) 02/03/25 1219 - 1 occurrence
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:18 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Unit Collect
Lab status: Edited Result - FINAL

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3802205	Urine	—	Nguyen, Deanna, RN 02/04/25 0541

Urinalysis with Reflex Culture (Abnormal)

Resulted: 02/04/25 0617, Result status: Edited Result - FINAL

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1218
Filed by: Uw Lab Results Interface, User 02/04/25 1832
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: Nguyen, Deanna, RN 02/04/25 0541

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Color, URN	DkYellow	—	—	UWMC
Clarity, URN	Hazy	—	—	UWMC
Specific Gravity, URN	>1.040	1.006 - 1.027 g/mL	H^	UWMC
pH, URN	6.5	5.0 - 8.0	—	UWMC
Protein (Alb Semiquant), URN	1+	NRN	A !	UWMC
Glucose Qual, URN	Negative	NRN	—	UWMC
Ketones, URN	1+	NRN	A !	UWMC
Bilirubin (Qual), URN	Negative	NRN	—	UWMC
Occult Blood, URN	Negative	NRN	—	UWMC
Nitrite, URN	Positive	NRN	A !	UWMC
Leukocyte Esterase, URN	Positive	NRN	A !	UWMC
Urobilinogen, URN	2	URONML {Ehrlich'U}	A !	UWMC
Comments for Macroscopic, URN	None	—	—	UWMC
Collection Method	Urine	—	—	UWMC
WBC, URN	21-50(3+)	Z5NEG /[HPF]	A !	UWMC
RBC, URN	0-2(NEG)	Z2NEG /[HPF]	—	UWMC
Bacteria, URN	Present	NOSEEN	A !	UWMC
Epith Cells_Squamous, URN	>5(PRESENT)	LT6 /[LPF]	A !	UWMC
Epith Cells Renal/Trans,URN	<3(NEG)	LESS3 /[HPF]	—	UWMC
Comments For Microscopic, URN	None	NONE	—	UWMC
Crystal Calcium Oxalate, URN	2+	/[LPF]	—	UWMC
Crystal Amorphous, URN	Present	/[LPF]	—	UWMC
1st Extra Urine Gray Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Urine Tube (In process)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Active**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/4/2025 5:51 AM
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: In process

Specimen Information

ID	Type	Source	Collected By
M3802205	—	—	02/04/25 0541

Reflex Culture for UA (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Instance released by: (auto-released) 2/4/2025 6:17 AM

Specimen Information

ID	Type	Source	Collected By
M3802205	Urine	—	02/04/25 0541

Reflex Culture for UA Resulted: 02/04/25 1832, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 0541
Filed by: Uw Lab Results Interface, User 02/04/25 1832
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 02/04/25 0541

Components

Component	Value	Reference Range	Flag	Lab
Reflex Culture for UA	Order Processed	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Culture Urine, Bact (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/04/25 0541** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/04/25 0541
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/04/25 0541 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/4/2025 6:32 PM

Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3904027	Urine	—	02/04/25 0541

Culture Urine, Bact (Abnormal) Resulted: 02/06/25 1906, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 0541
Filed by: Uw Lab Results Interface, User 02/06/25 1906
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 02/04/25 0541

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	No special requests	—	—	UWMC
Culture Result: >100,000 Col/mL Escherichia coli	--	—	A !	UWMC
Culture	Providers, see link for important guidelines regarding the interpretation of susceptibility reports:	—	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

	https://testguide.labmed.uw.edu/guideline/abx			
Culture	--	—	—	UWMC

Result:
This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. 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.

Sensitivities

Organism	Antibiotic	Sensitivity	Method
Escherichia coli	Amoxicillin/clavulanic acid	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ampicillin/sulbactam	<=8 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Aztreonam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefazolin	4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefepime	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Cefotetan	<=16 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftazidime	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ceftriaxone	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ciprofloxacin	<=0.06 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Doxycycline	<=4 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Ertapenem	<=0.25 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Gentamicin	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Levofloxacin	<=0.5 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Meropenem	<=1 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Nitrofurantoin	<=32 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Piperacillin/tazobactam	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT
Escherichia coli	Trimeth_Sulfamethoxazole	<=2 Susceptible	MICROTITER MIC (MCG/ML)-SELECT

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/01/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Phosphate Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.2	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/04/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Basic Metabolic Panel (Abnormal) Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	143	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	127	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	14	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.1	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine AM draw 02/04/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3893965	Blood	—	6145 02/04/25 0617

Magnesium Resulted: 02/04/25 0809, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/04/25 0809 Collected by: 6145 02/04/25 0617
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Urinalysis Complete, Urine (Discontinued)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1229** Status: **Discontinued**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1229
Authorized by: Chen, Tiffany Chia-An, MD
Frequency: Routine Once (Next Routine) 02/04/25 1230 - 1 occurrence
Quantity: 1
Ordering provider: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Class: Unit Collect
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 12:29 PM
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1058

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: In out cath

Specimen Information

ID	Type	Source	Collected By
T3900450	Urine	—	—

Phosphate (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1920** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1920
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/01/25 0600 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Phosphate Resulted: 02/05/25 0915, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.2	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822
Authorized by: Sokol-Hessner, Lauge, MD
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Frequency: Routine AM draw 02/04/25 0600 - Until Specified
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Basic Metabolic Panel (Abnormal)
Resulted: 02/05/25 0915, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	108	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	11	4 - 12	—	UWMC
Glucose	130	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	13	8 - 21 mg/dL	—	UWMC
Creatinine	0.77	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 0822**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 0822
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine AM draw 02/04/25 0600 - Until Specified
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/4/2025 6:00 PM
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

Magnesium (Abnormal)
Resulted: 02/05/25 0915, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Ordering provider: Sokol-Hessner, Lauge, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0915
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

B-Type Natriuretic Peptide (Final result)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1243**
Status: **Completed**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1243
Ordering provider: Chen, Tiffany Chia-An, MD
Authorized by: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/05/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3864985	Blood	—	5455 02/05/25 0812

B-Type Natriuretic Peptide (Abnormal)
Resulted: 02/05/25 0953, Result status: Final result

Ordering provider: Chen, Tiffany Chia-An, MD 02/04/25 1800
Filed by: Uw Lab Results Interface, User 02/05/25 0953
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
B_Type Natriuretic Peptide	1,278	<101 pg/mL	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/05/25 0600**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/05/25 0600
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Frequency: Routine Once 02/05/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/5/2025 8:11 AM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
W3864985	Plasma	—	5455 02/05/25 0812

1st Extra Lavender Top Resulted: 02/05/25 0848, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/05/25 0600
Filed by: Uw Lab Results Interface, User 02/05/25 0849
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/05/25 0812

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/5/2025 6:00 PM
Status: **Completed**
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

CBC (Abnormal) Resulted: 02/06/25 0805, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/05/25 1800
Filed by: Uw Lab Results Interface, User 02/06/25 0805
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7678 02/06/25 0734

Components

Component	Value	Reference Range	Flag	Lab
WBC	6.39	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.81	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	11.8	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	38	36.0 - 45.0 %	—	UWMC
MCV	99	81 - 98 fL	H	UWMC
MCH	31.0	27.3 - 33.6 pg	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

MCHC	31.4	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	257	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.5	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/5/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

Basic Metabolic Panel (Abnormal) Resulted: 02/06/25 0830, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/05/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/06/25 0830
Collected by: 7678 02/06/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	136	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.67	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/5/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3857883	Blood	—	7678 02/06/25 0734

Magnesium (Abnormal) Resulted: 02/06/25 0830, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/05/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/06/25 0830
Collected by: 7678 02/06/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/7/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2701268	Blood	—	7544 02/08/25 0633

Basic Metabolic Panel (Abnormal) Resulted: 02/08/25 0826, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/07/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/08/25 0826
Collected by: 7544 02/08/25 0633
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	149	135 - 145 meq/L	H	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	122	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.73	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1058** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1058 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine q other day 02/06/25 0600 - Until Specified Class: Lab Collect
Quantity: 1 Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/7/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2701268	Blood	—	7544 02/08/25 0633

Magnesium (Abnormal) Resulted: 02/08/25 0826, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/07/25 1800 Order status: Completed
Filed by: Uw Lab Results Interface, User 02/08/25 0826 Collected by: 7544 02/08/25 0633
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.7	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 7 of 9) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9)

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/8/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2499992	Blood	—	5455 02/09/25 0609

Basic Metabolic Panel (Abnormal) Resulted: 02/09/25 0651, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/08/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/09/25 0652
Collected by: 5455 02/09/25 0609
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.7	3.6 - 5.2 meq/L	—	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	22	22 - 32 meq/L	—	UWMC
Anion Gap	17	4 - 12	H	UWMC
Glucose	131	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.71	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/8/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

ID	Type	Source	Collected By
X2499992	Blood	—	5455 02/09/25 0609

Magnesium Resulted: 02/09/25 0651, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/08/25 1800
Filed by: Uw Lab Results Interface, User 02/09/25 0652
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/09/25 0609

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.9	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/09/25 0600** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/09/25 0600
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/09/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/9/2025 6:09 AM

Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2499992	Plasma	—	5455 02/09/25 0609

1st Extra Lavender Top Resulted: 02/09/25 0621, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/09/25 0600
Filed by: Uw Lab Results Interface, User 02/09/25 0622
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/09/25 0609

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Instance released by: Porter, Allen, RN (auto-released) 2/9/2025 6:00 PM
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3807943	Blood	—	5455 02/10/25 0950

CBC (Abnormal) Resulted: 02/10/25 1045, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/09/25 1800
Filed by: Uw Lab Results Interface, User 02/10/25 1045
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 5455 02/10/25 0950

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.45	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.86	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.1	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC
MCV	100	81 - 98 fL	H	UWMC
MCH	31.3	27.3 - 33.6 pg	—	UWMC
MCHC	31.3	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	255	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.5	11.0 - 14.5 %	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Quantity: 1
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/9/2025 6:00 PM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3807943	Blood	—	5455 02/10/25 0950

Basic Metabolic Panel (Abnormal) Resulted: 02/10/25 1050, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Ordering provider: Hunt, Susan Elizabeth, MD 02/09/25 1800
Filed by: Uw Lab Results Interface, User 02/10/25 1050
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 5455 02/10/25 0950

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.1	3.6 - 5.2 meq/L	L	UWMC
Chloride	111	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	20	22 - 32 meq/L	L	UWMC
Anion Gap	19	4 - 12	H	UWMC
Glucose	148	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.74	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0945**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0945
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/09/25 0600 - 3 occurrences
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/10/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
T3906140	Blood	—	6824 02/11/25 0701

Basic Metabolic Panel (Abnormal)
Resulted: 02/11/25 0746, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/10/25 1800
Filed by: Uw Lab Results Interface, User 02/11/25 0747
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6824 02/11/25 0701

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	135 - 145 meq/L	H	UWMC
Potassium	3.3	3.6 - 5.2 meq/L	L	UWMC
Chloride	115	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	21	22 - 32 meq/L	L	UWMC
Anion Gap	14	4 - 12	H	UWMC
Glucose	252	62 - 125 mg/dL	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

1st Extra Lavender Top (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/11/25 0600** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/11/25 0600
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/11/25 0600 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/11/2025 7:01 AM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
T3906140	Plasma	—	6824 02/11/25 0701

1st Extra Lavender Top Resulted: 02/11/25 0712, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/11/25 0600
Filed by: Uw Lab Results Interface, User 02/11/25 0713
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6824 02/11/25 0701

Components

Component	Value	Reference Range	Flag	Lab
1st Extra Lavender Top	Additional collection tube	—	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Quantity: 1
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/11/2025 6:41 PM
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Release Result to Patient — Immediate

Specimen Information

ID	Type	Source	Collected By
W3878043	Blood	—	7678 02/12/25 0802

Basic Metabolic Panel (Abnormal) — Resulted: 02/12/25 0945, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/11/25 1841
Filed by: Uw Lab Results Interface, User 02/12/25 0946
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 7678 02/12/25 0802

Components

Component	Value	Reference Range	Flag	Lab
Sodium	151	135 - 145 meq/L	H	UWMC
Potassium	3.6	3.6 - 5.2 meq/L	—	UWMC
Chloride	118	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	25	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	157	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	11	8 - 21 mg/dL	—	UWMC
Creatinine	0.82	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** — Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887063	Blood	—	2483 02/12/25 1923

Sodium, Whole Blood (Abnormal) — Resulted: 02/12/25 1929, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Filed by: Uw Lab Results Interface, User 02/12/25 1929
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/12/25 1923

Components

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Component	Value	Reference Range	Flag	Lab
Sodium	152	136 - 145 meq/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887059	Blood	—	5578 02/12/25 2321

Sodium, Whole Blood (Abnormal) Resulted: 02/12/25 2339, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/12/25 2339
Collected by: 5578 02/12/25 2321
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	150	136 - 145 meq/L	H	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/12/25 2333 [Duplicate request]

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870489	Blood	—	02/13/25 0000

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:05 AM
Discontinued by: Pillai, Sunita, MD 02/13/25 1951

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3765776	Blood	—	—

CBC (Final result)

Electronically signed by: **Porter, Allen, RN on 01/25/25 0319** Status: **Completed**
Ordering user: Porter, Allen, RN 01/25/25 0319
Authorized by: Shepherd, Amanda Kay, MD
Frequency: Routine q Mon/Thu 01/25/25 0320 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Lab Collect
Lab status: Final result
Instance released by: Porter, Allen, RN (auto-released) 2/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870060	Blood	—	6439 02/13/25 0551

CBC (Abnormal) Resulted: 02/13/25 0606, Result status: Final result

Ordering provider: Wilson, Julia, MD 02/12/25 1800
Filed by: Uw Lab Results Interface, User 02/13/25 0606
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6439 02/13/25 0551

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.19	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.29	3.80 - 5.00 10*6/uL	L	UWMC
Hemoglobin	10.5	11.5 - 15.5 g/dL	L	UWMC
Hematocrit	33	36.0 - 45.0 %	L	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	31.9	27.3 - 33.6 pg	—	UWMC
MCHC	31.6	32.2 - 36.5 g/dL	L	UWMC
Platelet Count	178	150 - 400 10*3/uL	—	UWMC
RDW-CV	17.3	11.0 - 14.5 %	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/12/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870060	Blood	—	6439 02/13/25 0551

Basic Metabolic Panel (Abnormal) Resulted: 02/13/25 0630, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/12/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 0631
Collected by: 6439 02/13/25 0551
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	147	135 - 145 meq/L	H	UWMC
Potassium	4.4	3.6 - 5.2 meq/L	—	UWMC
Chloride	114	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	6	4 - 12	—	UWMC
Glucose	191	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	12	8 - 21 mg/dL	—	UWMC
Creatinine	0.70	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/28/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887061	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM
Discontinued by: Uw Lab Results Interface, User 02/28/25 0032 [Auto-canceled, specimen not received within 14 days]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3887062	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Authorized by: Pillai, Sunita, MD
Frequency: Routine q6h 02/12/25 - Until Specified
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 6:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870490	Blood	—	6439 02/13/25 0551

Sodium, Whole Blood (Abnormal) Resulted: 02/13/25 0604, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/12/25 1852
Filed by: Uw Lab Results Interface, User 02/13/25 0604
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 6439 02/13/25 0551

Components

Component	Value	Reference Range	Flag	Lab
Sodium	148	136 - 145 meq/L	H	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:00 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870607	Blood	—	4346 02/13/25 1211

Sodium, Whole Blood Resulted: 02/13/25 1219, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 0000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 1219
Collected by: 4346 02/13/25 1211
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 6:00 PM

Discontinued by: Pillai, Sunita, MD 02/13/25 1951

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

ID	Type	Source	Collected By
F3765899	Blood	—	—

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1851** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1851
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q6h 02/12/25 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 12:05 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3870675	Blood	—	7737 02/13/25 1819

Sodium, Whole Blood Resulted: 02/13/25 1829, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 0005
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/13/25 1829
Collected by: 7737 02/13/25 1819
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1953** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/13/25 1953
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once (Timed) 02/13/25 1954 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:53 PM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Basic Metabolic Panel (Final result)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1841
Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/12/25 0600 - 3 days
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/13/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3765895	Blood	—	6145 02/14/25 0638

Basic Metabolic Panel (Abnormal) Resulted: 02/14/25 0734, Result status: Final result

Ordering provider: Hunt, Susan Elizabeth, MD 02/13/25 1800
Filed by: Uw Lab Results Interface, User 02/14/25 0734
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 02/14/25 0638

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	135 - 145 meq/L	—	UWMC
Potassium	3.5	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	9	4 - 12	—	UWMC
Glucose	181	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.55	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Authorized by: Pillai, Sunita, MD
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:51 PM

Status: **Completed**
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3766324	Blood	—	6145 02/14/25 0638

Sodium, Whole Blood Resulted: 02/14/25 0645, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 1951
Filed by: Uw Lab Results Interface, User 02/14/25 0646
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6145 02/14/25 0638

Components

Component	Value	Reference Range	Flag	Lab
Sodium	144	136 - 145 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Calcium, Ionized, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1952** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1952
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/14/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/13/2025 7:52 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3766324	Blood	—	6145 02/14/25 0638

Calcium, Ionized, Whole Blood (Abnormal) Resulted: 02/14/25 0645, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/13/25 1952
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/14/25 0646
Collected by: 6145 02/14/25 0638
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Calcium (Ionized)	1.12	1.18 - 1.38 mmol/L	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 12:05 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
F3766482	Blood	—	2483 02/14/25 1953

Sodium, Whole Blood Resulted: 02/14/25 1959, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 0005
Filed by: Uw Lab Results Interface, User 02/14/25 1959
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/14/25 1953

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 1638**
Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/14/25 1638
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/14/25 1639 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 4:38 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
F3774809	Blood	—	2483 02/14/25 1953

Basic Metabolic Panel (Abnormal) Resulted: 02/14/25 2023, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 1638
Filed by: Uw Lab Results Interface, User 02/14/25 2023
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED
Order status: Completed
Collected by: 2483 02/14/25 1953

Components

Component	Value	Reference Range	Flag	Lab
Sodium	139	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	10	4 - 12	—	UWMC
Glucose	182	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	7	8 - 21 mg/dL	L	UWMC
Creatinine	0.54	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.2	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/14/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2709059	Blood	—	7678 02/15/25 0744

Sodium, Whole Blood Resulted: 02/15/25 0748, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/14/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/15/25 0749
Collected by: 7678 02/15/25 0744
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	140	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/15/2025 12:05 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Specimen Information

ID	Type	Source	Collected By
S2709358	Blood	—	6833 02/15/25 1800

Sodium, Whole Blood Resulted: 02/15/25 1818, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/15/25 0005
Filed by: Uw Lab Results Interface, User 02/15/25 1818
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Order status: Completed
Collected by: 6833 02/15/25 1800

Components

Component	Value	Reference Range	Flag	Lab
Sodium	141	136 - 145 meq/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Sodium, Whole Blood (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/13/25 1951** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/13/25 1951
Authorized by: Pillai, Sunita, MD
Frequency: Routine q12h 02/14/25 0600 - Until Specified
Quantity: 1

Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Lab Collect
Instance released by: Pillai, Sunita, MD (auto-released) 2/15/2025 6:00 PM

Discontinued by: Pillai, Sunita, MD 02/15/25 2028

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2506905	Blood	—	—

L Lactate, Venous WB (To U/H Lab < 30 Min) (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Quantity: 1

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Lab Collect
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3894015	Blood	—	7691 02/19/25 1131

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

L Lactate, Venous WB (To U/H Lab < 30 Min) Resulted: 02/19/25 1138, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1138
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
L Lactate (Direct), Venous Whole Blood	1.4	0.6 - 1.9 mmol/L	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056**
Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Specimen Information

ID	Type	Source	Collected By
W3894017	Blood	—	7691 02/19/25 1131

Basic Metabolic Panel (Abnormal) Resulted: 02/19/25 1231, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1231
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	146	135 - 145 meq/L	H	UWMC
Potassium	2.9	3.6 - 5.2 meq/L	L	UWMC
Chloride	106	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	24	22 - 32 meq/L	—	UWMC
Anion Gap	16	4 - 12	H	UWMC
Glucose	82	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	9	8 - 21 mg/dL	—	UWMC
Creatinine	0.54	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.5	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE	Xiaoli Chen, MD	1959 NE PACIFIC	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

DEPT OF LAB MED

STREET
MS 357110
SEATTLE WA 98195-
0001

CBC with Diff (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1056** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine STAT 02/19/25 1056 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:56 AM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
W3894017	Blood	—	7691 02/19/25 1131

CBC with Diff (Abnormal)

Resulted: 02/19/25 1149, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1056
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/19/25 1149
Collected by: 7691 02/19/25 1131
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
WBC	9.94	4.3 - 10.0 10*3/uL	—	UWMC
RBC	3.89	3.80 - 5.00 10*6/uL	—	UWMC
Hemoglobin	12.7	11.5 - 15.5 g/dL	—	UWMC
Hematocrit	39	36.0 - 45.0 %	—	UWMC
MCV	101	81 - 98 fL	H	UWMC
MCH	32.6	27.3 - 33.6 pg	—	UWMC
MCHC	32.3	32.2 - 36.5 g/dL	—	UWMC
Platelet Count	273	150 - 400 10*3/uL	—	UWMC
RDW-CV	16.3	11.0 - 14.5 %	H	UWMC
% Neutrophils	79	%	—	UWMC
% Lymphocytes	10	%	—	UWMC
% Monocytes	7	%	—	UWMC
% Eosinophils	2	%	—	UWMC
% Basophils	1	%	—	UWMC
% Immature Granulocytes	1	%	—	UWMC
Neutrophils	7.85	1.80 - 7.00 10*3/uL	H	UWMC
Absolute Lymphocyte Count	1.01	1.00 - 4.80 10*3/uL	—	UWMC
Monocytes	0.72	0.00 - 0.80 10*3/uL	—	UWMC
Absolute Eosinophil Count	0.22	0.00 - 0.50 10*3/uL	—	UWMC
Basophils	0.08	0.00 - 0.20 10*3/uL	—	UWMC
Immature Granulocytes	0.06	0.00 - 0.05 10*3/uL	H	UWMC
Nucleated RBC	0.00	0.00 10*3/uL	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

% Nucleated RBC	0	%	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1803** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once (Timed) 02/20/25 2100 - 1 occurrence
Class: Lab Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/20/2025 6:03 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1916

Questionnaire

Question	Answer
Comments for Lab	Please draw once IV or central line is in place
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
H3892742	Blood	—	—

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Basic Metabolic Panel (Abnormal) Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	145	135 - 145 meq/L	—	UWMC
Potassium	3.7	3.6 - 5.2 meq/L	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Chloride	110	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	23	22 - 32 meq/L	—	UWMC
Anion Gap	12	4 - 12	—	UWMC
Glucose	245	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	8	8 - 21 mg/dL	—	UWMC
Creatinine	0.66	0.38 - 1.02 mg/dL	—	UWMC
Calcium	8.3	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Phosphate (Abnormal) Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	2.2	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1627** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1627
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/22/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/21/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
S2716381	Blood	—	7649 02/22/25 0824

Magnesium (Abnormal)

Resulted: 02/22/25 0910, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 0910
Collected by: 7649 02/22/25 0824
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.5	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once (Next Routine) 02/22/25 1033 - 1 occurrence
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645
Order comments: On Admit.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 8 of 9) (continued)

Order comments: HYPOGLYCEMIA PROTOCOL: Retest BG Q15-20 min and provide treatment per Hypoglycemia Protocol

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9)

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/22/25 1208** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/22/25 1208
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/22/25 1208 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/22/2025 12:08 PM

Specimen Information

ID	Type	Source	Collected By
S2719964	Whole blood	—	02/22/25 1208

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/22/25 1209, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1208
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/22/25 1209
Collected by: 02/22/25 1208
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	214	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 4:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/22/25 1741** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/22/25 1741
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Frequency: Routine Once 02/22/25 1741 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/22/2025 5:42 PM
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
S2721764	Whole blood	—	02/22/25 1741

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/22/25 1742, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1741
Filed by: Uw Lab Results Interface, User 02/22/25 1742
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/22/25 1741

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	175	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 0022** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 0022
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 0022 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/23/2025 12:22 AM
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2514155	Whole blood	—	02/23/25 0022

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 0023, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0022
Filed by: Uw Lab Results Interface, User 02/23/25 0023
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/23/25 0022

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	182	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 0602** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 0602
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 0602 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/23/2025 6:03 AM
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

ID	Type	Source	Collected By
X2515306	Whole blood	—	02/23/25 0602

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 0603, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0602
Filed by: Uw Lab Results Interface, User 02/23/25 0603
Resulting lab: UWMC POCT
Order status: Completed
Collected by: 02/23/25 0602

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	229	62 - 125 mg/dL	H	104

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2513836	Blood	—	7691 02/23/25 0839

Magnesium Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

X2513836	Blood	—	7691 02/23/25 0839

Phosphate (Abnormal) Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	1.8	2.5 - 4.5 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035**
Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/23/25 0600 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 6:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
X2513836	Blood	—	7691 02/23/25 0839

Basic Metabolic Panel (Abnormal) Resulted: 02/23/25 0950, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1800
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 0950
Collected by: 7691 02/23/25 0839
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	3.4	3.6 - 5.2 meq/L	L	UWMC
Chloride	109	98 - 108 meq/L	H	UWMC
Carbon Dioxide, Total	26	22 - 32 meq/L	—	UWMC
Anion Gap	7	4 - 12	—	UWMC
Glucose	164	62 - 125 mg/dL	H	UWMC
Urea Nitrogen	5	8 - 21 mg/dL	L	UWMC
Creatinine	0.50	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.8	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1244** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1244
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/23/25 1244 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/23/2025 12:45 PM

Specimen Information

ID	Type	Source	Collected By
X2517234	Whole blood	—	02/23/25 1244

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/23/25 1245, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1244
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/23/25 1245
Collected by: 02/23/25 1244
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	146	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Class: Unit Collect
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 4:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

Basic Metabolic Panel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Magnesium (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

Phosphate (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine AM draw 02/24/25 0600 - 1 occurrence
Quantity: 1
Ordering mode: Standard
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Acknowledged: Porter, Allen, RN 02/23/25 1743 for D/C Order Porter, Allen, RN 02/23/25 1743 for Placing Order

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
—	Blood	—	—

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1809**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1809
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 1809 - 1 occurrence
Quantity: 1
Instance released by: (auto-released) 2/24/2025 6:57 AM
Ordering mode: Standard
Class: Normal
Lab status: Final result

Specimen Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

ID	Type	Source	Collected By
X2520095	Whole blood	—	02/23/25 1809

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1809
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/23/25 1809
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	131	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/23/25 1859**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/23/25 1859
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/23/25 1859 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:57 AM

Specimen Information

ID	Type	Source	Collected By
X2520096	Whole blood	—	02/23/25 1859

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1859
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/23/25 1859
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC)	135	62 - 125 mg/dL	H	104
Comment: Fingerstick				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 10:33 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - Docked (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine q6h 02/22/25 1033 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Unit Collect
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:05 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: And PRN signs/symptoms of HYPOglycemia. FOR ICU ONLY: IF ICU POCT BG invalid, THEN draw serum glucose per policy.

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/25 0017**
Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/25 0017
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 0017 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:57 AM

Specimen Information

ID	Type	Source	Collected By
M3831126	Whole blood	—	02/24/25 0017

POC Glucose, Whole Blood - UWMC Montlake
Resulted: 02/24/25 0657, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0017
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0658
Collected by: 02/24/25 0017
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	113	62 - 125 mg/dL	—	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120	02/13/20 0818 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Seattle WA 98195-0001

POC Glucose, Whole Blood - UWMC Montlake (Final result)

Electronically signed by: **Uw Lab Results Interface, User on 02/24/25 0629** Status: **Completed**
Ordering user: Uw Lab Results Interface, User 02/24/25 0629
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 0629 - 1 occurrence
Class: Normal
Quantity: 1
Lab status: Final result
Instance released by: (auto-released) 2/24/2025 6:30 AM

Specimen Information

ID	Type	Source	Collected By
M3830965	Whole blood	—	02/24/25 0629

POC Glucose, Whole Blood - UWMC Montlake (Abnormal) Resulted: 02/24/25 0630, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0629
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0631
Collected by: 02/24/25 0629
Resulting lab: UWMC POCT

Components

Component	Value	Reference Range	Flag	Lab
Glucose (POC) Comment: Fingerstick	142	62 - 125 mg/dL	H	104

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
104 - Unknown	UWMC POCT	Wener, Mark Howard, MD	1959 NE Pacific St Room NW120 Seattle WA 98195-0001	02/13/20 0818 - Present

Basic Metabolic Panel (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Basic Metabolic Panel (Abnormal) Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Sodium	142	135 - 145 meq/L	—	UWMC
Potassium	4.2	3.6 - 5.2 meq/L	—	UWMC
Chloride	107	98 - 108 meq/L	—	UWMC
Carbon Dioxide, Total	27	22 - 32 meq/L	—	UWMC
Anion Gap	8	4 - 12	—	UWMC
Glucose	124	62 - 125 mg/dL	—	UWMC
Urea Nitrogen	4	8 - 21 mg/dL	L	UWMC
Creatinine	0.57	0.38 - 1.02 mg/dL	—	UWMC
Calcium	7.9	8.9 - 10.2 mg/dL	L	UWMC
eGFR by CKD-EPI 2021	>60	>59 mL/min/1.73_m2	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Magnesium (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Magnesium (Abnormal) Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.6	1.8 - 2.4 mg/dL	L	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Labs (group 9 of 9) (continued)

Phosphate (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1740** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1740
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine AM draw 02/24/25 0800 - 1 occurrence
Class: Lab Collect
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 8:00 PM

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Specimen Information

ID	Type	Source	Collected By
M3829445	Blood	—	5455 02/24/25 0647

Phosphate Resulted: 02/24/25 0716, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 2000
Order status: Completed
Filed by: Uw Lab Results Interface, User 02/24/25 0716
Collected by: 5455 02/24/25 0647
Resulting lab: UWMC MONTLAKE DEPT OF LAB MED

Components

Component	Value	Reference Range	Flag	Lab
Phosphate	3.9	2.5 - 4.5 mg/dL	—	UWMC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
14 - UWMC	UWMC MONTLAKE DEPT OF LAB MED	Xiaoli Chen, MD	1959 NE PACIFIC STREET MS 357110 SEATTLE WA 98195-0001	08/22/24 0946 - Present

Autopsy Lab Result

Pathology, Surgical (Final result)

Electronically signed by: **Smith, Matthew C, MD on 01/10/25 1735** Status: **Completed**
Mode: Ordering in Verbal with readback mode
Communicated by: Ha, Justin, RN
Ordering user: Ha, Justin, RN 01/09/25 1650
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Verbal with readback
Frequency: Routine Release Upon Ordering 01/09/25 1650 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Ha, Justin, RN 1/9/2025 4:50 PM
Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Order comments: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Lab Result Document - Document on 1/9/2025 4:50 PM by Chen, Eleanor Yuan, MD (below)

Hoffman, Jeanne Leonie
Case #: SU25-01173
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Surgical Pathology Report (Final result) SU25-01173

Authorizing Provider:	Smith, Matthew C, MD	Ordering Provider:	Smith, Matthew C, MD
Ordering Location:	UWMC Main Operating Room	Collected:	01/09/2025 1650
Pathologist:	Chen, Eleanor Yuan, MD	Received:	01/09/2025 1707

.

Specimens

A Leg, Left, Left leg and left leg thrombus
B Leg, Left, left leg thrombus

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Final Diagnosis

A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606

.

Clinical Information

Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description

A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
A2) Ulcerated soft tissue
A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.
(JM)

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

Specimen Information

ID	Type	Source	Collected By
1	Tissue	Leg, Left	Smith, Matthew C, MD 01/09/25 1650

Comment: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Autopsy Lab Result (continued)

2	Tissue	Leg, Left	Smith, Matthew C, MD 01/09/25 1714

Comment: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Pathology, Surgical Resulted: 01/17/25 1606, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/09/25 1650
Filed by: Chen, Eleanor Yuan, MD 01/17/25 1606

Order status: Completed
Collected by:
Smith, Matthew C, MD 01/09/25 1650
Smith, Matthew C, MD 01/09/25 1714

Resulting lab: UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY
CLIA number: 50D0661462
Acknowledged by: Smith, Matthew C, MD on 01/18/25 0736

Components

Component	Value	Reference Range	Flag	Lab
Final Diagnosis	--	—	—	UWMC Pathology

Result: A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606 PST

Clinical Information	--	—	—	UWMC Pathology

Result: Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description	--	—	—	UWMC Pathology

Result: A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
A2) Ulcerated soft tissue
A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

(JM)

Case Report	--	—	—	UWMC Pathology
Result: Surgical Pathology Report Case: SU25-01173 Authorizing Provider: Smith, Matthew C, MD Collected: 01/09/2025 04:50 PM Ordering Location: UWMC Main Operating Room Received: 01/09/2025 05:07 PM Pathologist: Chen, Eleanor Yuan, MD Specimens: A) - Leg, Left, Left leg and left leg thrombus B) - Leg, Left, left leg thrombus				
LAB AP EMBEDDED IMAGES	—	—	—	UWMC Pathology

Document on 1/9/2025 4:50 PM by Chen, Eleanor Yuan, MD (below)

Hoffman, Jeanne Leonie
Case #: SU25-01173
MRN: U8170135
Sex: female, DOB: 1/6/1925

UW Medicine
LABORATORY MEDICINE & PATHOLOGY

Anatomic Pathology, BOX 356100
University of Washington Medical Center
1959 NE Pacific Seattle, WA 98195
Voice: (206) 598-6400
Fax: (206) 598-5068

Surgical Pathology Report (Final result) SU25-01173

Authorizing Provider:	Smith, Matthew C, MD	Ordering Provider:	Smith, Matthew C, MD
Ordering Location:	UWMC Main Operating Room	Collected:	01/09/2025 1650
Pathologist:	Chen, Eleanor Yuan, MD	Received:	01/09/2025 1707

.

Specimens

A Leg, Left, Left leg and left leg thrombus
B Leg, Left, left leg thrombus

.

Final Diagnosis

A) Left leg, amputation:
- Ulcerated skin and subcutaneous tissue with minimal chronic inflammation.
- Skeletal muscle with ischemic/atrophic changes.
- Vessels with calcific atherosclerosis.
- Bone and soft tissue resection margins viable and free of inflammation.

B) Left leg, thrombus, thrombectomy:
- Organizing thrombus.

Electronically signed by Chen, Eleanor Yuan, MD on 1/17/2025 at 1606

.

Clinical Information

Pre-op diagnosis:
Acute lower limb ischemia [I99.8]

Gross Description

A. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; Left leg and left leg thrombus" is a 73 cm in length x 11 cm in diameter at the widest above-knee amputation specimen. The proximal margin is 6 inches of the femur, with soft tissue removed. Skin is present from the knee distally. Then leg is wrapped in blue tape and the lower leg, ankle and foot was encased in a brown wound bandage material. Five toes are present.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Proximal margin soft tissue is healthy in appearance. The bone cortex is white/tan and firm with red marrow.
The anterior popliteal vessel is removed and is serially sectioned. 85% of the length of the vessel is calcified. A representative section is submitted. The popliteal vessel is serially sectioned and approximately 75% of the length is calcified and a representative section is submitted.

A1) Proximal margin femoral artery and muscle en face
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A3) Margin skin, soft tissue on fos
A4) Anterior tibial artery (blue) and popliteal artery (uninked) -decal
A5) Tibial bone underlying ulceration -decal
A6) Femur, margin - decal
(JM)

B. Leg, Left.
Received fresh labeled, "Hoffman, Jeanne; left leg thrombus" is a firm, brown/black specimen measuring 17 cm in length and varying in diameter between 0.5 and 0.2 cm. 3 cm from one end is a bifurcation in the structure measuring 1.0 cm in length and 0.2 in diameter. Upon sectioning the thrombus material is friable. Representative sections are submitted in B1.
(JM)

Resulting Labs

UWMC Pathology CLIA: **50D0661462** CAP: **2463708**	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY, 1959 NE Pacific St., Room BB220, Seattle WA 98195 Director: Paul Swanson, MD	206-598-6400

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Autopsy Lab Result (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
95 - UWMC Pathology	UNIVERSITY OF WASHINGTON MEDICAL CENTER PATHOLOGY	Paul Swanson, MD	1959 NE Pacific St. Room BB220 Seattle WA 98195	10/29/21 1641 - Present

Indications

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

All Reviewers List

Smith, Matthew C, MD on 1/18/2025 07:36

Imaging

Cardiac Cath

Cardiac catheterization (Final result)

Electronically signed by: **Jensen, Craig, Technologist on 01/10/25 1335** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Jensen, Craig, Technologist 01/10/25 1335
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1238 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Trcka, Heike, RN 1/10/2025 12:37 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Cardiac catheterization Resulted: 01/10/25 1335, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1237
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Jensen, Craig, Technologist 01/10/25 1335
Performed: 01/10/25 1300 - 01/10/25 1327
Accession number: 47229157
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful right transjugular central line placement and temporary pacemaker placement.

Findings:
Severe symptomatic bradycardia.
Temporary pacemaker placement to RV apex.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
CENTRAL LINE PLACEMENT [CATH67]	
TEMP PACING WIRE: CATH [CATH119]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 1 V
Backup rate set to: 60 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Access obtained using ultrasound guidance.
Closure method: skin suture

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. A thin-walled needle was placed in the vessel and a floppy guide wire was advanced through it. The needle was withdrawn and a 6F sheath was advanced over the wire into the vessel.
Temporary pacemaker was introduced into the RV apex. Capture was confirmed at a HR of 60 with a loss of capture at 0.8mV. This was then increased to an output of 5V for transport.
At the conclusion of the procedure, the catheter was sutured in place for subsequent treatment.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, was present for the entire procedure.

MODIFIER 22:
This procedure required substantial additional work because of severe symptomatic bradycardia in an elderly patient which added to the intensity of the procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary) Abera, Seifu Mengesha, MD (Fellow - Assisting)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 1:35 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 1:25 PM

Signed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1328 PST

All Reviewers List

Navalurkar, Reema, MD on 1/10/2025 20:04
Smith, Matthew C, MD on 1/10/2025 17:35

Cardiac catheterization (Final result)

Electronically signed by: **Bauer, Zoe Michelle, RN on 01/10/25 1719** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1719
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1528 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Trcka, Heike, RN 1/10/2025 3:27 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Cardiac catheterization Resulted: 01/10/25 1719, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1527
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Bauer, Zoe Michelle, RN 01/10/25 1719
Performed: 01/10/25 1630 - 01/10/25 1710
Accession number: 47235120
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
CENTRAL LINE PLACEMENT [CATH67]	
TEMP PACING WIRE: CATH [CATH119]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 0 V
Backup rate set to: 70 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Imaging (continued)

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Closure method: skin suture

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
We positioned the patient on the cath lab table for fluoroscopic guidance. We noted that the temporary pacemaker was quite distal in the heart silhouette likely secondary to attempts to advance the wire in the ICU. We pulled back and attempted to reposition the temp wire in the RV apex without success. We therefore realized we would remove the current temporary pacemaker and exchange the introducer for sterile procedure. We also checked a bedside TTE which revealed no pericardial effusion and this was compared to the TTE performed in the ICU a few minutes prior to patient transport.
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. The old sheath was wired and this was exchanged for a new 8F sheath was advanced over the wire into the vessel. The temporary pacemaker wire was advanced to the RV apex. Thresholds were rechecked.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, performed the key/critical portions of the procedure and was immediately available for the remainder.

MODIFIER 22:
This procedure was of increased intensity because of patient with severe symptomatic bradycardia requiring emergent procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 5:19 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 5:17 PM

Signed

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1717 PST

All Reviewers List

Navalurkar, Reema, MD on 1/10/2025 20:04
Smith, Matthew C, MD on 1/10/2025 17:35

Echocardiography

TransTHORACIC echo (TTE) complete (Final result)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Phan, Janet, MD 01/10/25 1303 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Frequency: Urgent (Imaging Only) Once 01/10/25 1303 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM

Questionnaire

Question	Answer
Cardiac Symptoms / Diagnoses	Bradycardia
Reason for exam:	Symptomatic bradycardia in patient w/ prior bradycardia
Where should test be performed?	Bedside
Agitated saline cardiac shunt study w/IV start ordered	No
Does the patient have congenital heart disease?	No
OK to utilize temporary IV access?	Yes

Order comments: Vital Signs: BP (!) 140/0 | Pulse (!) 37 | Temp 36.7 °C (Temporal) | Resp 20 | Ht 5' (1.524 m) | Wt 45.8 kg (100 lb 15.5 oz) | SpO2 100% | BMI 19.72 kg/m² BMI: Estimated body mass index is 19.72 kg/m² as calculated from the following: Height as of this encounter: 5' (1.524 m). Weight as of this encounter: 45.8 kg (100 lb 15.5 oz).

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
TRANSTHORACIC ECHO (TTE) COMPLETE	Phan, Janet, MD 206-744-8513 206-540-1174	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/10/2025 3:50 PM U ECHO P-5SA UWMC ECHO LAB

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

TransTHORACIC echo (TTE) complete
Resulted: 01/10/25 1826, Result status: Final result

Ordering provider: Phan, Janet, MD 01/10/25 1303
Resulted by: Otto, Catherine M, MD
Performed: 01/10/25 1600 - 01/10/25 1718
Resulting lab: UWM SCOTTCARE
Order status: Completed
Filed by: Interface, Cupid Results Iscv 01/10/25 1826
Accession number: 47235752

Narrative:
Conclusion
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

No pericardial effusion.

No prior study for comparison.

Primary team was notified of findings at 5:15pm on 1/10/25.

Components

Component	Value	Reference Range	Flag	Lab
AoV mean PG	19	mmHg	—	102
AoV max	298	cm/sec	—	102
TR Peak Vel	267.9	cm/sec	—	102
RV Free wall pk S'	38.7	mmHg	—	102

Procedures Performed	Chargeables
TRANSTHORACIC ECHO (TTE) COMPLETE [ECH111]	

View Report (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Study ID: 987327

UW Medicine
HEART INSTITUTE
UW MEDICAL CENTER MONTLAKE
1959 NE Pacific St.
SEATTLE, WASHINGTON 98195

Transthoracic Echo Report

Patient Name: HOFFMAN, JEANNE LEONIE	**MRN:** U8170135	**Study Date:** 01/10/2025 04:06 PM	**Patient Class:** Inpatient
DOB: 01/06/1925	**Age:** 100 yrs	**Height:** 60 in	**Weight:** 100 lb
BP: 144/35 mmHg	**HR:** 40	**BSA:** 1.4 m^2	**Service:**
Gender: Female	**Pt. Origin:** UECHOL^^^UWMED	**Portable:** Yes	**Equipment:**

History: Bradycardia
Reason For Study: Symptomatic bradycardia in patient w/ prior bradycardia
Study Quality: Good
CPT Codes:
93306/04830022: Transthoracic Echo with Spectral and Color Doppler.
ICD Codes
I45.5: Other heart Block - Rank:1 (1-8).

CONCLUSIONS:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Primary team was notified of findings at 5:15pm on 1/10/25.

PROCEDURE NOTES:
A complete two-dimensional transthoracic echocardiogram was performed (2D, M-mode, Doppler and color flow Doppler). Exam was interrupted by the cath lab team for urgent transport in the cath lab. Difficult parasternal windows secondary to uncooperative patient and lung interference. The underlying rhythm was bradycardia.

FINDINGS:
Left Ventricle:
The left ventricle is normal in size. The calculated ejection fraction, as determined by the biplane method of disks, is 74%. No regional wall motion abnormalities are present.
Right Ventricle:
The basal right ventricular diameter measured from a right ventricular focused view is 3.3 cm. The tricuspid annular plane systolic excursion (TAPSE) measurement is 2.9 cm. A pacer/defibrillator lead is present in the right heart.
Aortic Valve:
The aortic valve peak velocity is 3 cm/sec. No aortic regurgitation is present.
Mitral Valve:
Moderate mitral annular calcification is present. The mitral annular calcification is both posterior and anterior. There is mild mitral regurgitation.
Tricuspid Valve:
The tricuspid valve is normal in structure and function. Mild tricuspid regurgitation present.
Left Atrium:
The left atrial volume indexed to body surface area is 43 ml/m2. This refers to the maximal volume measured prior to mitral valve opening. Left atrial volume index is moderately increased.
Right Atrium:
The right atrium is mildly dilated. The inferior vena cava is normal in diameter (<2.1cm) but collapse <50% with sniff (estimated right atrial pressure 5-10mmHg).
Pulmonary Artery:
The pulmonary artery systolic pressure, calculated from a peak tricuspid regurgitant velocity in conjunction with an estimated right atrial pressure, is 34-39mmHg.
Pericardium/Pleural Space:
There is no pericardial effusion.

ECHO DIMENSIONS:

LAV (MOD-bp): 60.8 ml

LAV (MOD-bp) index: 43.7 ml/m^2 (16-34)

LVd-Vol Index: 36.0 ml/m^2 (F: 29-61/M: 34-74)

EF (MOD-bp): 74.2 % (F: 54-74/M: 52-72)

DOPPLER FINDINGS:

LVOT max: 120.0 cm/sec

TR max vel: 267.9 cm/sec

AoV max: 298.0 cm/sec

AoV mean PG: 19.0 mmHg

AoV max PG: 36.0 mmHg

1/10/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

DIASTOLIC FUNCTION:

HEMODYNAMIC FINDINGS:
RAP systole: 10.0 mmHg **RVSP(TR):** 38.7 mmHg

MMode/2D Measurements & Calculations

LVLd ap4: 6.7 cm
EDV(MOD-sp2): 57.9 ml
SV(MOD-sp4): 33.9 ml
EDV (MOD-bp): 50.0 ml
EDV(MOD-sp4): 41.6 ml
LVAs ap2: 11.4 cm^2
LVAs ap4: 6.9 cm^2
LVLs ap2: 6.0 cm
LVLs ap4: 5.2 cm
ESV(MOD-sp2): 19.2 ml
ESV(MOD-sp4): 7.7 ml
EF(MOD-sp2): 66.8 %
EF(MOD-sp4): 81.5 %

ESV (MOD-bp): 12.9 ml
LAV(MOD-sp2): 80.8 ml
LAV(MOD-sp4): 39.2 ml

Doppler Measurements & Calculations

AoV mean: 203.0 cm/sec
LVOT max PG: 6.0 mmHg
TR max PG: 28.7 mmHg
AoV VTI: 76.6 cm
LVOT mean PG: 3.0 mmHg
LVOT mean: 77.7 cm/sec
LVOT VTI: 31.0 cm

Interpreting Physician Signing Statement:
I have personally reviewed these images. I agree with findings and conclusions as documented. Study images, including any 3D or strain images, are permanently stored on UW Medicine Cardiology PACS.



Interpreting Physician: _____
Electronically Authenticated by MD Catherine M. Otto on 01/10/2025 06:26 PM
Additional Staff: Reviewed by Cardiology Fellow: Mark Sonderman, MD.
Ordering Physician: SMITH, MATTHEW C
Cardiac Sonographer: Corona, RDCS, Maurizio

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

UW Medicine
Harborview Medical Center
UW Medical Center - Montlake
UW Medical Center - Northwest
University of Washington Physicians
Seattle, Washington

1/10/2025

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
102 - Unknown	UWM SCOTTCARE	Unknown	Unknown	10/30/19 1238 - Present

Signed

Electronically signed by Otto, Catherine M, MD on 1/10/25 at 1826 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electrophysiology

Electrophysiology procedure (Final result)

Electronically signed by: **Bauer, Zoe Michelle, RN on 01/10/25 1719** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1719
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1717 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Ayyoub, Alaa Samih, MD 1/10/2025 5:16 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Electrophysiology procedure Resulted: 01/10/25 1719, Result status: Final result

Ordering provider: Smith, Matthew C, MD 01/10/25 1527
Order status: Completed
Resulted by: Ayyoub, Alaa Samih, MD
Filed by: Bauer, Zoe Michelle, RN 01/10/25 1719
Performed: 01/10/25 1630 - 01/10/25 1710
Accession number: 47238196
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Procedure:
Successful removal of temporary pacemaker lead, right transjugular central line replacement and new temporary pacemaker placement.
Limited bedside TTE.

Findings:
No pericardial effusion.
Severe symptomatic bradycardia.

Recommendations:
Findings discussed with primary team.
Acknowledged by
Smith, Matthew C, MD on 01/10/25 1735
Navalurkar, Reema, MD on 01/10/25 2004

Procedures Performed	Chargeables
PACEMAKER LEAD REMOVAL - RV [EP89]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Temporary Pacemaker
Pacer Type: floating balloon tip pacer wire
Capture threshold: 0 V
Backup rate set to: 70 bpm
Voltage set to: 5 V
Temporary pacemaker was secured in place.

Access
First venous access site: percutaneous right internal jugular vein
Sheath Size: 6 Fr
Closure method: skin suture

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Narrative
INDICATIONS: Bradycardia [R00.1]

NARRATIVE:
We positioned the patient on the cath lab table for fluoroscopic guidance. We noted that the temporary pacemaker was quite distal in the heart silhouette likely secondary to attempts to advance the wire in the ICU. We pulled back and attempted to reposition the temp wire in the RV apex without success. We therefore realized we would remove the current temporary pacemaker and exchange the introducer for sterile procedure. We also checked a bedside TTE which revealed no pericardial effusion and this was compared to the TTE performed in the ICU a few minutes prior to patient transport.
The procedure was performed using 1% lidocaine local anesthesia and the Seldinger with micropuncture technique with ultrasound and fluoroscopic guidance. The old sheath was wired and this was exchanged for a new 8F sheath was advanced over the wire into the vessel. The temporary pacemaker wire was advanced to the RV apex. Thresholds were rechecked.

PRESENCE STATEMENT:
I, Alaa S Ayyoub, MD, performed the key/critical portions of the procedure and was immediately available for the remainder.

MODIFIER 22:
This procedure was of increased intensity because of patient with severe symptomatic bradycardia requiring emergent procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Ayyoub, Alaa Samih, MD (Primary)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Post-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/10/2025 5:19 PM)

No complications were associated with this study.
Documented by Ayyoub, Alaa Samih, MD - 1/10/2025 5:17 PM

Signed

Electronically signed by Ayyoub, Alaa Samih, MD on 1/10/25 at 1717 PST

Electrophysiology procedure (Final result)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/13/25 2118** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Akoum, Nazem Walid, MD 01/13/25 2118
Ordering provider: Smith, Matthew C, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 0704 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Yeary, Dustin A, RN 1/13/2025 7:03 AM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Release Result to Patient	Immediate

Electrophysiology procedure Resulted: 01/13/25 2118, Result status: Final result

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Ordering provider: Smith, Matthew C, MD 01/13/25 0703
Resulted by: Akoum, Nazem Walid, MD
Performed: 01/13/25 1552 - 01/13/25 1700
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Order status: Completed
Filed by: Akoum, Nazem Walid, MD 01/13/25 2118
Accession number: 47251518

Narrative:
- Successful single chamber pacemaker implantation
- pCXR now to r/o PTX
- PA/Lateral CXR tomorrow AM
- Sling immobilization overnight.
- 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height
- Remote device check tomorrow am to ensure stability of lead parameters

Acknowledged by
Navalurkar, Reema, MD on 01/14/25 0906
Smith, Matthew C, MD on 01/14/25 1236

Procedures Performed	Chargeables
PACEMAKER INITIAL IMPLANT - SINGLE CHAMBER [EP87]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

Result Findings

Initial Device Implant
INDICATIONS
Jeanne Leonie Hoffman is a 100 year old with RBBB at baseline, now with symptomatic high degree AV block, meeting class 1 indication for permanent pacing who presents for single chamber pacemaker.

PROCEDURE

Following informed consent, the patient was transferred to the Electrophysiology Laboratory in a fasting state. The left chest was prepped and draped in the usual sterile position. Timeout protocol was performed. Local anesthesia was achieved with 2% lidocaine.

Access was then obtained in the left axillary vein using the modified Seldinger technique under direct ultrasound visualization and microvascular access..

Following adequate anesthesia, an incision was performed in the left infraclavicular area. A pocket was created in the left pectoral submuscular space using electrocautery and blunt dissection. The two bellies of the pectoralis major muscle were divided and a submuscular pocket was fashioned taking care to avoid the neurovascular bundle.

A 6 Fr sheath was advanced over a J-tip guidewire. The right ventricle lead (LEAD PACEMAKER 52CM INGEVITY+ AF ISI) was advanced under fluoroscopic guidance to the RV apex using the technique of stylet exchange and adequate parameters were found. Once the position and redundancy of the lead had been confirmed with multiple fluoroscopic views, the RV lead was anchored to the prepectoral fascia.

After the lead(s) were placed, the leads were attached to the generator. The pocket was copiously irrigated with antibiotic solution. The device was placed in the pocket. The generator was secured with one non-absorbable tie. The pocket was closed in three running layers using absorbable suture. The wound was then dressed with skin adhesive and a Primapore dressing.

Device Data
DEVICE MEASUREMENTS
1. Right ventricle: R waves 25 mV, pacing impedance 630 ohms, threshold 0.9V at 0.4 ms.

FINAL PROGRAMMED PARAMETERS
VVIR 70-120

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Narrative
PRESENCE STATEMENT:
I, Nazem Walid Akoum, MD, was present for the entire procedure.

Physicians

Panel Physicians	Referring Physician	Case Authorizing Physician
Akoum, Nazem Walid, MD (Primary) Bevan, Graham Howard, MD (Fellow - Assisting)		Smith, Matthew C, MD

Pre-procedure Diagnosis

Bradycardia [R00.1]

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Complications

Complications documented before study signed (1/13/2025 9:18 PM)

No complications were associated with this study.
Documented by Bevan, Graham Howard, MD - 1/13/2025 5:08 PM

Signed

Electronically signed by Akoum, Nazem Walid, MD on 1/13/25 at 2118 PST

All Reviewers List

Smith, Matthew C, MD on 1/14/2025 12:36
Navalurkar, Reema, MD on 1/14/2025 09:06

Imaging

XR Chest 1 View (Final result)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Suspected Infection
Should this exam be performed on a portable machine?	Yes

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Vrablik, Marie Clougherty, MD	Vrablik, Marie Clougherty, MD	1/9/2025 10:45 AM UWEDXRPORT1

Imaging (continued)

206-744-3263	206-744-3263	UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/09/25 1102, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1039
Order status: Completed
Resulted by: Hartman, Jason Brett, MD
Filed by: Interface, Radiology Results In 01/09/25 1105
Performed: 01/09/25 1042 - 01/09/25 1051
Accession number: 47200733
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
Suspected Infection

COMPARISON:
Chest x-ray 11/22/2020

FINDINGS AND
Impression:

Lines and tubes: None.

Lungs: Clear.

Pleura: No effusion. No pneumothorax.

Heart and mediastinum: Unremarkable.

Bones: No acute or suspicious abnormality.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Hartman, Jason Brett, MD on 1/9/25 at 1102 PST

CTA Abdomen Angio (Final result)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1100** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

This order may be acted on in another encounter.
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1100
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1100 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Class: Hospital Performed
Lab status: Final result
Instance released by: Vrablik, Marie Clougherty, MD (auto-released) 1/9/2025 11:00 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	eval for flow to L leg, L leg appears acutely mottled, cold, discolored
What is the patient's sedation requirement?	None
To assist selection of correct imaging protocol, do you suspect hemorrhage, extravasation, or pseudoaneurysm?	No
Exam instructions (e.g. preferred protocol, oral/rectal contrast, research protocol, or phases)	with run off to foot, eval B LE vasculature and for NSTI
Last GFR:	GFR 57 2/14/2024
Release Result to Patient	Immediate
AIDoc finding	false
AIDoc finding	false
AIDoc finding	false

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CTA ABDOMEN ANGIO	Vrablik, Marie Clougherty, MD 206-744-3263	Vrablik, Marie Clougherty, MD 206-744-3263	1/9/2025 11:05 AM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

CTA Abdomen Angio
Resulted: 01/09/25 1228, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1100
Resulted by: Hartman, Jason Brett, MD
Performed: 01/09/25 1135 - 01/09/25 1214
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/09/25 1231
Accession number: 47201762

Narrative:
EXAMINATION:
CTA ABDOMEN ANGIO: AORTA WITH PERIPHERAL RUNOFF

CLINICAL INDICATION:

Imaging (continued)

eval for flow to L leg, L leg appears acutely mottled, cold, discolored

TECHNIQUE:
CVA 10 CTA Abdomen, pelvis and lower extremities
CTA of abdominal aorta and lower extremities was performed in the arterial phase following contrast from the domes of the diaphragm to feet. On an independent workstation, volume rendered and/or MIP reconstructions were generated to evaluate the abdominal and lower extremity vessels.
CTV Lower Extremity:
CT angiography of the lower extremities from the pelvis to the feet was performed in the late venous phase of intravenous contrast enhancement. On an independent workstation, 3D and / or MIPs of the vessels was performed on an independent workstation.

CONTRAST:
IOHEXOL 350 MG/ML IV SOLN,80 mL Intravenous,01/09/2025 1214

COMPARISON:
None.

FINDINGS:
Abdominal Aorta: Patent. No aneurysm. Moderate to severe atherosclerosis.
Iliac arteries: Patent common iliacs. Occluded left external iliac artery.

Right femoral arteries: Patent. Severe atherosclerosis
Right popliteal artery:Patent. Moderate atherosclerosis
Right calf arteries:Weakly opacified. Severe atherosclerosis.
Number of vessels crossing the right ankle mortise: 2

Left femoral arteries: Occluded.
Left popliteal artery:Occluded.
Left calf arteries:Occluded.
Number of vessels crossing the left ankle mortise: 0

Lower chest: Moderate hiatal hernia.

Liver: Unremarkable.
Gallbladder: Unremarkable.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Unremarkable.
Lymph Nodes: No enlarged lymph nodes.
Other vasculature: Unremarkable.
Bowel: Scattered diverticulosis, but no findings to suggest acute diverticulitis
Peritoneum: Unremarkable
Abdominal Wall: Unremarkable.
Reproductive organs: Unremarkable
Bladder: Unremarkable.
Bones:Right femur ORIF.

Left leg with diffuse skin thickening below the knee. No subcutaneous emphysema.

Impression:
Occlusion of the left lower extremity vasculature beginning at the left external iliac artery. There is associated skin thickening/swelling of the distal left lower extremity which likely represents edema. No associated subcutaneous emphysema or definitive evidence of necrotizing soft tissue infection.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Signed

Electronically signed by Hartman, Jason Brett, MD on 1/9/25 at 1228 PST

XR Chest 1 View (Final result)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1447** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Phan, Janet, MD 01/10/25 1447
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: STAT Once 01/10/25 1448 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 2:47 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	evaluate position of TVP
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Phan, Janet, MD 206-744-8513 206-540-1174	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/10/2025 2:50 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/10/25 1601, Result status: Final result

Ordering provider: Phan, Janet, MD 01/10/25 1447
Order status: Completed
Resulted by:
Santos Lima, Ana Paula, MD
Lane, Olivia, MD
Filed by: Interface, Radiology Results In 01/10/25 1604
Performed: 01/10/25 1517 - 01/10/25 1522
Accession number: 47233214

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
evaluate position of TVP

COMPARISON:
1/5/2020.

FINDINGS AND
Impression:

Lines and tubes: Transvenous pacing wire tip terminates in the right ventricle.

Lungs: The lung volumes persist. Similar bibasilar consolidations, likely atelectasis or aspiration.

Pleura: Small left pleural effusion. No pneumothorax.

Heart and mediastinum: Unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 1/10/25 at 1601 PST

XR Chest 1 View (Final result)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1206** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Mahdi, Elaa, MD 01/12/25 1206 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1206 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:06 PM
Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p TVP placement, hypotension
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Mahdi, Elaa, MD 206-744-8513 206-314-5103	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/12/2025 12:10 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/12/25 1322, Result status: Final result

Ordering provider: Mahdi, Elaa, MD 01/12/25 1206
Resulted by: Chalian, Hamid, MD
Performed: 01/12/25 1226 - 01/12/25 1236
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/12/25 1325
Accession number: 47247341

Narrative:
EXAMINATION: XR CHEST 1 VIEW

INDICATION: s/p TVP placement, hypotension

Comparison: January 10, 2025

Impression:
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is unchanged.

Lungs and pleura: Slight interval increase in left pleural effusion. Findings suggestive of pulmonary edema with a slight interval increase. Trace right pleural effusion. No pneumothorax.

Bones/soft tissue: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

Signed

Electronically signed by Chalian, Hamid, MD on 1/12/25 at 1322 PST

XR Chest 1 View (Cancel Held)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Cancel Held**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: STAT Once 01/13/25 1710 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Post Pacer/ICD Implant
Should this exam be performed on a portable machine?	Yes

Indications

Bradycardia [R00.1 (ICD-10-CM)]

XR Abdomen 1 View (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1732** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1732
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1733 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:32 PM
Discontinued by: Quirante, Jackie Lynn M, RT 01/13/25 2015 [Per Protocol]
Diagnoses
Adult failure to thrive syndrome [R62.7]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	verify NGT placement
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR ABDOMEN 1 VW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	

Screening Form Questions

No questionnaires are associated with this screening form.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Adult failure to thrive syndrome [R62.7 (ICD-10-CM)]

XR Chest 1 View (Final result)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1730** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: McKinstry, Mia, MD 01/13/25 1730
Ordering provider: McKinstry, Mia, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1731 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:30 PM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	s/p pacemaker implantation
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/13/2025 5:35 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

Imaging (continued)

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/14/25 1003, Result status: Final result

Ordering provider: McKinstry, Mia, MD 01/13/25 1730
Resulted by: Godwin II, J David, MD
Performed: 01/13/25 1945 - 01/13/25 1950
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/14/25 1006
Accession number: 47275313

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Pacemaker

FINDINGS AND
Impression:
Compared to 1/12/2025, a pacemaker has been placed from the left subclavian vein with electrode in the right ventricular apex, as expected.

Heart size is normal and unchanged. Aorta is calcified, indicating atherosclerosis.

Lung volume is low. There is basal atelectasis or aspiration and there are bilateral pleural effusions.

No pneumothorax.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/14/25 at 1003 PST

XR Chest 2 View (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1736**
Ordering user: McKinstry, Mia, MD 01/13/25 1736
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/14/25 0500 - 1 occurrence
Quantity: 1

Discontinued by: So, Jenny J, RT 01/14/25 0710 [Duplicate]
Diagnoses
Bradycardia [R00.1]

Status: **Discontinued**
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 12:30 AM

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	POD1 pacemaker placement
What is the patient's sedation requirement?	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 2 VW	McKinstry, Mia, MD 206-744-8513 206-540-1170	Smith, Matthew C, MD 206-668-8383 206-969-5676	

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Bradycardia [R00.1 (ICD-10-CM)]

XR Chest 2 View (Final result)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/14/25 0600 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Walks, Tristan H, RN (auto-released) 1/14/2025 12:30 AM
Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Post Pacer/ICD implant
Should this exam be performed on a portable machine?	No

Order comments: Perform study at 0630.

Screening Form

General Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 2 VW	Bevan, Graham Howard, MD 206-744-8513 206-559-1394	Smith, Matthew C, MD 206-668-8383 206-969-5676	1/14/2025 8:15 AM UWRAD5 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 2 View Resulted: 01/14/25 1056, Result status: Final result

Ordering provider: Bevan, Graham Howard, MD 01/14/25 0030
Order status: Completed
Resulted by: Godwin II, J David, MD
Filed by: Interface, Radiology Results In 01/14/25 1059
Performed: 01/14/25 0923 - 01/14/25 0938
Accession number: 47279074
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 2 VW

INDICATION:
Pacemaker

FINDINGS AND
Impression:
Compared to 1/13/2025, pacemaker electrode position is unchanged. Heart size is unchanged.

Lung volume is lower. Basal atelectasis or aspiration and bilateral pleural effusions persist.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/14/25 at 1056 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

XR Chest 1 View (Final result)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/17/25 0954** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Segerson, Karen Elaine, MD 01/17/25 0954
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine Once 01/17/25 0954 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/17/2025 9:54 AM
Diagnoses
Tachypnea on examination [R06.82]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	tachypnea, cough, concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Segerson, Karen Elaine, MD 206-598-5160 206-314-2627	Segerson, Karen Elaine, MD 206-598-5160 206-314-2627	1/17/2025 10:00 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View

Resulted: 01/17/25 1314, Result status: Final result

Ordering provider: Segerson, Karen Elaine, MD 01/17/25 0954
Order status: Completed
Resulted by: Santos Lima, Ana Paula, MD
Filed by: Interface, Radiology Results In 01/17/25 1317
Performed: 01/17/25 1028 - 01/17/25 1032
Accession number: 47358779
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
tachypnea, cough, concern for aspiration

COMPARISON:

Imaging (continued)

1/14/2024

FINDINGS AND
Impression:

Lines and tubes: Right IJ central venous catheter has been removed

Lungs: Similar low lung volume with bibasilar atelectasis or aspiration.

Pleura: Small bilateral pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 1/17/25 at 1314 PST

XR Chest 1 View (Final result)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 0521** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Rosiene, Joel, MD 01/19/25 0521
Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD
Ordering mode: Standard
Frequency: Routine Once 01/19/25 0521 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Rosiene, Joel, MD (auto-released) 1/19/2025 5:21 AM
Diagnoses
Delirium [R41.0]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	subjective fever concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Rosiene, Joel, MD 206-598-3300	Rosiene, Joel, MD 206-598-3300	1/19/2025 5:25 AM UWXRPORT1 UWMC RAD XR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 01/19/25 1218, Result status: Final result

Ordering provider: Rosiene, Joel, MD 01/19/25 0521
Order status: Completed
Resulted by:
Ordovas, Karen Gomes, MD
Diaz, Alexander Napoleon, MD
Filed by: Interface, Radiology Results In 01/19/25 1221
Performed: 01/19/25 0529 - 01/19/25 0635
Accession number: 47383535
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
subjective fever concern for aspiration

COMPARISON:
January 17, 2025

FINDINGS AND
Impression:

Lung volumes remain low with similar mild diffuse lung disease. Superimposed basal atelectasis or aspiration persists, but aeration of the bases is slightly improved.

Small pleural effusions persist. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Delirium [R41.0 (ICD-10-CM)]

Signed

Electronically signed by Ordovas, Karen Gomes, MD on 1/19/25 at 1218 PST

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right (Final result)

Imaging (continued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/21/25 1039** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Holmberg, Mackenzie Howard, MD 01/21/25 1039 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/21/25 1040 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Holmberg, Mackenzie Howard, MD (auto-released) 1/21/2025 10:39 AM
Diagnoses
History of recurrent deep vein thrombosis (DVT) [Z86.718]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	RLE swelling
Release Result to Patient	Immediate

End Exam Questions

	Answer	Comment
What is the finding for this exam?	Normal	

Vascular US Venous Duplex for DVT or Venous Obstruction Lower Extremity Right Resulted: 01/22/25 0921, Result status: Final result

Ordering provider: Holmberg, Mackenzie Howard, MD 01/21/25 1039 Order status: Completed
Resulted by: Zierler, Robert Eugene, MD Filed by: Interface, Radiology Results In 01/22/25 0925
Performed: 01/21/25 1137 - 01/21/25 1211 Accession number: 47410394
Resulting lab: UW RADIOLOGY
Narrative:

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 (RIGHT)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 100 year old woman who is status-post left above-knee amputation on 01/09/2025. The patient presents with right lower extremity swelling.

PREVIOUS EXAMINATIONS:
06/02/2021 (right lower extremity venous duplex reported no deep vein thrombosis)
05/05/2021 (right lower extremity venous duplex reported no deep vein thrombosis)
01/22/2020 (bilateral lower extremity venous duplex reported no deep vein thrombosis)

EQUIPMENT:
Philips Epiq 7

FINDINGS:
This is a technically difficult exam due to calcific shadowing from arteries, patient positioning, and intolerance of probe pressure.

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: Not positively identified

Imaging (continued)

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Complete color filling
Peroneal Vein: Complete color filling

Gastrocnemius Veins: Not positively identified
Soleal Veins: Complete compressions, no intraluminal echoes

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.
Small Saphenous Vein: Not positively identified

LEFT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Kacey Jaenicke BS, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated, on a technically limited examination.
- The right distal femoral vein, gastrocnemius veins, and small saphenous vein are not positively identified.
- The right paired posterior tibial and peroneal veins are patent but poorly visualized.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

History of recurrent deep vein thrombosis (DVT) [Z86.718 (ICD-10-CM)]

Signed

Electronically signed by Zierler, Robert Eugene, MD on 1/22/25 at 0921 PST

XR Chest 1 View (Final result)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0223** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Wilson, Julia, MD 01/25/25 0223 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Once 01/25/25 0224 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Wilson, Julia, MD (auto-released) 1/25/2025 2:23 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	concern for aspiration event
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes

Imaging (continued)

Release Result to Patient — Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Wilson, Julia, MD 206-598-3300	Wilson, Julia, MD 206-598-3300	1/25/2025 2:30 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View — Resulted: 01/25/25 1037, Result status: Final result

Ordering provider: Wilson, Julia, MD 01/25/25 0223
Resulted by:
Cham, Matthew D, MD
Rong, Rong, MD
Performed: 01/25/25 0229 - 01/25/25 0244
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 01/25/25 1040

Accession number: 47502947

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
concern for aspiration event

COMPARISON:
1/19/2025

FINDINGS AND
Impression:

Compared to 1/19/2025, lung volumes remain low. Increased bilateral mid and lower lung consolidation, likely edema superimposed with is basal atelectasis or aspiration.

Increased small pleural effusions. No pneumothorax.

Heart and mediastinum are unchanged.

I have personally reviewed the images and agree with the report (or as edited).

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Cham, Matthew D, MD on 1/25/25 at 1037 PST

XR Chest 1 View (Final result)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1515** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Chi, Frank, MD 01/26/25 1515 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/27/25 0800 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Chi, Frank, MD (auto-released) 1/27/2025 12:30 AM
Diagnoses
Tachypnea on examination [R06.82]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	cough, AMS, at risk for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie MRN: U8170135
Date of Birth: 1/6/1925 Home Phone: 206-780-6885
Sex Assigned at Birth: Female Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Chi, Frank, MD 206-598-5160 206-314-3745	Chi, Frank, MD 206-598-5160 206-314-3745	1/27/2025 7:40 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

XR Chest 1 View Resulted: 01/27/25 1008, Result status: Final result

Ordering provider: Chi, Frank, MD 01/27/25 0030
Resulted by: Godwin II, J David, MD
Performed: 01/27/25 0736 - 01/27/25 0806
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 01/27/25 1011
Accession number: 47517840

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

INDICATION:
Cough, altered mental status, aspiration risk

FINDINGS AND
Impression:
Compared to 1/25/2025, lung volume is even lower. Consolidation persists in midlungs and bases.

There are bilateral pleural effusions.

Heart size is unchanged. Pacemaker electrode position is unchanged, given different rotation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]

Signed

Electronically signed by Godwin II, J David, MD on 1/27/25 at 1008 PST

XR Chest 1 View (Final result)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1159** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1159
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Urgent (Imaging Only) Once 02/03/25 1200 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Lab status: Final result
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 12:00 PM
Diagnoses
Tachypnea on examination [R06.82]
Acute cough [R05.1]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	new cough, please evaluate for infilatrate or other pathology
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Sokol-Hessner, Lauge, MD 206-598-8750 206-540-0425	Sokol-Hessner, Lauge, MD 206-598-8750 206-540-0425	2/3/2025 12:05 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/03/25 1440, Result status: Final result

Ordering provider: Sokol-Hessner, Lauge, MD 02/03/25 1200
Resulted by: Gulhane V, Avanti, MD
Performed: 02/03/25 1215 - 02/03/25 1222
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 02/03/25 1443
Accession number: 47667396

Narrative:
EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
new cough, please evaluate for infiltrate or other pathology

COMPARISON:
Chest radiograph 1/27/2025

FINDINGS AND
Impression:

Lines and tubes: Pacemaker electrode is unchanged in position.

Lungs: Pulmonary edema and bibasilar atelectasis persists.

Pleura: Moderate bilateral pleural effusions persist. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Tachypnea on examination [R06.82 (ICD-10-CM)]
Acute cough [R05.1 (ICD-10-CM)]

Signed

Electronically signed by Gulhane V, Avanti, MD on 2/3/25 at 1440 PST

XR Chest 1 View (Final result)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 02/16/25 0540** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Alumbaugh, Allison Andreea, MD 02/16/25 0540 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: STAT Once 02/16/25 0541 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Alumbaugh, Allison Andreea, MD (auto-released) 2/16/2025 5:40 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	acute hypoxia
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Alumbaugh, Allison Andreea, MD 206-744-8513 206-314-6342	Pillai, Sunita, MD 206-598-3300 206-993-3438	2/16/2025 5:50 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/16/25 1033, Result status: Final result

Ordering provider: Alumbaugh, Allison Andreea, MD 02/16/25 0540 Order status: Completed
Resulted by: Santos Lima, Ana Paula, MD Filed by: Interface, Radiology Results In 02/16/25 1036
Performed: 02/16/25 0556 - 02/16/25 0556 Accession number: 47924850
Resulting lab: UW RADIOLOGY
Narrative:

Imaging (continued)

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
acute hypoxia

COMPARISON:
2/3/2025

FINDINGS AND
Impression:

Lines and tubes: Unchanged.

Lungs: Decreased lung volume with bibasilar and perihilar consolidations likely atelectasis or aspiration. Superimposed edema is also conceivable.

Pleura: Increased bilateral small pleural effusions. No pneumothorax.

Heart and mediastinum: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Santos Lima, Ana Paula, MD on 2/16/25 at 1033 PST

XR Abdomen 1 View (Final result)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1403** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Pillai, Sunita, MD 02/18/25 1403 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/18/25 1403 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:03 PM
Diagnoses
Severe protein-calorie malnutrition (HCC) [E43]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	NGT placement
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie MRN: U8170135
Date of Birth: 1/6/1925 Home Phone: 206-780-6885

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Sex Assigned at Birth: Female

Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR ABDOMEN 1 VW	Pillai, Sunita, MD 206-598-3300 206-993-3438	Pillai, Sunita, MD 206-598-3300 206-993-3438	2/18/2025 2:15 PM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Abdomen 1 View

Resulted: 02/18/25 1552, Result status: Final result

Ordering provider: Pillai, Sunita, MD 02/18/25 1403
Resulted by: Bhargava, Puneet, MD
Performed: 02/18/25 1440 - 02/18/25 1445
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 02/18/25 1555
Accession number: 47955702

Narrative:
EXAMINATION:
XR ABDOMEN 1 VW

CLINICAL INDICATION:
NGT placement

COMPARISON:
1/9/2025 and 2/16/2025.

Impression:

Weighted enteric tube tip is in the lower third of the esophagus. Tube could be advanced further by 10 cm.

Lung findings are unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Severe protein-calorie malnutrition (HCC) [E43 (ICD-10-CM)]

Signed

Electronically signed by Bhargava, Puneet, MD on 2/18/25 at 1552 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

CT Abdomen And Pelvis wo Contrast (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1054** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1054
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: STAT Once 02/19/25 1054 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:55 AM
Diagnoses
Generalized abdominal pain [R10.84]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Severe abdominal pain, diffuse, in minimally interactive patient. No IV access
What is the patient's sedation requirement?	None
Release Result to Patient	Immediate
AIDoc finding	true

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
CT ABDOMEN AND PELVIS W/O CONTRAST	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/19/2025 11:05 AM UWEDCT1 UWMC RAD CT

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

CT Abdomen And Pelvis wo Contrast

Resulted: 02/19/25 1314, Result status: Final result
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1055
Order status: Completed
Resulted by:
Dighe, Manjiri Kiran, MD
Mahdavi Anari, Seyed Arash, MD
Filed by: Interface, Radiology Results In 02/19/25 1317
Performed: 02/19/25 1136 - 02/19/25 1212
Accession number: 47974296
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
CT ABDOMEN AND PELVIS W/O CONTRAST

Imaging (continued)

CLINICAL INDICATION:
Severe abdominal pain, diffuse, in minimally interactive patient. No IV access.
Generalized abdominal pain

TECHNIQUE:
CTB A2 CT Abdomen Pelvis Survey without contrast.
Computed tomography was obtained through the abdomen and pelvis without contrast.

CONTRAST:
Intravenous contrast was not used.

COMPARISON:
CTA abdomen pelvis 1/9/2025.

FINDINGS:
Lower chest: New moderate-volume bilateral pleural effusion with passive atelectasis of bilateral lower lobes.
New reticular changes in bilateral lower lobes, right greater than left, suggesting infectious process in proper clinical settings.
Similar dense calcification of aortic and mitral valves.
Similar large hiatal hernia.
Liver: Unremarkable.
Gallbladder: Distended gallbladder with transverse diameter measuring 4.2 cm (601/43). No pericholecystic inflammatory changes.
Bile ducts: Unremarkable.
Spleen: Unremarkable.
Pancreas: Similar diffuse pancreatic steatosis.
Adrenal glands: Unremarkable.
Kidneys and Ureters: Similar 1.8 cm left renal cyst (601/55).
Abdominal Lymph Nodes and Retroperitoneum: No enlarged lymph nodes.
Vasculature: Similar severe aortoiliac atherosclerosis with no aneurysm.
Bowel: Severe colonic diverticulosis particularly in the sigmoid colon, without acute cholecystitis.
Peritoneum: Unremarkable
Abdominal Wall: Diffuse anasarca. Fat-containing right inguinal hernia. Similar linear calcification in paravertebral muscles.
Reproductive organs: Surgically absent.
Bladder: Unremarkable.
Bones: Similar degenerative changes of the lumbar spine with levoscoliosis. Similar mild level wedging of lower thoracic and lumbar spine. Right femur ORIF.

Impression:
* Gallbladder distention without pericholecystic inflammation. Gallbladder ultrasound could be helpful for further evaluation, if clinically indicated.
* New bilateral moderate-volume pleural effusion and new reticular pulmonary parenchymal changes, which could suggest pneumonia in proper clinical settings.

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Generalized abdominal pain [R10.84 (ICD-10-CM)]

Signed

Electronically signed by Dighe, Manjiri Kiran, MD on 2/19/25 at 1314 PST

XR GI Tube Intro W Fluoro (Final result)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1344** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1344
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/19/25 1344 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 1:44 PM
Diagnoses
Adult failure to thrive syndrome [R62.7]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Pt needing FT, difficult placement
What is the patient's sedation requirement?	Unknown
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
MRN: U8170135
Date of Birth: 1/6/1925
Home Phone: 206-780-6885
Sex Assigned at Birth: Female
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR GI TUBE INTRO W FLUORO	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/20/2025 2:00 PM UWRAD9 UWMC RAD FLUOROSCOPY

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
Is this a Non-Reportable exam (auto advance the study to final)?		

XR GI Tube Intro W Fluoro Resulted: 02/20/25 1710, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1344
Order status: Completed
Resulted by: Dhyani, Manish, MD
Filed by: Interface, Radiology Results In 02/20/25 1713
Performed: 02/20/25 1425 - 02/20/25 1510
Accession number: 47984429
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
Feeding Tube Placement

CLINICAL INDICATION:
Pt needing FT, difficult placement

COMPARISON:

Imaging (continued)

FINDINGS AND
Impression:
Using guide wire and fluoroscopy, a weighted 10 French feeding tube was placed transnasally, however despite multiple attempts and lack of patient's cooperation, repeated attempts resulted in tracheal placement. After multiple attempts, and patient's inability to cooperate, the study was stopped without placement of tube.

Fluoroscopy time was 214 seconds.

PRESENCE STATEMENT:
I, Manish Dhyani, was present during the entire procedure, reviewed the images and agree with the report above.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Adult failure to thrive syndrome [R62.7 (ICD-10-CM)]

Signed

Electronically signed by Dhyani, Manish, MD on 2/20/25 at 1710 PST

XR Chest 1 View (Final result)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1047** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1047
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: STAT Once 02/23/25 1046 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 10:47 AM
Diagnoses
Hypoxemia [R09.02]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	New oxygen requirement; concern for aspiration
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 VIEW	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	Fancher-Dominguez, Alexandria Paige, MD 206-598-5160 206-416-5089	2/23/2025 10:50 AM UWXRPORT1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Chest 1 View Resulted: 02/23/25 1201, Result status: Final result

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1047
Order status: Completed
Resulted by: Chalian, Hamid, MD
Filed by: Interface, Radiology Results In 02/23/25 1204
Performed: 02/23/25 1052 - 02/23/25 1140
Accession number: 48046234
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION: XR CHEST 1 VIEW

INDICATION: New oxygen requirement; concern for aspiration

Comparison: February 16, 2025

Impression:
FINDINGS AND IMPRESSION:

Support apparatus: No significant interval change in position.

Heart and mediastinum: Cardiomediastinal silhouette is obscured

Lungs and pleura: Interval increase in bilateral pleural effusions and findings suggestive of pulmonary edema. Superimposed infection or aspiration cannot be excluded. No pneumothorax

Bones/soft tissue: Unchanged.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Hypoxemia [R09.02 (ICD-10-CM)]

Signed

Electronically signed by Chalian, Hamid, MD on 2/23/25 at 1201 PST

XR Femur 2 Vw Right (Final result)

Imaging (continued)

Electronically signed by: **Paul, Sharmila, MD on 03/05/25 2203** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Paul, Sharmila, MD 03/05/25 2203 Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD Ordering mode: Standard
Frequency: Urgent (Imaging Only) Once 03/05/25 2203 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Paul, Sharmila, MD (auto-released) 3/5/2025 10:03 PM
Diagnoses
Pain in right leg [M79.604]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall, now pain with moving leg, concern about hip vs femur fracture.
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	3/5/2025 10:10 PM UWRAD1 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/06/25 1011, Result status: Final result

Ordering provider: Paul, Sharmila, MD 03/05/25 2203 Order status: Completed
Resulted by: Rich, Natalie, MD Filed by: Interface, Radiology Results In 03/06/25 1014
Performed: 03/05/25 2225 - 03/05/25 2239 Accession number: 48266222
Resulting lab: UW RADIOLOGY
Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW

CLINICAL INDICATION:
fall, now pain with moving leg, concern about hip vs femur fracture.

COMPARISON:

Imaging (continued)

CT abdomen pelvis dated 2/19/2025.

FINDINGS AND
Impression:
PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain in right leg [M79.604 (ICD-10-CM)]

Signed

Electronically signed by Rich, Natalie, MD on 3/6/25 at 1011 PST

XR Pelvis 1-2 Vw (Final result)

Electronically signed by: **Paul, Sharmila, MD on 03/05/25 2203** Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Paul, Sharmila, MD 03/05/25 2203 Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD Ordering mode: Standard
Frequency: Urgent (Imaging Only) Once 03/05/25 2203 - 1 occurrence Class: Hospital Performed
Quantity: 1 Lab status: Final result
Instance released by: Paul, Sharmila, MD (auto-released) 3/5/2025 10:03 PM
Diagnoses
Pain of right lower extremity [M79.604]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	fall, now pain with moving leg, concern about hip vs femur fracture.
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	Yes
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR PELVIS 1-2 VW	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	3/5/2025 10:10 PM UWRAD1 UWMC RAD XR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Pelvis 1-2 Vw Resulted: 03/06/25 1011, Result status: Final result

Ordering provider: Paul, Sharmila, MD 03/05/25 2203
Resulted by: Rich, Natalie, MD
Performed: 03/05/25 2225 - 03/05/25 2239
Resulting lab: UW RADIOLOGY
Order status: Completed
Filed by: Interface, Radiology Results In 03/06/25 1014
Accession number: 48266224

Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT, XR PELVIS 1-2 VW

CLINICAL INDICATION:
fall, now pain with moving leg, concern about hip vs femur fracture.

COMPARISON:
CT abdomen pelvis dated 2/19/2025.

FINDINGS AND
Impression:
PELVIS: Acute comminuted impacted peri-implant right femur fracture with varus angulation. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Moderate left hip osteoarthritis. Diffuse osseous demineralization limits evaluation for nondisplaced fractures. Vascular calcifications.

RIGHT FEMUR: Acute comminuted peri-implant femur fracture with varus angulation and up to 8 cm of impaction. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Diffuse osseous demineralization. Vascular calcifications. Limited evaluation of the contralateral left lower extremity demonstrates an above knee amputation.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Pain of right lower extremity [M79.604 (ICD-10-CM)]

Signed

Electronically signed by Rich, Natalie, MD on 3/6/25 at 1011 PST

XR Femur 2 Vw Right (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637** Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Frequency: Routine Once 03/13/25 1000 - 1 occurrence
Quantity: 1
Class: Hospital Performed
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 0745 for Placing Order
Diagnoses
Acute fracture [T14.8XXA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	assess evolution of R femoral fracture
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Paul, Sharmila, MD 206-744-8513 206-314-4127	Abay, Rebecca Joyce Yared, MD 206-598-5160 206-540-5165	

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 - LOG1625428	BOSTON SCIENTIFIC	L310	926607	
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465	

Indications

Acute fracture [T14.8XXA (ICD-10-CM)]

XR Femur 2 Vw Right (Final result)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1724**
Status: **Completed**
This order may be acted on in another encounter.
Ordering user: Barnes, James Irvin, MD 03/06/25 1724
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/06/25 1725 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Lab status: Final result
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 5:24 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

Diagnoses
Acute fracture [T14.8XXA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	Patient's son rotated leg interanllyt after last xray, to see if aligned ok
What is the patient's sedation requirement?	None
Should this exam be performed on a portable machine?	No
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female

MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW RIGHT	Barnes, James Irvin, MD 206-598-3300 206-998-1235	Barnes, James Irvin, MD 206-598-3300 206-998-1235	3/6/2025 5:40 PM UWRAD4 UWMC RAD XR

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

End Exam Questions

	Answer	Comment
If the study does not require radiologist read please enter "No" in this field. This will allow the order to auto advance to final.		

XR Femur 2 Vw Right Resulted: 03/07/25 1805, Result status: Final result

Ordering provider: Barnes, James Irvin, MD 03/06/25 1724
Resulted by:
Rehwald, Christine Marie, MD
Kamalapathy, Pramod, MD
Performed: 03/06/25 1821 - 03/06/25 1838
Resulting lab: UW RADIOLOGY

Order status: Completed
Filed by: Interface, Radiology Results In 03/07/25 1808

Accession number: 48290574

Narrative:
EXAMINATION:
XR FEMUR 2 VW RIGHT

CLINICAL INDICATION:
Patient's son rotated leg interanllyt after last xray, to see if aligned ok

COMPARISON:
March 5, 2025

FINDINGS AND
Impression:
Redemonstration of the peri-implant femur fracture with decreased angulation. Similar shortening and anterior translation by one half shaft width. Prior ORIF of the right femoral neck and plate and screw fixation of the right femoral shaft. Prominent screw head of the proximal most lateral femoral plate. Diffuse osseous demineralization. Vascular calcifications.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

I have personally reviewed the images and agree with the report (or as edited).

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - UW RAD	UW RADIOLOGY	Unknown	UW Medical Center Seattle WA	07/27/99 0100 - Present

Indications

Acute fracture [T14.8XXA (ICD-10-CM)]

Signed

Electronically signed by Rehwald, Christine Marie, MD on 3/7/25 at 1805 PST

XR Femur 2 Vw Bilat (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1909** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1909
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/07/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Ancillary Performed
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA]

Questionnaire

Question	Answer
Reason for exam (include signs, symptoms, diagnosis, and medical history)?	3/13/25 Femur fracture f/u imaging as requested for this date by orthopedic surgery team
Does the patient require sedation or anesthesia?	None
Release Result to Patient	Immediate

Screening Form

General Information

Patient Name: Hoffman, Jeanne Leonie
Date of Birth: 1/6/1925
Sex Assigned at Birth: Female
MRN: U8170135
Home Phone: 206-780-6885
Work Phone: 206-000-0000
Mobile: **206-280-1287**

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR FEMUR 2 VW BILAT	Barnes, James Irvin, MD 206-598-3300 206-998-1235	Barnes, James Irvin, MD 206-598-3300 206-998-1235	

Screening Form Questions

No questionnaires are associated with this screening form.

LMP/OB Status

OB Status
Postmenopausal

Implants

	Manufacturer	Model Number	Serial Number	MRI Safety Status
PACEMAKER MRI SINGLE CHAMBER ACCOLADE SR - S926607 -	BOSTON SCIENTIFIC	L310	926607	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Imaging (continued)

LOG1625428			
LEAD PACEMAKER 52CM INGEVITY+ AF ISI - S1549465 - LOG1625428	BOSTON SCIENTIFIC	7841	1549465

Indications

Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA (ICD-10-CM)]

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2584787	—	—	01/09/25 1034

EKG 12-Lead Resulted: 01/13/25 1234, Result status: Final result

Ordering provider: Vrablik, Marie Clougherty, MD 01/09/25 1035
Order status: Completed
Resulted by: Chatterjee, Neal Anjan, MD
Filed by: Interface, Muse Cupid Results In 01/13/25 1234
Collected by: 01/09/25 1034
Resulting lab: UWM EKG
Lab Technician: RAMUS
Narrative:
MARKED SINUS BRADYCARDIA WITH 1ST DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:02,
PREMATURE VENTRICULAR COMPLEXES ARE NO LONGER PRESENT
PR INTERVAL HAS INCREASED
VENT. RATE HAS DECREASED BY 33 BPM
RIGHT BUNDLE BRANCH BLOCK IS NOW PRESENT
Confirmed by CHATTERJEE, M.D., NEAL (5100) on 1/13/2025 12:34:32 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	42	BPM	—	79
Atrial Rate	42	BPM	—	79
P-R Interval	254	ms	—	79
QRS Duration	120	ms	—	79
Q-T Interval	554	ms	—	79
QTC Calculation	462	ms	—	79
P Axis	74	degrees	—	79
R Axis	0	degrees	—	79
T Axis	25	degrees	—	79

View Report (below)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 10:34:54 UW MEDICINE-UED ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

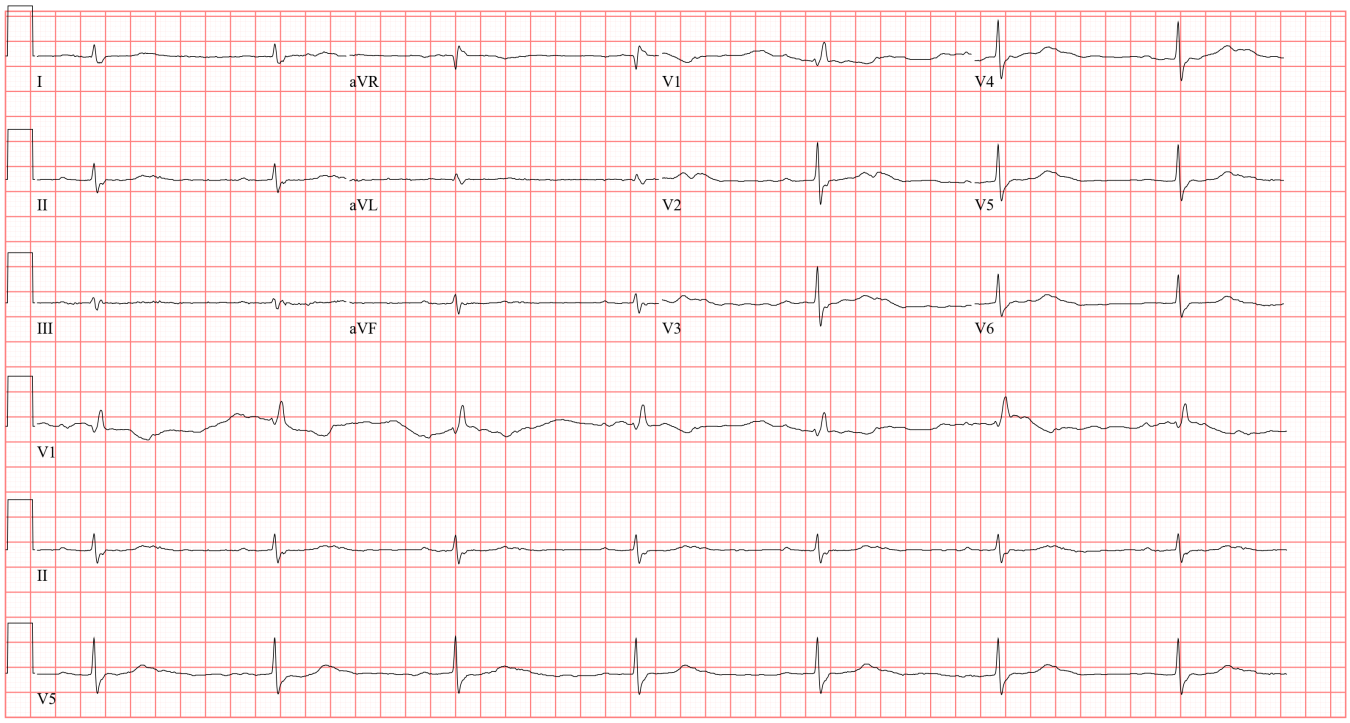
Room:ED02
Loc:1

Vent. rate	42	BPM
PR interval	254	ms
QRS duration	120	ms
QT/QTc	554/462	ms
P-R-T axes	74 0	25

MARKED SINUS BRADYCARDIA WITH 1ST DEGREE AV BLOCK
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 23-NOV-2023 02:02,
PREMATURE VENTRICULAR COMPLEXES ARE NO LONGER PRESENT
PR INTERVAL HAS INCREASED
VENT. RATE HAS DECREASED BY 33 BPM
RIGHT BUNDLE BRANCH BLOCK IS NOW PRESENT
Confirmed by CHATTERJEE, M.D., NEAL (5100) on 1/13/2025 12:34:32 PM

Technician: RAMUS
Test ind:

Confirmed By: NEAL CHATTERJEE, M.D.



25mm/s 10mm/mV 40Hz 9.0.9 12SL 243 CID: 1

EID:5100 EDT: 12:34 13-JAN-2025 ORDER:E360190418 ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Chatterjee, Neal Anjan, MD on 1/13/25 at 1234 PST

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2587155	—	—	01/13/25 1842

EKG 12-Lead Resulted: 01/14/25 2223, Result status: Final result

Ordering provider: Bevan, Graham Howard, MD 01/13/25 1837
Resulted by: Linker, David T, MD
Collected by: 01/13/25 1842
Lab Technician: LE

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/14/25 2223
Resulting lab: UWM EKG

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

Narrative:
VENTRICULAR-PACED RHYTHM
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 10-JAN-2025 12:16,
ELECTRONIC VENTRICULAR PACEMAKER HAS REPLACED SINUS RHYTHM
VENT. RATE HAS INCREASED BY 37 BPM
Confirmed by LINKER MD, DAVID (1024) on 1/14/2025 10:22:54 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	70	BPM	—	79
Atrial Rate	15	BPM	—	79
QRS Duration	180	ms	—	79
Q-T Interval	482	ms	—	79
QTC Calculation	520	ms	—	79
R Axis	-65	degrees	—	79
T Axis	96	degrees	—	79

View Report (below)

HOFFMAN, JEANNE ID:U8170135 13-JAN-2025 18:42:48 UW MEDICINE-U5SA ROUTINE RECORD

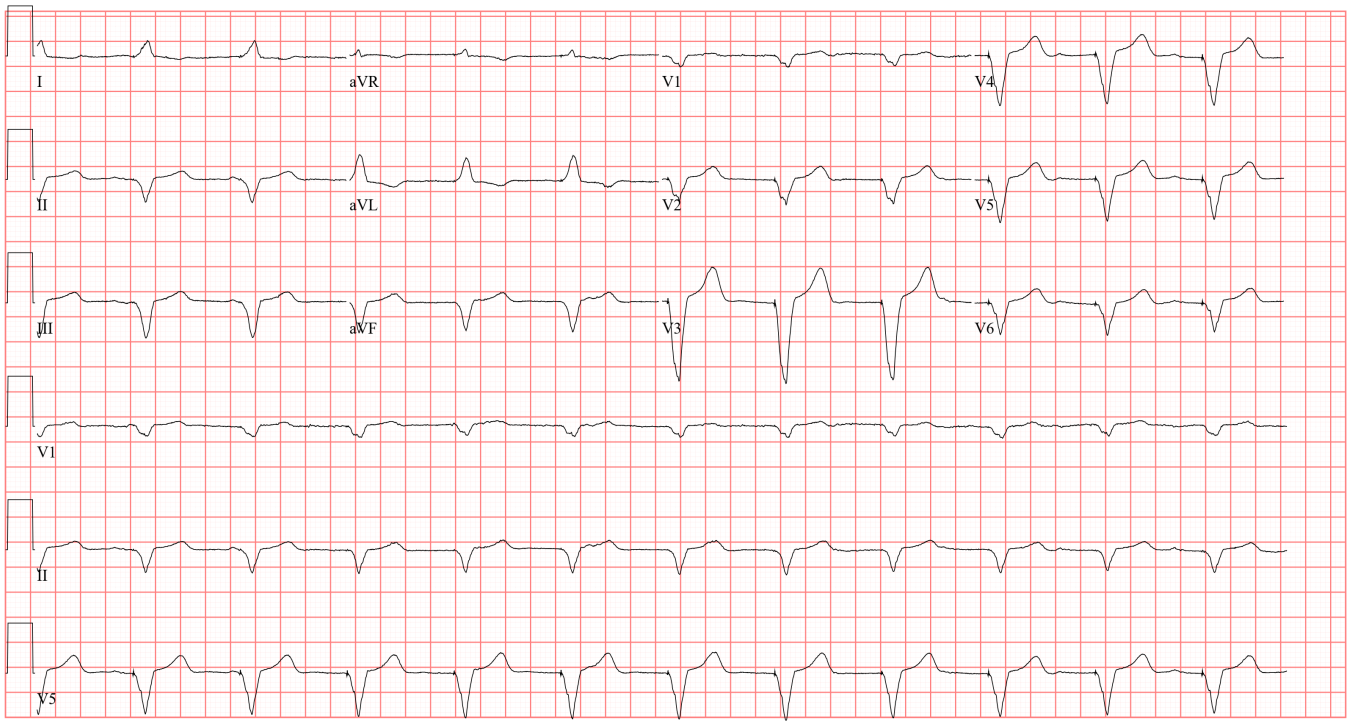
06-JAN-1925 (100 yr)
Female Caucasian
Room:5420
Loc:64

Vent. rate	70	BPM
PR interval	*	ms
QRS duration	180	ms
QT/QTc	482/520	ms
P-R-T axes	* -65	96

VENTRICULAR-PACED RHYTHM
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 10-JAN-2025 12:16,
ELECTRONIC VENTRICULAR PACEMAKER HAS REPLACED SINUS RHYTHM
VENT. RATE HAS INCREASED BY 37 BPM
Confirmed by LINKER MD, DAVID (1024) on 1/14/2025 10:22:54 PM

Technician: LE
Test ind:POST PROC

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 22:22 14-JAN-2025 ORDER:E361071311 ACCOUNT: 1930821112

Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Procedures (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Signed

Electronically signed by Linker, David T, MD on 1/14/25 at 2223 PST

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292

Surgery Information

General Information

Date: 1/9/2025
Location: UWMC MAIN OR
Patient class: Inpatient
Time: 1405
Room: M-06
Case classification: 2. OR: <2 Hrs Emergent
Status: Posted
Service: Vascular

Diagnosis Information

Diagnosis
Acute lower limb ischemia

Panel Information

Panel 1

Surgeon	Role	Service	Start Time	End Time
Smith, Matthew C, MD	Primary	Vascular		
Schwarz, Samuel, MD	Resident - Assisting	Vascular		

Procedure: AMPUTATION, ABOVE KNEE [27590 (CPT®)]

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
Left	Class I/ Clean		General	Thigh	68

AMPUTATION, ABOVE KNEE (Left) - Position 1

Body: **Supine**
Table OR Maquete Magnus, Mepilex, Safety Strap

Left Arm: **Extended less than 90 degrees**
Armboard w/ Eggcrate Foam, Webril Wrap

Right Arm: **Extended less than 90 degrees**
Armboard w/ Eggcrate Foam, Webril Wrap

Head: **Aligned**
Headrest Gel Oasis

Left Leg: **Straight**

Right Leg: **Straight**

Positioned by: **Leefeldt, Shenoa, RN**
Dugan, Kathleen G, RN
Schwarz, Samuel, MD
Smith, Matthew C, MD
Czarnecki, Maciej, MD
Bollag, Laurent Albert, MD

Comments:

Case Completion - Additional Information

Destination: E2

Pre-op diagnosis

Acute lower limb ischemia [I99.8]

Post-op diagnosis

None

Verification Information

Staff Member	Date	Time
Quinlan, Sean, RN	1/10/2025	7:19 AM

Timeouts

Ha, Justin, RN at Thu Jan 9, 2025 1649 PST

Timeout Details

Timeout type: Preprocedure

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (continued)

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Correct equipment? Yes
Correct procedure? Yes
Site marked? Yes
H&P note completed? Yes
Consents verified? Yes
Relevant lab results available? Yes
Allergies reviewed? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1649 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1526 PST

Timeout Details

Timeout type: Sign-in

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Correct equipment? Yes
Site marked? Yes
Relevant lab results available? Yes
Allergies reviewed? Yes
Is there risk of high blood loss? **Yes**
Are there adequate fluids available to replenish high blood loss? N/A
Have surgical team concerns been reviewed? Yes
Are the medications available on the surgical field? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1526 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1620 PST

Timeout Details

Timeout type: Pre-incision

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Correct patient? Yes
Site marked? Yes
Surgeon ready? N/A
Have all team members been introduced? Yes
Has the surgeon reviewed the critical steps? Yes
Has the nursing team reviewed the sterility? Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1620292 (continued)

Has the nursing staff reviewed the equipment for potential problems? Yes
Radiology images and results available? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1620 PST	Thu Jan 9, 2025 1649 PST

Ha, Justin, RN at Thu Jan 9, 2025 1716 PST

Timeout Details

Timeout type: Sign-out

Procedures

Panel 1: Left AMPUTATION, ABOVE KNEE with Smith, Matthew C, MD

Timeout Questions

Has the anesthesiologist reviewed the patient? Yes
Are counts correct? Yes
Have specimens been labeled? Yes
Have all new equipment problems been addressed? Yes
Have all recovery issues been reviewed? Yes

Signing History

Staff	Performed	Signed
Ha, Justin, RN	Thu Jan 9, 2025 1716 PST	Thu Jan 9, 2025 1716 PST

Notes

Anesthesia Postprocedure Evaluation

Lee, Christopher Ryan, MD at 1/9/2025 1945

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/9/2025	Room/Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Start: 3:16 PM	Anesthesia Stop: 5:54 PM
Procedure(s): AMPUTATION, ABOVE KNEE	Post-op Diagnosis * Acute lower limb ischemia [I99.8]
Responsible Provider: Lee, Christopher Ryan, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	135/35	01/09/25 1930
Temp	36 °C	01/09/25 1750
Pulse	39	01/09/25 1944
SpO2	100 %	01/09/25 1944

Vitals shown include unfiled device data.

Place of evaluation: PACU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Lee, Christopher Ryan, MD at 1/9/2025 7:47 PM

Anesthesia Preprocedure Evaluation

Czarnecki, Maciej, MD at 1/9/2025 1356

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/09/25 1405
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Location: UWMC MAIN OR 06 / UWMC MAIN OR
Surgeons: Smith, Matthew C, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds presenting for emergent left AKA.

Relevant Problems

Pulmonary

(+) Community acquired bacterial pneumonia

Cardio

(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT

(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology

(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

- aspirin, 81 mg, Daily

Continuous
- [Held By Provider] heparin, 0-35 Units/kg/hr (Dosing Weight), Continuous, Last Rate: Stopped (01/09/25 1434)

PRN
REM

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Rhythm: Regular
Rate: Abnormal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Cp marginally compensated. Confused, but can communicated with her son, which is present.

Labs: (*last year*)

BMP			CBC/Coags		
Na	144	1/9/2025	Hb	12.3	1/9/2025
K	4.0	1/9/2025	HCT	39	1/9/2025
Cl	109 (H)	1/9/2025	WBC	13.85 (H)	1/9/2025
HCO3	25	1/9/2025	PLT	205	1/9/2025
BUN	25 (H)	1/9/2025	INR	1.1	1/9/2025
Cr	1.10 (H)	1/9/2025	PT	14.1	1/9/2025
Glu	183 (H)	1/9/2025	PTT	-	-

Misc					
eGFR	45 (L)	1/9/2025	MCV	98	1/9/2025
A1C	6.3 (H)	2/14/2024	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

Relevant procedures / diagnostic studies: none

Cardiac

EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Preoperative Discussion: **PMHx and PSHx as above, verified NPO within guidelines.**

Discussed anesthetic plan of General Anesthesia. Discussed risks including; risks associated with airway placement, PONV, pulmonary complications, MI, or cardiac arrest. Discussed in detail that given pts advanced age, and PMHx there is an elevated risk of cardiac arrest. Patient and family in understanding. Discussed that family and patient wishes all measures to be taken in event of arrest. All patient questions answered. Patient and decision maker in agreement to proceed.

Informed Consent:
Anesthesia Plan discussed with:
Patient and child
Use of blood products:
Consented
Discussed with: **patient and child**
ASA Score:
ASA: **4**
Planned Anesthetic Type:
general

Electronically signed by Bollag, Laurent Albert, MD at 1/9/2025 4:55 PM

Anesthesia Procedure Notes

Houston, Nicklaus, MD at 1/9/2025 1621

Procedure Orders
1. Nerve Block [360324135] ordered by Houston, Nicklaus, MD

Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available
Medication syringes labeled
Monitoring in place

Block type:
Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:
1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin. Catheter site confirmed with US and secured with dermabond + tegaderm after tunneling.

Electronically signed by Houston, Nicklaus, MD at 1/9/2025 4:25 PM

Czarnecki, Maciej, MD at 1/9/2025 1648

Procedure Orders
1. Airway Placement [360331968] ordered by Czarnecki, Maciej, MD

Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type**:** i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Electronically signed by Czarnecki, Maciej, MD at 1/9/2025 4:50 PM

Brief Op Note

Schwarz, Samuel, MD at 1/9/2025 1621

Immediate Brief Operative Note

Jeanne Leonie Hoffman - DOB: 1/6/1925 (100 year old female) MRN: U8170135
Procedure Date: 01/09/2025 | Location:UWMC MAIN OR

PROCEDURE DETAILS	
Procedure Team:	**Primary: Smith, Matthew C, MD**

	Resident - Assisting: Schwarz, Samuel, MD
Procedure(s):	AMPUTATION, ABOVE KNEE - Left
Pre Procedure Diagnosis:	Acute lower limb ischemia [I99.8]
Post Procedure Diagnosis:	* Acute lower limb ischemia [I99.8]

PROCEDURE SUMMARY

Anesthesia: General
Estimated Blood Loss: 50 mL

Wound Closure: Primary Closure (Primary Intention)
Wound Class: Procedure(s):
AMPUTATION, ABOVE KNEE - Wound Class: Class I/ Clean

SPECIMENS:

ID	Type	Source	Tests	Collected by	Time
1 : Left leg and left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1650
2 : left leg thrombus	Tissue	Leg, Left	PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/2025 1714

FINDINGS

- PNC placed pre-op
- Above-knee amputation with little blood loss
- Closed with 3 layers sutures; staples for skin
- Patient extubated in OR without issue
-

POST OP PLAN

- Admit CT ICU
- Bed rest overnight; will be NWB LLE once able to get up
- Dressing management per vascular - dressings down POD4
- Ok for CLD, will advance in AM
- Insulin gtt for BG management; ok to transition to SQI once up in ICU
- SBP 100-160
- Cardiology consulted for bradycardia to 20s with 2nd degree AVB
- TTE needed for completion of embolic workup; ok to be done in AM unless cardiology would like it done sooner
- Hold AC until tomorrow AM at which point Hep gtt will resume

SIGNED
Sam Schwarz, MD (PGY-3)
Integrated Vascular Surgery

Electronically signed by Schwarz, Samuel, MD at 1/9/2025 7:14 PM
Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:35 PM

Op Note

Smith, Matthew C, MD at 1/9/2025 1621

Operative Note

Surgeon:
Matthew C Smith, MD PhD

Assistant:
Schwarz ,MD Resident

Date: 1/9/2025 **Location:** UWMC MAIN OR

Name: Jeanne Leonie Hoffman, **DOB:** 1/6/1925, **MRN:** U8170135

Pre Procedure Diagnosis
Pre-op Diagnosis
* Acute lower limb ischemia [I99.8]

Post Procedure Diagnosis
Post-op Diagnosis
* Acute lower limb ischemia [I99.8]

Procedures:
Left above knee amputation

Procedure Summary
Anesthesia: General **ASA:** IV

Indications: Jeanne Leonie Hoffman is a 100 year old female who presents with Rutherford class III acute limb ischemia presenting with an insensate left lower extremity at the level of the high shin on the left which has been going on for somewhere between 2 weeks and 2 days. As the patient is a relatively poor historian. She had no motor function or distal leg. I offered her the options of palliative pain control versus an above-knee amputation and counseled her on a very high risk of mortality in either case as well as severe disability from the amputation. The patient and her son understood this and wished to proceed with amputation.

Findings: Amputation of left leg above the knee

Procedure Details: After obtaining informed consent in the preoperative care unit the patient was brought to the operating room was placed in a comfortable supine position on the operating room table. A timeout was performed indicating the appropriate patient, left above-knee amputation as the procedure and need for preoperative antibiotics. General and regional anesthesia was induced and the left leg an incision was made just above the kneecap on the left leg was prepped and draped in the usual sterile fashion. And Bovie cautery was used to carry the dissection down through subcutaneous tissues including the muscle. This was carried down to the level of the bone circumferentially. The muscle appeared healthy and there was a small amount of bleeding in both muscle and fat tissues. The bone was transected with an oscillating bone saw the femoral vessels were then controlled and independently ligated. The femoral nerve was identified and injected with additional ropivacaine and tied off using a 2 oh tie. I then used Bovie to transect the remainder of the muscular attachments in the posterior leg. The wound was irrigated and then closed in

multiple layers using 2-0 and 3-0 Vicryl followed by staples at the skin. The wound was dressed in Xeroform, Kerlix and an Ace wrap

As the attending surgeon, I was present and scrubbed for the entire case, all needle, sponge and instrument counts were correct at the end of the procedure.

Drains:

Urethral Catheter 01/09/25 (Active)

Site Assessment	Skin intact	01/10/25 0800
Care & Maintenance	Bag emptied	01/10/25 1400
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	01/10/25 0800
Securement Method	Right thigh	01/10/25 0800
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	01/10/25 0800
Output (mL)	90 mL	01/10/25 1600

Specimens

ID	Source	Type	Tests	Collected By	Collected At	Frozen?	Priority	Lab ID
1	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1650	No	Routine	SU25-01173
	Description: Left leg and left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							
2	Leg, Left	Tissue	• PATHOLOGY, SURGICAL	Smith, Matthew C, MD	1/9/25 1714	No	Routine	SU25-01173
	Description: left leg thrombus Comment: Pre-op diagnosis: Acute lower limb ischemia [I99.8]							

Complications: None.

Estimated Blood Loss: 20 mL

Condition: stable

Electronically signed by Smith, Matthew C, MD at 1/10/2025 5:34 PM

Procedure Nursing Note

Forsyth, Kevin K, RN at 1/9/2025 1621

Pt stable in the PACU with bradycardia in the 35-38. Pt denied pain. Dressing CDI. Pt transferred to 5SA. On transport pt HR went down to 24, but pt still mentating. Bedside report given to 5SA RN.

Electronically signed by Forsyth, Kevin K, RN at 1/9/2025 7:51 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623029

Surgery Information

General Information

Date: 1/10/2025
Location: UWMC CARDIAC CATH LAB
Patient class: Inpatient
Time: 1237
Room: CL 1
Case classification: CV: Routine Add-On - Inpatient
Status: Posted
Service: Cathlab

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Ayyoub, Alaa Samih, MD	Primary	Cathlab		1327
Abera, Seifu Mengesha, MD	Fellow - Assisting	Cathlab		

Procedure: Temp Pacing Wire: Cath

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A			Moderate Sedation		60

Procedure: Central Line Placement

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A					

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

Bradycardia [R00.1]

Log Completed By

Jensen, Craig, Technologist	1/10/2025	1335

Timeouts

Henry, Melissa Marie, RN at Fri Jan 10, 2025 1309 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Temp Pacing Wire: Cath with Ayyoub, Alaa Samih, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Antibiotics ordered and given? Yes
H&P note completed? Yes
Consents verified? Yes
Radiology studies available? Yes

Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes
Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
Henry, Melissa Marie, RN	Fri Jan 10, 2025 1309 PST	Fri Jan 10, 2025 1309 PST

Henry, Melissa Marie, RN at Fri Jan 10, 2025 1309 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Temp Pacing Wire: Cath with Ayyoub, Alaa Samih, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
Henry, Melissa Marie, RN	Fri Jan 10, 2025 1309 PST	Fri Jan 10, 2025 1309 PST

Notes

H&P

Ayyoub, Alaa Samih, MD at 1/10/2025 1302

Moderate Sedation Pre-Procedure Assessment/H&P

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 0900) **BP:** **(!) 140/0** (01/10/25 1240) **HR:** **(!) 37** (01/10/25 1240) **RR:** 20 (01/10/25 0900) **SpO2:** 100 % (01/10/25 1240) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623029 (continued)

Component	Value	Date
WBC	12.54 (H)	01/10/2025
HEMOGLOBIN	9.4 (L)	01/10/2025
HEMATOCRIT	30 (L)	01/10/2025
PLATELET	123 (L)	01/10/2025
SODIUM	142	01/10/2025
POTASSIUM	4.0	01/10/2025
BUN	19	01/10/2025
CREATININE	0.75	01/10/2025
GLUCOSE	152 (H)	01/10/2025
INR	1.1	01/09/2025
PROTIME	14.1	01/09/2025
PTT	32	05/27/2020
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure
No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia

- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 9 mcg/kg/min (01/10/25 1241)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN

- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway
Mallampati:: II

Cardiovascular
Rhythm:: Regular
Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:03 PM

H&P (View-Only)

Gicheru, Florence W, ARNP at 1/9/2025 2256

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management
Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:

alert
no acute distress

Eyes:
Pupils: Normal

Cardiovascular:
bradycardia
irregular rhythm

Pulmonary:
effort normal

Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC	LFT		Gases, other	
144	110	19		10.1	AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4 >< 165 8	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
eGFR: 56	Ca: 8.0			32	Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1	PO4: 3.1			ANC: 11.19 ALC: 1.74			BNP: - INR: 1.1	Anti-Xa: -

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted

for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

Interval H&P Note

Ayyoub, Alaa Samih, MD at 1/10/2025 1300

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 1:02 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management

Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD
Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27.
APS is consulted for complex post-operative pain management, including PNC management

Subjective

SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
Per Dr. Sonderman's note dated 1/9/25:
Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

Source	Status	Last Checked for Updates
WA PDMP	Patient Not Found	1/9/2025 10:15 AM

WA PMP Medication Dispense History
No medication dispenses to display (since 1/15/2024). Last query status: Patient Not Found.

Objective

OBJECTIVE

T: (P) 36.9 °C (01/09/25 1026) **BP:** **(!) (P) 152/54** (01/09/25 1026) **HR:** **(!) (P) 41** (01/09/25 1026) **RR:** (P) 16 (01/09/25 1026) **SpO2:** (P) 99 % (01/09/25 1026) Room air
Vitals (Most recent in last 24 hrs)
T: 36.2 °C (01/09/25 2000) **BP:** **(!) 121/29** (01/09/25 2200) **HR:** **(!) 32** (01/09/25 2200) **RR:** 16 (01/09/25 2200) **SpO2:** 100 % (01/09/25 2200) Room air **T range:** Temp Min: 36 °C Max: 36.9 °C Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm

Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding

No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)

Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral
Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						
eGFR: 56		Ca: 8.0		32			Prot: 7.8	Alb: 3.9	Trop I: 0.03	D-dimer: -
Mg: 2.1		PO4: 3.1		ANC: 11.19					BNP: -	Anti-Xa: -
				ALC: 1.74					INR: 1.1	

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

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SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623029 (continued)

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623951

Surgery Information

General Information

Date: 1/10/2025
Location: UWMC CARDIAC CATH LAB
Patient class: Emergency
Time: 1630
Room: Hybrid
Case classification: CV: Emergent - Schedule within 1 hour
Status: Posted
Service: Cathlab

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Ayyoub, Alaa Samih, MD	Primary	Cathlab	1618	1710

Procedure: Temp Pacing Wire: Cath

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A			Local		60

Repositioning of TVP

Procedure: Central Line Placement

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
N/A					

Procedure: Pacemaker Lead Removal - RV

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
			Monitor Anesthesia Care	Heart Electrophysiology	

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

Bradycardia [R00.1]

Log Completed By

Bauer, Zoe Michelle, RN	1/10/2025	1719

Timeouts

McClellan, Kyle D, RN at Fri Jan 10, 2025 1646 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Temp Pacing Wire: Cath with Cupid, Invasive Cardiologist, MD
Repositioning of TVP

Timeout Questions

Antibiotics ordered and given? Yes
H&P note completed? Yes

Consents verified? Yes
Radiology studies available? Yes
Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes
Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
McClellan, Kyle D, RN	Fri Jan 10, 2025 1646 PST	Fri Jan 10, 2025 1646 PST

McClellan, Kyle D, RN at Fri Jan 10, 2025 1646 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Temp Pacing Wire: Cath with Cupid, Invasive Cardiologist, MD
Repositioning of TVP

Timeout Questions

Surgeon ready? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
McClellan, Kyle D, RN	Fri Jan 10, 2025 1646 PST	Fri Jan 10, 2025 1646 PST

Notes

H&P

Ayyoub, Alaa Samih, MD at 1/10/2025 1632

Moderate Sedation Pre-Procedure Assessment/H&P

Temp wire became displaced. Returned to cath lab for repositioning with fluroscopic guidance.

Vitals:

Vitals (Most recent in last 24 hrs)
T: 36.7 °C (01/10/25 1400) **BP:** **(!) 144/35** (01/10/25 1500) **HR:** **(!) 39** (01/10/25 1600) **RR:** 20 (01/10/25 0900) **SpO2:** 98 % (01/10/25 1600) Room air **T range:** Temp Min: 36 °C Max: 36.7 °C Admit weight: 45.5 kg (100 lb 6.4 oz) (01/09/25 1033) Last weight: 45.8 kg (100 lb 15.5 oz) (01/10/25 0600)

Recent Labs

Lab Results

Component	Value	Date
WBC	14.86 (H)	01/10/2025
HEMOGLOBIN	9.9 (L)	01/10/2025
HEMATOCRIT	32 (L)	01/10/2025
PLATELET	181	01/10/2025
SODIUM	140	01/10/2025
POTASSIUM	4.1	01/10/2025
BUN	19	01/10/2025
CREATININE	0.72	01/10/2025
GLUCOSE	130 (H)	01/10/2025
INR	1.1	01/10/2025
PROTIME	14.4	01/10/2025
PTT	26	01/10/2025
AST	48 (H)	01/09/2025
ALT	28	01/09/2025
ALK	69	01/09/2025
ALBUMIN	3.9	01/09/2025

Procedure
No admission procedures for hospital encounter.

Sedation RN Data

Patient Language	English

HISTORY

Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion

- Acute lower limb ischemia
- Bradycardia

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Not Currently

Social History Narrative

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

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.

2019: Lives on Bainbridge Island. Lives with Son.

William E Neighbor, MD

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

Family History

Problem	Relation	Age of Onset
• No Known Problems	Father Mother	

Home Medications

Prescriptions

Cholecalciferol 1000 units Oral Tab
Sig: Take 2 tablets (2,000 units) by mouth daily.

Cyanocobalamin (VITAMIN B-12 OR)
Sig: Take 1 tablet by mouth daily.

MULTIPLE VITAMIN OR
Sig: Take 1 tablet by mouth daily.

Wound Dressings (medihoney) topical gel
Sig: Apply topically daily. Apply to ulcerations on legs. Apply dressing over the Medi Honey.

Wound Dressings (medihoney) topical gel
Sig: Apply topically every other day. Apply to wound before applying dressing

atorvastatin 10 MG tablet
Sig: Take 1 tablet (10 mg) by mouth daily.

lidocaine 4 % patch
Sig: Apply 1 patch onto the skin every 24 hours. Apply to painful area for up to 12 hours in a 24 hour period.

pentoxifylline ER 400 MG ER tablet
Sig: Take 1 tablet (400 mg) by mouth 3 times a day. Take with food.

timolol maleate 0.5 % ophthalmic solution
Sig: instill 1 drop into both eyes twice a day

Additional Comments: None

Inpatient Medications

SCHEDULED MEDICATIONS:
- acetaminophen, 500 mg, q6h
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-4 units, q HS
- insulin LISPRO, 0-5 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

INFUSED MEDICATIONS:
- DOPamine, 0-20 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 5 mcg/kg/min (01/10/25 1600)
- ROPivacaine, , Continuous

PRN MEDICATIONS:
- atropine, 1 mg, q15 min PRN
- [START ON 1/12/2025] bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- HYDROmorphone, 0.1 mg, Q2 Hours PRN
- magnesium sulfate, 2 g, q6h PRN

- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection, 1-10 mL, Once PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- [START ON 1/12/2025] senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Anticoagulants
Is patient on anticoagulation meds?: (not recorded)
Anticoagulation labs and last medication admin verified?: (not recorded)

OB/GYN
Patient Pregnant: N/A
Lactation Status: N/A

NPO Status
Date of Last Liquid: (not recorded)
Time of Last Liquid: (not recorded)
Date of Last Solid: (not recorded)
Time of Last Solid: (not recorded)

Activity Tolerance
Assessment of climbing up 2 flights of stairs: (not recorded)
Assessment of walking 2 blocks: (not recorded)

Escort/Ride Home Info
Escort/Ride home contact name: (not recorded)
Escort/Ride home contact relationship: (not recorded)
Escort/Ride home contact number(s): (not recorded)
Escort/Ride home contact location: (not recorded)

Sedation Provider Statement

I concur with the RN's pre-procedure assessment above.

Physical Exam:

Airway

Cardiovascular

Rate:: Abnormal

Dental

Pulmonary
Normal exam

Neurological
Normal exam

Other Findings

Risk Factors
Status: High: ASA IV Patient with severe systemic disease that is a constant threat to life

Assessment: Okay for sedation

Plan for Sedation: Minimal sedation. None if tolerated

Attestation
I am a Proceduralist (Attending, ARNP, PA-C, FHCC BMA RN) with privileges for moderate sedation.

Assessment Update
Procedure more than 1 hour from above assessment: No changes

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:33 PM

Interval H&P Note

Ayyoub, Alaa Samih, MD at 1/10/2025 1630

H&P reviewed. The patient was evaluated and there are no changes to the H&P.

Electronically signed by Ayyoub, Alaa Samih, MD at 1/10/2025 4:32 PM

Source Note: H&P (View-Only)

Consult Note

Jeanne Leonie Hoffman ("Jeanne") - DOB: 1/6/1925 (100 year old female)
Gender Identity: Female Pronouns: she/her/hers
Admit Date: 1/9/2025
Code Status: Full Code

Inpatient Consult to Pain Management
Consult performed by: Gicheru, Florence W, ARNP
Consult ordered by: Smith, Matthew C, MD

Reason for consult: Complex postoperative pain management requiring PNC for pain medication administration

CHIEF CONCERN / IDENTIFICATION:
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APS is consulted for complex post-operative pain management, including PNC management

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SUBJECTIVE

HISTORY OF PRESENT ILLNESS:
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Patient presented to the ED today with acute limb ischemia. Vascular surgery had extensive goals of care discussion and patient is full code and proceeded to AKA. Pre procedure patient was in sinus brady with rates in 40s, first degree heart block and RBBB. Post procedure, patient had lower heart rates in the 20s-30s. She was alert and asymptomatic throughout, son is at bedside and reported she is at her baseline. She has no history of bradycardia, typical HR at clinic appointments 60s-70s, no recent history of syncope/pre-syncope. No known history of CAD, heart failure. Prior EKG in 11/2023 shows similar 1st degree AV block, RBBB and rates in 60s-70s. She recently went on 50d train trip throughout America and had no medical complications on the entire trip. She has good quality of life and is currently focusing on duration (she wants to meet Al Roker given her 100th birthday).

PAIN ASSESSMENT:
Pain Location:
surgical site: Left lower extremity above the knee amputation site
Pain Severity:
Worst Pain: 0
Least Pain: 0
Pain Intensity and Patient Reported Outcomes:
Pain control: well controlled
Patient Reported Treatment Side Effects:
No Nausea:
No itching

ALLERGIES:
Adhesives, Aspirin, Nitrofurantoin, Penicillins, and Sulfa antibiotics

HISTORY REVIEWED:
I have reviewed the patient's social history with the patient.

Past Pain/Substance Use History: Notable opioid related events Multiple narcan events at home and inpatient per family

Up to date information could not be retrieved from the PDMP.

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T range: Temp Min: 36 °C Max: 36.9 °C
Wt 100 lb 6.4 oz (45.541 kg) (no height taken for this visit) Body mass index is 19.61 kg/m².

Physical Exam:
vitals reviewed
Constitutional:
alert
no acute distress
Eyes:
Pupils: Normal
Cardiovascular:
bradycardia
irregular rhythm
Pulmonary:
effort normal
Musculoskeletal:
LLE surgical site covered with sexual dressing

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm (Active)
Placement Date/Time: 01/09/25 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm

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Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm (Active)
Placement Date/Time: 01/09/25 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm

Urethral Catheter 01/09/25 (Active)
Placement Date/Time: 01/09/25 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes

PNC 1
Location: Left Femoral
Depth at Skin: 15 cm.
Clean/Dry/Intact
No Erythema
No Bleeding
No Pain of Palpation

Peripheral Nerve Catheter 01/09/25 Femoral (Active)
Placement Date/Time: 01/09/25 (c) 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing

Labs (*last 24 hours*):

Chemistries				CBC			LFT		Gases, other	
144	110	19		10.1			AST: 48	ALT: 28	-/-/-/- | -/-/-/-	
4.5	24	0.92	125	12.4	><	165	AP: 69	T bili: 0.5	Lact (a): -	Lact (v): 1.6
				8						

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1623951 (continued)

eGFR: 56	Ca: 8.0	32	Prot: 7.8	Alb: 3.9	Trop I: 0.03 D-dimer: -
Mg: 2.1	PO4: 3.1	ANC: 11.19			BNP: - Anti-Xa: -
		ALC: 1.74			INR: 1.1

Assessment/Plan

ASSESSMENT/PLAN

Jeanne Leonie Hoffman is a 100 year old female with hx of HTN, T2DM, HLD, prior DVT (previously on warfarin) who is admitted for acute ischemic limb. She is now s/p above knee LLE amputation on 1/9/27. He postoperative course is complicated by sinus brady with ower heart rates in the 20s-30s, previously 40s pre-procedure, first degree heart block and RBBB.

APS is consulted for complex post-operative pain management, including PNC management

Pt. Seen at this time in the ICU. She is inially sleeping but later wakes up. She is HOH but responds appropriately to simple questions written on a board. Her son, also her caregiver, is at bedside and a good historian. Son reports that in 2023, pt. Was on opioids for chronic pain but had a number of narcan events at home, at which point all opioids were discontinued. She also had a narcan event during her most recent hospitalization. Pt. Consequently started using Tylenol but must have taken "one too many," which resulted in Acetaminophen toxicity per son. She has since been using positioning and activity to help with the pain.

Pt. Denies any pain at this time. She is on a PNC Ropivacaine 0.2% continuous infusion at 8ml/hr for pain. Per RN, she was unable to swallow any medications this evening hence low dose Acetaminophen IV ordered. Contacted the primary team to determine if the pt. Is a candidate for NSAIDS for pain management for which she is not due to a drop in HCT, currently 32% per lab review. Pt. Discussed with attending due to the significant hx. Of opioid adverse effects and limitation of non-opioid medications due to her hx. And labs. Plan at this time is to cautiously and use low dose opioids for pain and make adjustments as needed for pain and safety. HM 0.1mg IV q2hrs PRN ordered. Pt. Is not a candidate for PCA at this time.

Pt. Sleeping when checked on overnight. Pain appears to be well controlled with no PRN use/administered thus far

0430: Pain remains well controlled with PNC Ropivacaine@8ml/hr. Has not required PRN pain medication.

Today's Plan (Changes in bold):

01/09/25: Left Femoral PNC, 15cm @skin

CONT:
Ropivacaine 0.2% @8ml/hr

SCH:
APAP 500mg IV q6hrs

PRN:
HM 0.1mg IV q2hrs PRN

Discussed With: Pt. Family, RN, primary team and APS attending

APS will continue to follow. Please do not make any changes to pain medication orders without discussing with our team. Please contact us with any additional questions or concerns.

Electronically signed by Gicheru, Florence W, ARNP at 1/10/2025 5:04 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428

Surgery Information

General Information

Date: 1/13/2025
Time: 1505
Status: Posted
Location: UWMC ELECTROPHYSIOLOGY LAB
Room: EP 1
Service: Electrophysiology
Patient class: Inpatient
Case classification:

Diagnosis Information

Diagnosis
Bradycardia

Panel Information

Panel 1

Provider	Role	Service	Start Time	End Time
Akoum, Nazem Walid, MD	Primary	Electrophysiology	1552	1700
Bevan, Graham Howard, MD	Fellow - Assisting	Cardiovascular	1552	

Procedure: Pacemaker Initial Implant - Single Chamber

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
Left			Monitor Anesthesia Care	Heart Electrophysiology	55

Case Completion - Additional Information

Pre-op diagnosis

Bradycardia [R00.1]

Post-op diagnosis

None

Log Completed By

Singsaas, Julie M, RN	1/13/2025	1709

Timeouts

Singsaas, Julie M, RN at Mon Jan 13, 2025 1603 PST

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: Left Pacemaker Initial Implant - Single Chamber with Akoum, Nazem Walid, MD

Timeout Questions

Correct patient? Yes
Correct site? Yes
Correct side? Yes
Correct position? Yes
Correct procedure? Yes
Site marked? Yes
Antibiotics ordered and given? Yes
H&P note completed? Yes
Consents verified? Yes
Radiology studies available? Yes
Relevant lab results available? Yes
Safety precautions reviewed? Yes
Allergies reviewed? Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428 (continued)

Have all team members been introduced? Yes

Signing History

Staff	Performed	Signed
Singsaas, Julie M, RN	Mon Jan 13, 2025 1603 PST	Mon Jan 13, 2025 1610 PST

Singsaas, Julie M, RN at Mon Jan 13, 2025 1618 PST

Timeout Details

Timeout type: Final Verification

Procedures

Panel 1: Left Pacemaker Initial Implant - Single Chamber with Akoum, Nazem Walid, MD

Timeout Questions

Surgeon ready? Yes
Have all team members been introduced? Yes
Has the nursing staff reviewed the equipment for potential problems? Yes

Signing History

Staff	Performed	Signed
Singsaas, Julie M, RN	Mon Jan 13, 2025 1618 PST	Mon Jan 13, 2025 1618 PST

Notes

Anesthesia Postprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1726

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/13/2025	Room/Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Anesthesia Start: 3:42 PM	Anesthesia Stop:
Procedure(s): Pacemaker Initial Implant - Single Chamber	Post-op Diagnosis * Bradycardia [R00.1]
Responsible Provider: Lombaard, Stefan Andre, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	122/60	01/13/25 1720
Temp	36	01/13/25 1726
Pulse	77	01/13/25 1725
SpO2	100 %	01/13/25 1725

Vitals shown include unfiled device data.

Place of evaluation: ICU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Hong, Stephanie, MD at 1/13/2025 5:26 PM

Anesthesia Preprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1531

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/13/25 1505
Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)
Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Providers: Akoum, Nazem Walid, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds s/p AKA presenting for PPM placement.

Relevant Problems

Pulmonary

(+) Community acquired bacterial pneumonia

Cardio

(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled
- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily

- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

Continuous

- DOPamine, 2 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 2.5 mcg/kg/min (01/13/25 1515)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 1500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 1500)

PRN

- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN
- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other

- Penicillins — Skin: Rash
  3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD
- Sulfa Antibiotics — Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Paced with TVP at 80bpm
Rhythm: Regular
Rate: Normal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Confused, noncommunicative

Labs: (*last year*)

BMP			CBC/Coags		
Na	138	1/13/2025	Hb	10.4 (L)	1/13/2025
K	4.0	1/13/2025	HCT	32 (L)	1/13/2025
Cl	107	1/13/2025	WBC	9.61	1/13/2025
HCO3	23	1/13/2025	PLT	174	1/13/2025
BUN	16	1/13/2025	INR	1.1	1/13/2025
Cr	0.72	1/13/2025	PT	14.4	1/13/2025
Glu	148 (H)	1/13/2025	PTT	34	1/13/2025

Misc					
eGFR	>60	1/13/2025	MCV	95	1/13/2025
A1C	6.6 (H)	1/10/2025	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

ABG 1/10/2025				
pH	PaCO2	PaO2	HCO3	Lactate
7.41	33	83	21 (L)	0.5

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

TTE 1/10/25:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Informed Consent:
Anesthesia Plan discussed with:
Child

ASA Score:
ASA: **4**
Planned Anesthetic Type:
MAC
MAC Justification:
age>70, surgeon request, airway risk and comorbid disease
Supervising Provider Comments:
Patient seen and examined in holding area. Risks and benefits of anesthesia discussed in detail with family. All questions answered. Plan for MAC with GA backup Patient family agreed to proceed.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1625428 (continued)

Electronically signed by Sheu, Richard David, MD at 1/13/2025 4:32 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Case 1714901

Surgery Information

General Information

Date: 2/20/2025
Time:
Status: Posted
Location: UWMC INVASIVE FL RADIOLOGY
Room:
Service:
Patient class:
Case classification:

Diagnosis Information

No post-op diagnosis codes associated with the log.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25

Anesthesia Information

Anesthesia Summary - Hoffman, Jeanne Leonie [U8170135] Female 100 year old

Current as of 06/04/25 1438

Height: 5' (1.524 m) (01/09/25)
Weight: 45.7 kg (100 lb 12 oz) (02/21/25)
BMI: 19.68
NPO Status: Not recorded
Allergies: ADHESIVES, ASPIRIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS, SULFANILAMIDE

Procedure Summary

Date: 01/13/25

Room / Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB

Anesthesia Start: 1542

Anesthesia Stop: 1726

Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)

Diagnosis:
Bradycardia
(Bradycardia [R00.1])

Providers: Akoum, Nazem Walid, MD

Responsible Provider: Lombaard, Stefan Andre, MD

Anesthesia Type: MAC

ASA Status: 4

Events

Date	Time	Event
1/13/2025	1542	Anesthesia Start
	1552	Patient in Room
	1557	Start Data Collection
	1604	Anesthesia Ready
	1612	Attending Handoff
	1618	Procedure Start
	1700	Procedure Finish
	1709	Leave Room
	1709	Stop Data Collection
	1722	Handoff to Receiving Nurse
	1726	Anesthesia Stop

Attestation Information

Staff Name	Date	Time	Type
Sheu, Richard David, MD	01/13/25	1542	Pre Eval Attending
I personally evaluated and examined the patient prior to anesthetic care. I reviewed and modified the pre-anesthetic evaluation to reflect my findings and my anesthesia plan.			
Singsaas, Julie M, RN	01/13/25	1603	Time Out
Sheu, Richard David, MD	01/13/25	1604	Induction Not Applicable
I attest that induction was not applicable in this case.			
Sheu, Richard David, MD	01/13/25	1612	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.			
Sheu, Richard David, MD	01/13/25	1612	Handover of Responsibility
During the time period of medical direction, I was immediately available at all times. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations. I conducted a handover of anesthesia care to the provider indicated in the record, and ceded medical responsibility to that individual at the time indicated by their assumption of responsibility documentation.			
Lombaard, Stefan Andre, MD	01/13/25	1612	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.			
Lombaard, Stefan Andre, MD	01/13/25	1612	Assumption of Responsibility
I assumed care of this patient at the indicated time, and am the medically responsible attending anesthesiologist for this patient’s care until such time as another anesthesiologist relieves me or the case ends, whichever is first.			
Singsaas, Julie M, RN	01/13/25	1618	Time Out
Lombaard, Stefan Andre, MD	01/13/25	1707	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this			

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

patient.

Lombaard, Stefan Andre, MD	01/13/25	1707	Emergence Not Applicable

I attest that emergence was not applicable in this case.

Lombaard, Stefan Andre, MD	01/13/25	1726	Post Anesthesia

The patient was transported to the post-procedure location documented in the chart. I have reviewed and verified the documented handover and anesthesia end time. I was continuously available during the time of my medical direction of the case unless otherwise indicated within the medical record system. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations.

Medications

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) (mcg/kg/min) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/10/25 0000	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0100	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0215	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Sande, Nathan R, RN
0300	4 mcg/kg/min - 6.83 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0331	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Sande, Nathan R, RN
0400	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0500	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0600	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0700	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Sande, Nathan R, RN
0936	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
BP: **125/46** !				
Pulse: **41** !				
1016	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
BP: **106/29** !				
Pulse: **34** !				
1201	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1210	10 mcg/kg/min - 17.06 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1241	9 mcg/kg/min - 15.36 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1330	8 mcg/kg/min - 13.65 mL/hr	Rate Change	Intravenous	Henry, Melissa Marie, RN
BP: 134/63				
Pulse: 60				
1405	7 mcg/kg/min - 11.94 mL/hr	New Bag	Intravenous	Thomas, Tamlyn P, RN
Comment: R IJ venous sheath introducer w/transvenous pacemaker				
BP: 134/63				
Pulse: 60				
1445	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Thomas, Tamlyn P, RN
1500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1800	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Tatum, Krista N, RN
1815	5 mcg/kg/min - 8.53 mL/hr	New Bag	Intravenous	Tatum, Krista N,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

					RN
	1937	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2010	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
	2100	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2141	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	2200	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2240	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	2300	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	2302	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider for HoTN					
01/11/25	0000	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0058	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
	0100	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0125	6.5 mcg/kg/min - 11.09 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provide					
	0200	6.5 mcg/kg/min - 11.09 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0214	7 mcg/kg/min - 11.94 mL/hr	Rate Change	Intravenous	Bertram, Olivia T, RN
Comment: per provider					
	0300	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0400	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0500	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0600	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0700	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0730	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Bertram, Olivia T, RN
	0800	7 mcg/kg/min - 11.94 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	0830	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	0836	6 mcg/kg/min - 10.24 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	0900	6 mcg/kg/min - 10.24 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1010	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1043	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1111	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1155	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

					RN
	1300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1700	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1835	5 mcg/kg/min - 8.53 mL/hr	New Bag	Intravenous	Walks, Tristan H, RN
	2000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
01/12/25	0000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Kim, Saraphina S, RN
	0200	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0900	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1100	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1110	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1134	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1154	5 mcg/kg/min - 8.53 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1300	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1500	5 mcg/kg/min - 8.53 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1519	4 mcg/kg/min - 6.83 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1600	4 mcg/kg/min - 6.83 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1635	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1647	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1720	3.5 mcg/kg/min - 5.97 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1900	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	2000	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2100	3.499 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2108	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
Comment: [Action automatically changed]					
	2200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
01/13/25	0000	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Salick, Dominic J, RN
	0728	3.5 mcg/kg/min - 5.97 mL/hr	New Bag	Intravenous	Walks, Tristan H, RN
	0800	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1200	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	3.5 mcg/kg/min - 5.97 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1409	3 mcg/kg/min - 5.12 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
Comment: Titrating per MD guidance					
	1500	3 mcg/kg/min - 5.12 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1515	2.5 mcg/kg/min - 4.27 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1542	2.5 mcg/kg/min - 4.27 mL/hr	Continued by Anesthesia	Intravenous	Hong, Stephanie, MD
	1720	2.5 mcg/kg/min - 4.27 mL/hr	Rate Verify	Intravenous	Walks, Tristan H, RN
	1800	2 mcg/kg/min - 3.41 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1818	1 mcg/kg/min - 1.71 mL/hr	Rate Change	Intravenous	Walks, Tristan H, RN
	1836		Stopped	Intravenous	Walks, Tristan H, RN

propofol (mcg/kg/min) Dosing weight: 46.4

Date/Time		Rate/Dose/Volume	Action	Route	Admin User
01/13/25	1602	40 mcg/kg/min - 11.136 mL/hr	New Bag	Intravenous	Hong, Stephanie, MD
	1631	30 mcg/kg/min - 8.352 mL/hr	Rate Change	Intravenous	Hong, Stephanie, MD
	1641	20 mcg/kg/min - 5.568 mL/hr	Rate Change	Intravenous	Hong, Stephanie, MD
	1701		Stopped	Intravenous	Hong, Stephanie,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

MD

cefazolin (g)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/13/25 1606	2 g	Given	Intravenous	Hong, Stephanie, MD

phenylephrine (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/13/25 1643	50 mcg	Given	Intravenous	Hong, Stephanie, MD

sodium chloride 0.9 % infusion (mL/hr) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/11/25 0700	10 mL/hr	Restarted	Intravenous	Walks, Tristan H, RN
1700	100 mL			Walks, Tristan H, RN
2000	10 mL/hr - 30 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
2300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
01/12/25 0000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Kim, Saraphina S, RN
0200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0700	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
0900	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1300	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1800	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
1900	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
2000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	2100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	2200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	2300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
01/13/25	0000	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0100	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0200	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0300	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0400	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0600	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0700	10 mL/hr - 10 mL	Rate Verify	Intravenous	Salick, Dominic J, RN
	0800	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1000	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1200	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1400	10 mL/hr - 20 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1500	10 mL/hr - 10 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1515	10 mL/hr - 2.5 mL	Rate Verify	Intravenous	Walks, Tristan H, RN
	1542	10 mL/hr	Continued by Anesthesia	Intravenous	Hong, Stephanie, MD
	1553		Paused		Hong, Stephanie, MD
Comment: Switch to gravity					
	1554		Restarted	Intravenous	Hong, Stephanie, MD
	1703	6.5 mL	Anesthesia Volume Adjustment	Intravenous	Hong, Stephanie, MD
	1800		Stopped	Intravenous	Walks, Tristan H, RN

Preprocedure Signoff

Not yet signed.

Signoff Status

None

Notes

Anesthesia Postprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1726

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Procedure Summary:

Date: 1/13/2025	Room/Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Anesthesia Start: 3:42 PM	Anesthesia Stop:
Procedure(s): Pacemaker Initial Implant - Single Chamber	Post-op Diagnosis * Bradycardia [R00.1]
Responsible Provider: Lombaard, Stefan Andre, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	122/60	01/13/25 1720
Temp	36	01/13/25 1726
Pulse	77	01/13/25 1725
SpO2	100 %	01/13/25 1725

Vitals shown include unfiled device data.

Place of evaluation: ICU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Hong, Stephanie, MD at 1/13/2025 5:26 PM

Anesthesia Preprocedure Evaluation

Hong, Stephanie, MD at 1/13/2025 1531

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/13/25 1505
Procedure: Pacemaker Initial Implant - Single Chamber (Left: Heart Electrophysiology)
Location: UWMC EP LAB 1 / UWMC ELECTROPHYSIOLOGY LAB
Providers: Akoum, Nazem Walid, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds s/p AKA presenting for PPM placement.

Relevant Problems

Pulmonary
(+) Community acquired bacterial pneumonia

Cardio
(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Medication	Instructions

• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• cholecalciferol (VITAMIN D-3)	2,000 units, Daily
• Cyanocobalamin (VITAMIN B-12 OR)	1 tablet, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	1 tablet, Oral, Daily
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

- acetaminophen, 650 mg, q8h SCH
- aspirin, 81 mg, Daily
- atorvastatin, 10 mg, Daily
- cholecalciferol, 2,000 units, Daily
- cyanocobalamin, 500 mcg, Daily
- guanFACINE, 1 mg, BID
- [Held By Provider] heparin, 5,000 units, q12h SCH
- insulin LISPRO, 0-7 units, q HS
- insulin LISPRO, 0-8 units, TID before meals
- thiamine mononitrate, 100 mg, Daily
- timolol maleate, 1 drop, BID

Continuous

- DOPamine, 2 mcg/kg/min (Dosing Weight), Continuous, Last Rate: 2.5 mcg/kg/min (01/13/25 1515)
- lactated ringers, 60 mL/hr, Continuous, Last Rate: 60 mL/hr (01/13/25 1500)
- ROPivacaine, , Continuous
- sodium chloride, 10-50 mL/hr, Continuous, Last Rate: 10 mL/hr (01/13/25 1500)

PRN

- atropine, 1 mg, q15 min PRN
- bisacodyl, 10 mg, Daily PRN
- calcium carbonate, 1,000 mg, q6h PRN
- calcium carbonate, 500 mg of ELEMENTAL calcium, q6h PRN
- calcium gluconate, 2 g, q6h PRN
- dextrose, 25 mL, PRN
- dextrose, 50 mL, PRN
- glucagon, 0.5 mg, PRN
- glucagon, 1 mg, PRN
- magnesium sulfate, 2 g, q6h PRN
- melatonin, 3 mg, q HS PRN
- nalbuphine, 5 mg, q4h PRN
- ondansetron, 4 mg, q8h PRN

- ondansetron, 4 mg, q8h PRN
- peripheral nerve, 4 mL, q4h PRN
- polyethylene glycol 3350, 17 g, Daily PRN
- potassium & sodium phosphates, 3 packet, q6h PRN
- potassium chloride, 20 mEq, q6h PRN
- potassium chloride, 40 mEq, q6h PRN
- potassium chloride ER, 20 mEq, q6h PRN
- potassium chloride ER, 40 mEq, q6h PRN
- potassium phosphate, 40 mEq, PRN
- potassium phosphate-sodium phosphate, 3 tablet, q6h PRN
- senna, 17.2 mg, BID PRN
- sodium phosphate, 40 mEq, PRN

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Substance Use Topics	
• Alcohol use:	No
• Drug use:	No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal

(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Paced with TVP at 80bpm
Rhythm: Regular
Rate: Normal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Confused, noncommunicative

Labs: (*last year*)

BMP			CBC/Coags		
Na	138	1/13/2025	Hb	10.4 (L)	1/13/2025
K	4.0	1/13/2025	HCT	32 (L)	1/13/2025
Cl	107	1/13/2025	WBC	9.61	1/13/2025
HCO3	23	1/13/2025	PLT	174	1/13/2025
BUN	16	1/13/2025	INR	1.1	1/13/2025
Cr	0.72	1/13/2025	PT	14.4	1/13/2025
Glu	148 (H)	1/13/2025	PTT	34	1/13/2025

Misc					
eGFR	>60	1/13/2025	MCV	95	1/13/2025
A1C	6.6 (H)	1/10/2025	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

ABG 1/10/2025

pH	PaCO2	PaO2	HCO3	Lactate
7.41	33	83	21 (L)	0.5

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

TTE 1/10/25:
Bradycardia at 39 bpm with 2:1 AV Block

Normal left ventricular chamber size and wall thickness with proximal septal thickening. Normal systolic function (LVEF 74% by biplane). Unable to assess diastolic function due to rhythm.

Moderate aortic stenosis (peak velocity 3.0m/s, mean gradient 19 mmHg, velocity ratio 0.4) without regurgitation. Suggest re-evaluation at a normal heart rate.

Moderate mitral annular calcification with mild regurgitation.

Mildly elevated estimated PA systolic pressure, 34-39 mmHg, inclusive of estimated right atrial pressure, 5-10 mmHg.

Normal right ventricular size and systolic function. CIED is present in the right heart.

No pericardial effusion.

No prior study for comparison.

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Informed Consent:
Anesthesia Plan discussed with:
Child

ASA Score:
ASA: **4**
Planned Anesthetic Type:
MAC
MAC Justification:
age>70, surgeon request, airway risk and comorbid disease
Supervising Provider Comments:
Patient seen and examined in holding area. Risks and benefits of anesthesia discussed in detail with family. All questions answered. Plan for MAC with GA backup Patient family agreed to proceed.

Electronically signed by Sheu, Richard David, MD at 1/13/2025 4:32 PM

Flowsheets

Agents

Row Name	01/13/25 1709
Auxiliary O2	0 L/min

Anesthesia Device Data

Row Name	01/13/25 1725	01/13/25 1724	01/13/25 1723	01/13/25 1722	01/13/25 1721
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Row Name	**01/13/25 1720**	**01/13/25 1719**	**01/13/25 1718**	**01/13/25 1717**	**01/13/25 1716**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Row Name	**01/13/25 1715**	**01/13/25 1714**	**01/13/25 1713**	**01/13/25 1712**	**01/13/25 1711**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	—	—	—	0 %	0 %
Inspired N2O	—	—	—	0 %	0 %
RR (EtCO2)	—	—	—	**0 brpm** !	**0 brpm** !
ETCO2	—	—	—	**0 mmHg** !	**0 mmHg** !
FiO2	—	—	—	21 %	21 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Row Name	01/13/25 1710	01/13/25 1709	01/13/25 1708	01/13/25 1707	01/13/25 1706
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	—	—	70 bpm	70 bpm	71 bpm
RR (EtCO2)	**0 brpm** !	**0 brpm** !	**0 brpm** !	8 brpm	20 brpm
SpO2	—	—	100 %	100 %	99 %
ETCO2	**0 mmHg** !	**0 mmHg** !	**0 mmHg** !	11 mmHg	7 mmHg
FiO2	21 %	21 %	21 %	63 %	67 %
HR (ECG)	—	—	70	70	70

Row Name	01/13/25 1705	01/13/25 1704	01/13/25 1703	01/13/25 1702	01/13/25 1701
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	104/54	—	—	—	—
NIBP (Mean)	72	—	—	—	—
RR (EtCO2)	20 brpm	17 brpm	16 brpm	17 brpm	17 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	6 mmHg	10 mmHg	8 mmHg	8 mmHg	9 mmHg
FiO2	67 %	67 %	68 %	79 %	79 %
HR (ECG)	70	70	70	70	70

Row Name	01/13/25 1700	01/13/25 1659	01/13/25 1658	01/13/25 1657	01/13/25 1656
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	109/48	—	—	—	—
NIBP (Mean)	68	—	—	—	—
RR (EtCO2)	18 brpm	17 brpm	18 brpm	17 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	10 mmHg	10 mmHg	15 mmHg	13 mmHg
FiO2	78 %	78 %	77 %	76 %	78 %
HR (ECG)	70	70	70	70	72

Row Name	01/13/25 1655	01/13/25 1654	01/13/25 1653	01/13/25 1652	01/13/25 1651
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	107/53	—	—	—	—
NIBP (Mean)	73	—	—	—	—
RR (EtCO2)	16 brpm	17 brpm	17 brpm	15 brpm	17 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	11 mmHg	10 mmHg	14 mmHg	9 mmHg
FiO2	79 %	78 %	80 %	81 %	81 %
HR (ECG)	70	70	70	70	70

Row Name	01/13/25 1650	01/13/25 1649	01/13/25 1648	01/13/25 1647	01/13/25 1646
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	69 bpm	70 bpm	70 bpm	70 bpm	70 bpm
NIBP	112/54	—	—	—	—
NIBP (Mean)	72	—	—	—	—
RR (EtCO2)	17 brpm	18 brpm	16 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	9 mmHg	9 mmHg	9 mmHg	8 mmHg	10 mmHg
FiO2	80 %	81 %	80 %	80 %	80 %
HR (ECG)	70	70	70	70	70
Row Name	**01/13/25 1645**	**01/13/25 1644**	**01/13/25 1643**	**01/13/25 1642**	**01/13/25 1641**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	70 bpm	70 bpm	69 bpm	70 bpm	72 bpm
NIBP	135/65	—	—	—	—
NIBP (Mean)	88	—	—	—	—
RR (EtCO2)	17 brpm	17 brpm	17 brpm	19 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	8 mmHg	8 mmHg	11 mmHg	9 mmHg	11 mmHg
FiO2	80 %	80 %	80 %	79 %	79 %
HR (ECG)	70	70	70	70	70
Row Name	**01/13/25 1640**	**01/13/25 1639**	**01/13/25 1638**	**01/13/25 1637**	**01/13/25 1636**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	68 bpm	79 bpm	79 bpm	79 bpm	79 bpm
NIBP	91/44	—	—	—	—
NIBP (Mean)	61	—	—	—	—
RR (EtCO2)	19 brpm	18 brpm	17 brpm	15 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	11 mmHg	10 mmHg	10 mmHg	13 mmHg	10 mmHg
FiO2	79 %	80 %	80 %	80 %	80 %
HR (ECG)	70	80	80	80	80
Row Name	**01/13/25 1635**	**01/13/25 1634**	**01/13/25 1633**	**01/13/25 1632**	**01/13/25 1631**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	80 bpm	79 bpm	79 bpm	90 bpm	79 bpm
NIBP	101/56	—	—	—	—
NIBP (Mean)	68	—	—	—	—
RR (EtCO2)	19 brpm	17 brpm	18 brpm	19 brpm	19 brpm
SpO2	100 %	99 %	100 %	100 %	100 %
ETCO2	8 mmHg	9 mmHg	8 mmHg	9 mmHg	9 mmHg
FiO2	79 %	79 %	79 %	81 %	80 %
HR (ECG)	80	80	80	84	80
Row Name	**01/13/25 1630**	**01/13/25 1629**	**01/13/25 1628**	**01/13/25 1627**	**01/13/25 1626**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	80 bpm	80 bpm	79 bpm
NIBP	**83/53** !	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

NIBP (Mean)	63	—	—	—	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	19 brpm	21 brpm
SpO2	100 %	100 %	100 %	100 %	99 %
ETCO2	9 mmHg	9 mmHg	8 mmHg	10 mmHg	9 mmHg
FiO2	78 %	79 %	78 %	76 %	76 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1625**	**01/13/25 1624**	**01/13/25 1623**	**01/13/25 1622**	**01/13/25 1621**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	79 bpm	80 bpm	56 bpm
NIBP	92/57	—	—	—	—
NIBP (Mean)	69	—	—	—	—
RR (EtCO2)	9 brpm	27 brpm	19 brpm	24 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	6 mmHg	6 mmHg	7 mmHg	12 mmHg	9 mmHg
FiO2	77 %	76 %	75 %	75 %	78 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1620**	**01/13/25 1619**	**01/13/25 1618**	**01/13/25 1617**	**01/13/25 1616**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	79 bpm	80 bpm	80 bpm	80 bpm
NIBP	94/56	—	—	—	—
NIBP (Mean)	64	—	—	—	—
RR (EtCO2)	22 brpm	19 brpm	23 brpm	23 brpm	21 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	11 mmHg	7 mmHg	10 mmHg	10 mmHg	9 mmHg
FiO2	76 %	77 %	78 %	77 %	77 %
HR (ECG)	80	80	80	80	80
Vent Mode	—	—	Vent Off	Vent Off	Vent Off
Row Name	**01/13/25 1615**	**01/13/25 1614**	**01/13/25 1613**	**01/13/25 1612**	**01/13/25 1611**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	79 bpm	80 bpm	79 bpm
NIBP	113/63	—	—	—	—
NIBP (Mean)	80	—	—	—	—
RR (EtCO2)	23 brpm	23 brpm	22 brpm	20 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	9 mmHg	9 mmHg	9 mmHg	7 mmHg	6 mmHg
FiO2	78 %	78 %	77 %	77 %	73 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1610**	**01/13/25 1609**	**01/13/25 1608**	**01/13/25 1607**	**01/13/25 1606**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	79 bpm	80 bpm	80 bpm	79 bpm	79 bpm
NIBP	118/54	—	—	—	—
NIBP (Mean)	77	—	—	—	—
RR (EtCO2)	20 brpm	**4 brpm** !	9 brpm	8 brpm	20 brpm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	5 mmHg	5 mmHg	6 mmHg	6 mmHg	6 mmHg
FiO2	71 %	64 %	61 %	62 %	62 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1605**	**01/13/25 1604**	**01/13/25 1603**	**01/13/25 1602**	**01/13/25 1601**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired N2O	0 %	0 %	0 %	0 %	0 %
Inspired N2O	0 %	0 %	0 %	0 %	0 %
Pulse	80 bpm	79 bpm	80 bpm	79 bpm	79 bpm
NIBP	140/71	—	—	—	—
NIBP (Mean)	95	—	—	—	—
RR (EtCO2)	21 brpm	9 brpm	**7 brpm** !	22 brpm	25 brpm
SpO2	100 %	100 %	100 %	100 %	99 %
ETCO2	6 mmHg	5 mmHg	8 mmHg	6 mmHg	6 mmHg
FiO2	65 %	64 %	65 %	62 %	60 %
HR (ECG)	80	80	80	80	80
Row Name	**01/13/25 1600**	**01/13/25 1559**	**01/13/25 1558**		
O2	0 L/min	0 L/min	—		
N2O	0 L/min	0 L/min	—		
Air	0 L/min	0 L/min	—		
Expired N2O	0 %	0 %	0 %		
Inspired N2O	0 %	0 %	0 %		
Pulse	78 bpm	80 bpm	—		
NIBP	127/68	—	—		
NIBP (Mean)	86	—	—		
RR (EtCO2)	**0 brpm** !	**0 brpm** !	**0 brpm** !		
SpO2	97 %	96 %	—		
ETCO2	**0 mmHg** !	**0 mmHg** !	**0 mmHg** !		
FiO2	29 %	21 %	21 %		
HR (ECG)	80	—	—		

Assess

Row Name	**01/13/25 1557**
ECG	Paced
Oxygen Therapy	Supplemental oxygen
Auxiliary O2	6 L/min
O2 Delivery Method	Simple mask

Intake/Output

Row Name	**01/13/25 1726**
Urine	600 mL
Est. Blood Loss	5 mL

Interval Assessment

Row Name	**01/13/25 1712**	**01/13/25 1657**	**01/13/25 1642**	**01/13/25 1627**	**01/13/25 1612**
ECG	Paced	Paced	Paced	Paced	Paced
Position Check	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded	Eyes checked;Position checked;Pressure points checked;Pressure points padded
Row Name	**01/13/25 1557**				
Position Check	Position				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

	checked;Eyes checked;Pressure points checked;Pressure points padded

Positioning

Row Name	01/13/25 1552
Anatomical Position	Supine
Both Arms	Tucked
Position Check	Position checked;Eyes checked;Pressure points padded;Pressure points checked
Head / Face	Foampad/pillow

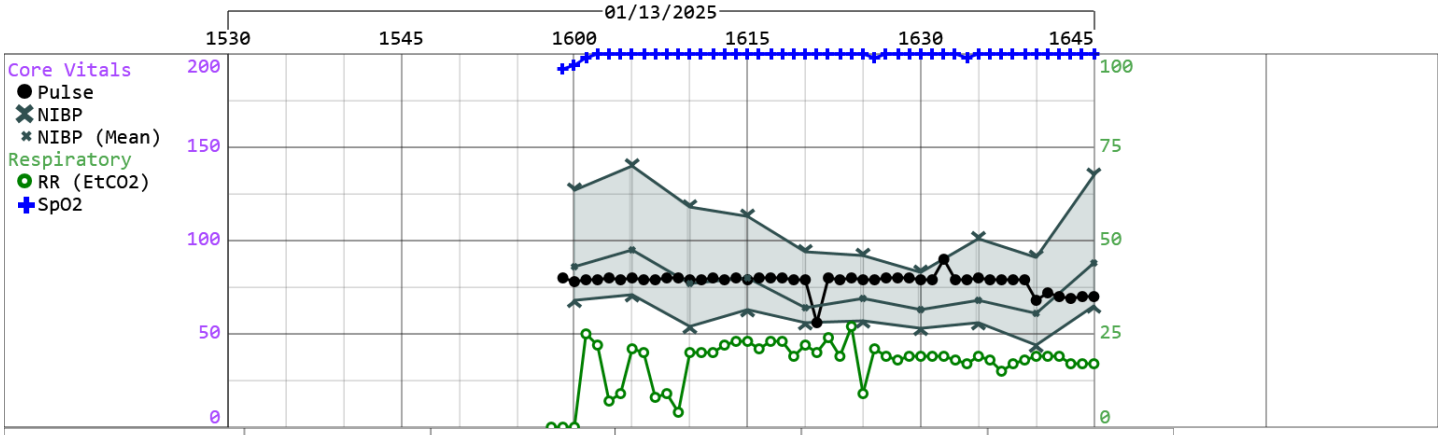
Pre-Anesthesia Checklist

Row Name	Anesthesia Event from 1/13/2025 in UWMC Electrophysiology Lab	Anesthesia from 1/13/2025 in UWMC Electrophysiology Lab
Suction	—	Working
Daily Machine Check	—	Complete
Anesthesia Circuit	—	Checked
Airway	—	Evaluated
Primary/Backup Airway Equipment	—	Available
Allergies	—	Confirmed
NPO	—	Per Guideline
ECG	—	On
BP	—	On
Pulse Ox	—	On
End Tidal CO2	—	On
Emergency Drugs	—	Available
IV Access	—	Functional
BP/HR Goals	—	Discussed

Anesthesia Graph

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

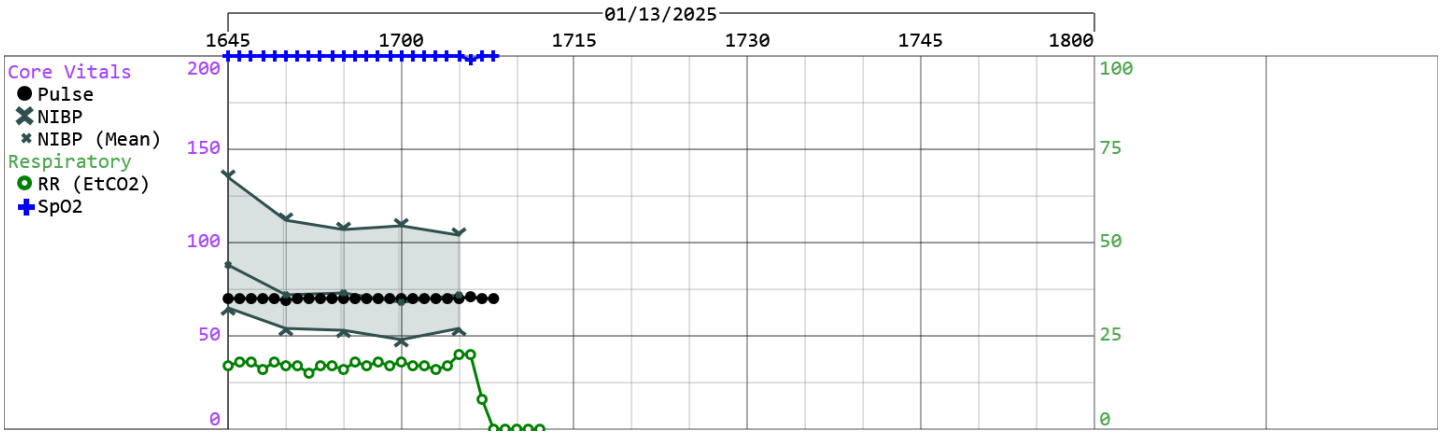
Anesthesia on 01/13/25 (continued)



O2 (L/min)		0	[0]	[0]	[0]
N2O (L/min)		0	[0]	[0]	[0]
Air (L/min)		0	[0]	[0]	[0]
Auxiliary … (L/min)		6			
Expired N2O (%)		[0]	[0]	[0]	[0]
Inspired N2O (%)		[0]	[0]	[0]	[0]
DOPam… (mcg/kg/min)	2.5				
propo… (mcg/kg/min)			40		[20]
cefazolin (g)			2		
phenylephrine (mcg)					50
sodium chl… (mL/hr)	10	[*]			
Vent Mode				[OFF]	
RR (EtCO2) (brpm)		[0]	[23]	[19]	[17]
ETCO2 (mmHg)		[0]	[9]	[9]	[8]
FiO2 (%)		[21]	[78]	[79]	[80]
SpO2 (%)		96	[100]	[100]	[100]
ECG		Paced	Paced	Paced	Paced
HR (ECG)			[80]	[80]	[70]
Position Check		[Position chec…	Eyes checked;P…	Eyes checked;P…	Eyes checked;P…
Urine (mL)					

1530 1545 1600 1615 1630 1645

Est. Blood Lo… (mL)	



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/13/25 (continued)

O2 (L/min)	[0]	[0]	[0]					
N2O (L/min)	[0]	[0]	[0]					
Air (L/min)	[0]	[0]	[0]					
Auxiliary … (L/min)	6	0						
Expired N2O (%)	[0]	[0]						
Inspired N2O (%)	[0]	[0]						
DOPam… (mcg/kg/min)	2.5	*					11830 mcg	≈ 7.394 mL
propo… (mcg/kg/min)	20	0					86.3 mg	≈ 8.63 mL
cefazolin (g)							2 g	-
phenylephrine (mcg)							50 mcg	≈ 0.5 mL
sodium chl… (mL/hr)	10	*					6.5 mL	6.5 mL
Vent Mode								
RR (EtCO2) (brpm)	[17]	[0]						
ETCO2 (mmHg)	[10]	[0]						
FiO2 (%)	[78]	[21]						
SpO2 (%)	[100]	[100]						
ECG	Paced	Paced						
HR (ECG)	[70]	[70]						
Position Check	Eyes checked;P…	Eyes checked;P…						
Urine (mL)			600				600 mL	-600 mL
1645	1700	1715	1730	1745	1800		Totals	Volumes
Est. Blood Lo… (mL)			5				5 mL	-5 mL
							Net Volume:	≈ -581.976 mL

Anesthesia Orders

propofol (Diprivan) injection (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1602**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1602
Ordering provider: Hong, Stephanie, MD
Authorized by: Sheu, Richard David, MD
Ordering mode: Standard
Frequency: Routine Continuous PRN 01/13/25 1602 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 63323-269-29

ceFAZolin (Ancef) injection (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1606**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1606
Ordering provider: Hong, Stephanie, MD
Authorized by: Sheu, Richard David, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1606 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 0143-9924-90

phenylephrine in NS syringe (Discontinued)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1643**
Status: **Discontinued**
Ordering user: Hong, Stephanie, MD 01/13/25 1643
Ordering provider: Hong, Stephanie, MD
Authorized by: Lombaard, Stefan Andre, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1643 - 01/13/25 1726
Class: Normal
Discontinued by: Hong, Stephanie, MD 01/13/25 1726 [Patient discharge]
Package: 70092-1046-46

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25

Anesthesia Information

Anesthesia Summary - Hoffman, Jeanne Leonie [U8170135] Female
100 year old Current as of 06/04/25 1438

Height: 5' (1.524 m) (01/09/25)
Weight: 45.7 kg (100 lb 12 oz) (02/21/25)
BMI: 19.68
NPO Status: Not recorded
Allergies: ADHESIVES, ASPIRIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS, SULFANILAMIDE

Procedure Summary

Date: 01/09/25
Anesthesia Start: 1516
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Surgeons: Smith, Matthew C, MD
Anesthesia Type: general

Room / Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Stop: 1754
Diagnosis:
Acute lower limb ischemia
(Acute lower limb ischemia [I99.8])
Responsible Provider: Lee, Christopher Ryan, MD
ASA Status: 4

Events

Date	Time	Event
1/9/2025	1516	Anesthesia Start
	1516	Patient in Room
	1517	Start Data Collection
	1529	Induction
	1532	Airway
	1533	Anesthesia Ready
	1621	Procedure Start
	1651	Closing
	1653	Attending Handoff
	1653	Attending Handoff
	1701	Procedure Finish
	1703	Emergence
	1703	Extubation
	1743	Stop Data Collection
	1744	Leave Room
	1754	Handoff to Receiving Nurse
	1754	Anesthesia Stop

Attestation Information

Staff Name	Date	Time	Type
Bollag, Laurent Albert, MD	01/09/25	1653	Pre Eval Attending
I personally evaluated and examined the patient prior to anesthetic care. I reviewed and modified the pre-anesthetic evaluation to reflect my findings and my anesthesia plan.			
Bollag, Laurent Albert, MD	01/09/25	1653	Present at Induction
I was physically present and participated during the induction of anesthesia.			
Bollag, Laurent Albert, MD	01/09/25	1653	Anesthesia Presence
At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.			
Bollag, Laurent Albert, MD	01/09/25	1653	Handover of Responsibility
During the time period of medical direction, I was immediately available at all times. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations. I conducted a handover of anesthesia care to the provider indicated in the record, and ceded medical responsibility to that individual at the time indicated by their assumption of responsibility documentation.			
Bollag, Laurent Albert, MD	01/09/25	1653	Present for Procedural Care
For the procedure(s) indicated below, I attest to the indicated level of involvement for the procedure.			

Procedures

Regional anesthesia Present throughout

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

with ultrasound?	Present for ultrasound
Out of OR Intubation	--
Arterial catheter	--
with ultrasound?	--
Central venous catheter	--
with ultrasound?	--
Pulmonary artery catheter	--
with ultrasound?	--
Blood Patch	--
TEE placement	--
TEE diagnostic study	--
Lumbar drain placement	--
Ultrasound guided peripheral intravenous catheter	--

Lee, Christopher Ryan, MD 01/09/25 1653 Anesthesia Presence

At the time indicated by this attestion, I was physically present in the patient's room and participated in anesthetic care for this patient.

Lee, Christopher Ryan, MD 01/09/25 1653 Assumption of Responsibility

I assumed care of this patient at the indicated time, and am the medically responsible attending anesthesiologist for this patient’s care until such time as another anesthesiologist relieves me or the case ends, whichever is first.

Lee, Christopher Ryan, MD 01/09/25 1754 Present at Emergence

I was physically present and participated during emergence from the administered anesthetic care.

Lee, Christopher Ryan, MD 01/09/25 1754 Post Anesthesia

The patient was transported to the post-procedure location documented in the chart. I have reviewed and verified the documented handover and anesthesia end time. I was continuously available during the time of my medical direction of the case unless otherwise indicated within the medical record system. I was frequently present in the room, including specifically at the times indicated by my Anesthesia Presence attestations.

Forsyth, Kevin K, RN 01/09/25 1932 Phase I

Quinlan, Sean, RN 01/10/25 0719 Intra-Op

Medications

propofol (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1526	25 mg	Given	Intravenous	Czarnecki, Maciej, MD
1532	15 mg	Given	Intravenous	Czarnecki, Maciej, MD
1534	20 mg	Given	Intravenous	Czarnecki, Maciej, MD

etomidate (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1526	4 mg	Given	Intravenous	Czarnecki, Maciej, MD

fentanyl (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1528	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1613	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1624	25 mcg	Given	Intravenous	Czarnecki, Maciej, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

norepinephrine infusion (mcg/kg/min) Dosing weight: 45.5

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1529	0.02 mcg/kg/min - 0.853 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
1532	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1533		Stopped	Intravenous	Czarnecki, Maciej, MD
1542	0.04 mcg/kg/min - 1.706 mL/hr	Restarted	Intravenous	Czarnecki, Maciej, MD
1551	0.08 mcg/kg/min - 3.413 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1555	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1600	0.06 mcg/kg/min - 2.559 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1616	0.04 mcg/kg/min - 1.706 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1617	0.02 mcg/kg/min - 0.853 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1626		Stopped	Intravenous	Czarnecki, Maciej, MD
1645	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1646	0.02 mcg/kg/min - 0.853 mL/hr	Restarted	Intravenous	Czarnecki, Maciej, MD
1658		Stopped	Intravenous	Czarnecki, Maciej, MD

ePHEDrine pre-filled syringe (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1531	5 mg	Given	Intravenous	Czarnecki, Maciej, MD
1657	10 mg	Given	Intravenous	Czarnecki, Maciej, MD

nitroglycerin pre-filled syringe (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1536	20 mcg	Given	Intravenous	Czarnecki, Maciej, MD

glycopyrrolate (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1518	0.1 mg	Given	Intravenous	Czarnecki, Maciej, MD
1540	0.1 mg	Given	Intravenous	Czarnecki, Maciej, MD
1543	0.2 mg	Given	Intravenous	Czarnecki, Maciej, MD

epinephrine (mcg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1546	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1553	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD
1650	10 mcg	Given	Intravenous	Czarnecki, Maciej, MD

cefazolin (g)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1551	2 g	Given	Intravenous	Czarnecki, Maciej, MD

insulin infusion (Units/hr)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1625	1.5 Units/hr - 1.5 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
Comment: algo 1				

dexAMETHasone PF (mg)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1555	5 mg	Given	periNEURAL	Houston, Nicklaus, MD

ROPivacaine 0.2% (mL)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1550	10 mL	Given	Periph Nerve Cath	Houston, Nicklaus, MD
Comment: Used Ropi 0.25%				
1555	20 mL	Given	Periph Nerve Cath	Houston, Nicklaus, MD

lactated ringers (mL/hr)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1516	100 mL/hr	New Bag	Intravenous	Czarnecki, Maciej, MD
1532	500 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1540	200 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1653	50 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD
1743	50 mL/hr	Rate Change	Intravenous	Czarnecki, Maciej, MD

plasma-lyte (mL)

Date/Time	Rate/Dose/Volume	Action	Route	Admin User
01/09/25 1610		New Bag	Intravenous	Czarnecki, Maciej, MD
1647	500 mL	Anesthesia Volume Adjustment	Intravenous	Czarnecki, Maciej, MD
1743		Stopped	Intravenous	Czarnecki, Maciej, MD

Preprocedure Signoff

Not yet signed.

Signoff Status

None

Notes

Anesthesia Postprocedure Evaluation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Lee, Christopher Ryan, MD at 1/9/2025 1945

Patient: Jeanne Leonie Hoffman

Procedure Summary:

Date: 1/9/2025	Room/Location: UWMC MAIN OR 06 / UWMC MAIN OR
Anesthesia Start: 3:16 PM	Anesthesia Stop: 5:54 PM
Procedure(s): AMPUTATION, ABOVE KNEE	Post-op Diagnosis * Acute lower limb ischemia [I99.8]
Responsible Provider: Lee, Christopher Ryan, MD	ASA Status: 4

Vitals	Value	Taken Time
BP	135/35	01/09/25 1930
Temp	36 °C	01/09/25 1750
Pulse	39	01/09/25 1944
SpO2	100 %	01/09/25 1944

Vitals shown include unfiled device data.

Place of evaluation: PACU

Patient participation: patient participated

Level of consciousness: fully conscious

Patient pain control satisfaction: patient is satisfied with level of pain control

Airway patency: patent

Cardiovascular status during assessment: stable

Respiratory status during assessment: breathing comfortably

Anesthetic complications: no

Intravascular volume status assessment: euvolemic

Nausea / vomiting: patient is not experiencing nausea

Planned post-operative disposition at time of assessment: ICU care

Electronically signed by Lee, Christopher Ryan, MD at 1/9/2025 7:47 PM

Anesthesia Preprocedure Evaluation

Czarnecki, Maciej, MD at 1/9/2025 1356

Patient: Jeanne Leonie Hoffman

Procedure Information

Date/Time: 01/09/25 1405
Procedure: AMPUTATION, ABOVE KNEE (Left: Thigh)
Location: UWMC MAIN OR 06 / UWMC MAIN OR
Surgeons: Smith, Matthew C, MD

HPI: Jeanne Leonie Hoffman is a 100 year old female with HTN, T2DM, non-healing lower extremity wounds presenting for emergent left AKA.

Relevant Problems

Pulmonary
(+) Community acquired bacterial pneumonia

Cardio
(+) Acute lower limb ischemia
(+) Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
(+) Essential hypertension, benign
(+) Hypercholesterolemia

HEENT
(+) Primary open angle glaucoma (POAG) of both eyes
(+) Reduced vision
(+) Sensorineural hearing loss, unspecified

Endo/Immunology
(+) Type 2 diabetes mellitus without complication (HCC)

Relevant surgical history:

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Medications:

Outpatient:

Current Outpatient Medications

Anesthesia on 01/09/25 (continued)

Medication	Instructions
• atorvastatin (LIPITOR)	10 mg, Oral, Daily
• Calcium Carbonate 500 MG Oral Chew Tab	2 tablets, Oral, 3 times daily PRN
• cholecalciferol (VITAMIN D-3)	2,000 units, Oral, Daily
• lidocaine 4 % patch	1 patch, Transdermal, Every 24 hours, Apply to painful area for up to 12 hours in a 24 hour period.
• MULTIPLE VITAMIN OR	Oral
• pentoxifylline ER (TRENTAL)	400 mg, Oral, 3 times daily, Take with food.
• timolol maleate 0.5 % ophthalmic solution	instill 1 drop into both eyes twice a day
• Wound Dressings (medihoney) topical gel	Topical, Daily, Apply to ulcerations on legs. Apply dressing over the Medi Honey.
• Wound Dressings (medihoney) topical gel	Topical, Every other day, Apply to wound before applying dressing

Inpatient:

Scheduled

• aspirin, 81 mg, Daily

Continuous

• [Held By Provider] heparin, 0-35 Units/kg/hr (Dosing Weight), Continuous, Last Rate: Stopped (01/09/25 1434)

PRN

REM

Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other and Skin: Rash
• Nitrofurantoin *confusion*	Other
• Penicillins *3/22/2024 Patient tolerate cephalosporins which she has had in the last year for cellulitis and pneumonia. William E Neighbor Jr, MD*	Skin: Rash
• Sulfa Antibiotics	Skin: Rash

Social History:

Social History

Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never

Substance Use Topics

- Alcohol use: No
- Drug use: No

Medical History and Review of Systems

Pulmonary
(+) pneumonia

Cardiovascular
(+) hypertension
(+) dysrhythmias (heart block 1st degree), bradycardia

GI/Hepatic/Renal
(+) renal disease, CKD

Endo/Immunology
(+) diabetes

Physical Exam

Airway
Mallampati: III
Neck ROM: Full
Mouth Opening: Normal
Facial Hair: None

Dental
edentulous

Cardiovascular
Rhythm: Regular
Rate: Abnormal

Pulmonary
decreased breath sounds

Other Physical Exam Findings: Cp marginally compensated. Confused, but can communicated with her son, which is present.

Labs: (*last year*)

BMP			CBC/Coags		
Na	144	1/9/2025	Hb	12.3	1/9/2025

Anesthesia on 01/09/25 (continued)

K	4.0	1/9/2025	HCT	39	1/9/2025
Cl	109 (H)	1/9/2025	WBC	13.85 (H)	1/9/2025
HCO3	25	1/9/2025	PLT	205	1/9/2025
BUN	25 (H)	1/9/2025	INR	1.1	1/9/2025
Cr	1.10 (H)	1/9/2025	PT	14.1	1/9/2025
Glu	183 (H)	1/9/2025	PTT	-	-

Misc					
eGFR	45 (L)	1/9/2025	MCV	98	1/9/2025
A1C	6.3 (H)	2/14/2024	BNP	-	-

LFTs					
AST	48 (H)	1/9/2025	Albumin	3.9	1/9/2025
ALT	28	1/9/2025	Protein	7.8	1/9/2025
Alk Phos	69	1/9/2025	T Bili	0.5	1/9/2025

Relevant procedures / diagnostic studies: none

Cardiac
EKG 01/09/25:
Sinus brady
First degree AV block
?right bundle branch block

Perioperative Risk Scores:

PONV: Intermediate Risk Total Score: 2

Female patient
Non-smoker
Criteria that do not apply:
History of PONV
History of motion sickness
Intended opioid administration

ANESTHESIA PLAN

Preoperative Discussion: **PMHx and PSHx as above, verified NPO within guidelines.**

Discussed anesthetic plan of General Anesthesia. Discussed risks including; risks associated with airway placement, PONV, pulmonary complications, MI, or cardiac arrest. Discussed in detail that given pts advanced age, and PMHx there is an elevated risk of cardiac arrest. Patient and family in understanding. Discussed that family and patient wishes all measures to be taken in event of arrest. All patient questions answered. Patient and decision maker in agreement to proceed.

Informed Consent:
Anesthesia Plan discussed with:
Patient and child
Use of blood products:
Consented
Discussed with: **patient and child**
ASA Score:
ASA: **4**
Planned Anesthetic Type:
general

Electronically signed by Bollag, Laurent Albert, MD at 1/9/2025 4:55 PM

Anesthesia Procedure Notes

Houston, Nicklaus, MD at 1/9/2025 1621

Procedure Orders
1. Nerve Block [360324135] ordered by Houston, Nicklaus, MD

Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available

Medication syringes labeled
Monitoring in place

Block type:
Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:

Anesthesia on 01/09/25 (continued)

1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin. Catheter site confirmed with US and secured with dermabond + tegaderm after tunneling.

Electronically signed by Houston, Nicklaus, MD at 1/9/2025 4:25 PM

Czarnecki, Maciej, MD at 1/9/2025 1648

Procedure Orders
1. Airway Placement [360331968] ordered by Czarnecki, Maciej, MD

Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type**:** i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Electronically signed by Czarnecki, Maciej, MD at 1/9/2025 4:50 PM

Flowsheets

Anesthesia Attestation

Row Name	01/09/25 16:55:55
Regional anesthesia	Present throughout
with ultrasound?	Present for ultrasound

Anesthesia Device Data

Row Name	01/09/25 1743	01/09/25 1742	01/09/25 1741	01/09/25 1740	01/09/25 1739
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	—	**32 bpm** !	**33 bpm** !	**37 bpm** !	**38 bpm** !
NIBP	—	—	—	165/42	—
NIBP (Mean)	—	—	—	87	—
SpO2	—	100 %	100 %	100 %	100 %
HR (ECG)	—	**32** !	**33** !	**36** !	**35** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1738**	**01/09/25 1737**	**01/09/25 1736**	**01/09/25 1735**	**01/09/25 1734**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**44 bpm** !	**44 bpm** !	**37 bpm** !	**38 bpm** !	**39 bpm** !
NIBP	—	—	—	165/43	—
NIBP (Mean)	—	—	—	88	—
SpO2	99 %	100 %	100 %	100 %	100 %
HR (ECG)	**44** !	**44** !	**36** !	**36** !	**37** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1733**	**01/09/25 1732**	**01/09/25 1731**	**01/09/25 1730**	**01/09/25 1729**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**39 bpm** !	**39 bpm** !	**38 bpm** !	**32 bpm** !	**32 bpm** !
NIBP	—	—	—	158/46	—
NIBP (Mean)	—	—	—	86	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**36** !	**37** !	**37** !	**33** !	**40** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1728**	**01/09/25 1727**	**01/09/25 1726**	**01/09/25 1725**	**01/09/25 1724**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**33 bpm** !	**31 bpm** !	**31 bpm** !	**32 bpm** !	**30 bpm** !
NIBP	—	—	—	150/40	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

NIBP (Mean)	—	—	—	82	—
SpO2	100 %	99 %	100 %	100 %	100 %
HR (ECG)	**33** !	**32** !	**32** !	**32** !	**32** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1723**	**01/09/25 1722**	**01/09/25 1721**	**01/09/25 1720**	**01/09/25 1719**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**33 bpm** !	**32 bpm** !	**42 bpm** !	**43 bpm** !	**43 bpm** !
NIBP	—	—	—	169/49	—
NIBP (Mean)	—	—	—	91	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**32** !	**33** !	**42** !	**43** !	**43** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1718**	**01/09/25 1717**	**01/09/25 1716**	**01/09/25 1715**	**01/09/25 1714**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Inspired Sevoflurane	—	0 %	0 %	0 %	0 %
Pulse	**43 bpm** !	**43 bpm** !	**44 bpm** !	**45 bpm** !	**35 bpm** !
NIBP	—	—	—	187/50	—
NIBP (Mean)	—	—	—	99	—
SpO2	100 %	100 %	100 %	100 %	100 %
HR (ECG)	**42** !	**43** !	**43** !	**44** !	**36** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1713**	**01/09/25 1712**	**01/09/25 1711**	**01/09/25 1710**	**01/09/25 1709**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0 %
Pulse	**38 bpm** !	**46 bpm** !	**44 bpm** !	**43 bpm** !	**41 bpm** !
NIBP	—	—	—	161/61	—
NIBP (Mean)	—	—	—	88	—
SpO2	100 %	100 %	98 %	100 %	100 %
HR (ECG)	**39** !	**49** !	50	**49** !	65
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Row Name	**01/09/25 1708**	**01/09/25 1707**	**01/09/25 1706**	**01/09/25 1705**	**01/09/25 1704**
O2	0 L/min	0 L/min	0 L/min	0 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	—	—	—	0 %	0 %
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0 %
Pulse	**41 bpm** !	**40 bpm** !	**40 bpm** !	**41 bpm** !	**43 bpm** !
NIBP	—	182/56	—	185/50	—
NIBP (Mean)	—	100	—	98	—
RR (EtCO2)	—	—	—	**4 brpm** !	10 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	—	—	—	5 mmHg	5 mmHg
FiO2	—	—	—	98 %	98 %
HR (ECG)	**41** !	**38** !	**41** !	63	**45** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	—	—	—	81 mL	81 mL
PIP (Observed)	—	—	—	—	6 cm H2O

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Row Name	01/09/25 1703	01/09/25 1702	01/09/25 1701	01/09/25 1700	01/09/25 1659
O2	9.99 L/min	9.99 L/min	7 L/min	7 L/min	3.3 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.2 %	0.2 %	0.3 %	0.4 %	0.4 %
Inspired Sevoflurane	0 %	0 %	0 %	0 %	0.4 %
Pulse	**42 bpm** !	**41 bpm** !	**41 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	175/54	—	185/55	—
NIBP (Mean)	—	99	—	102	—
RR (EtCO2)	10 brpm	16 brpm	17 brpm	19 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	23 mmHg	28 mmHg	29 mmHg	29 mmHg	28 mmHg
FiO2	99 %	99 %	99 %	98 %	98 %
HR (ECG)	**43** !	**41** !	51	**39** !	**39** !
Temp 2	36 °C	36 °C	36.1 °C	36.1 °C	36.1 °C
Vent Mode	Vent Off	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	216 mL	523 mL	339 mL	328 mL	333 mL
PIP (Observed)	14 cm H2O	16 cm H2O	19 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	01/09/25 1658	01/09/25 1657	01/09/25 1656	01/09/25 1655	01/09/25 1654
O2	3.3 L/min	3.3 L/min	3.3 L/min	3.3 L/min	3.3 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.6 %	0.7 %	1 %	1 %	1.1 %
Inspired Sevoflurane	0.6 %	1 %	1.2 %	1.2 %	1.2 %
Pulse	**39 bpm** !	**38 bpm** !	**37 bpm** !	**36 bpm** !	**36 bpm** !
NIBP	—	175/61	—	**110/35** !	—
NIBP (Mean)	—	102	—	61	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	28 mmHg	29 mmHg	30 mmHg	29 mmHg
FiO2	95 %	94 %	92 %	91 %	88 %
HR (ECG)	**39** !	**38** !	**38** !	**36** !	**36** !
Temp 2	36.1 °C	36.1 °C	36.1 °C	36.2 °C	36.2 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	329 mL	327 mL	365 mL	333 mL	274 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	20 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	01/09/25 1653	01/09/25 1652	01/09/25 1651	01/09/25 1650	01/09/25 1649
O2	3.3 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.2 %	1.2 %	1.3 %	1.3 %
Inspired Sevoflurane	1.4 %	1.4 %	1.5 %	1.5 %	1.6 %
Pulse	**36 bpm** !	**36 bpm** !	**36 bpm** !	**37 bpm** !	**37 bpm** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

NIBP	—	**128/37** !	—	127/42	—
NIBP (Mean)	—	70	—	74	—
RR (EtCO2)	18 brpm	19 brpm	19 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	31 mmHg	30 mmHg	30 mmHg	30 mmHg	30 mmHg
FiO2	83 %	66 %	64 %	64 %	64 %
HR (ECG)	**36** !	**35** !	**36** !	**36** !	**37** !
Temp 2	36.2 °C	36.2 °C	36.2 °C	36.2 °C	36.3 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	317 mL	305 mL	301 mL	307 mL	304 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1648**	**01/09/25 1647**	**01/09/25 1646**	**01/09/25 1645**	**01/09/25 1644**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.4 %	1.4 %	1.4 %	1.4 %
Inspired Sevoflurane	1.6 %	1.7 %	1.7 %	1.7 %	1.7 %
Pulse	**37 bpm** !	**37 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	**118/38** !	—	**116/38** !	**121/38** !
NIBP (Mean)	—	66	—	65	67
RR (EtCO2)	17 brpm	19 brpm	19 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	29 mmHg	30 mmHg	30 mmHg	31 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**37** !	**37** !	**38** !	**38** !	**38** !
Temp 2	36.3 °C	36.3 °C	36.3 °C	36.3 °C	36.3 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	338 mL	301 mL	292 mL	295 mL	316 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1643**	**01/09/25 1642**	**01/09/25 1641**	**01/09/25 1640**	**01/09/25 1639**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.3 %	1.4 %	1.4 %	1.4 %	1.4 %
Inspired Sevoflurane	1.7 %	1.7 %	1.7 %	1.7 %	1.6 %
Pulse	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !	**38 bpm** !
NIBP	—	**127/37** !	—	134/42	—
NIBP (Mean)	—	69	—	75	—
RR (EtCO2)	19 brpm	19 brpm	18 brpm	14 brpm	12 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	30 mmHg	31 mmHg	29 mmHg	30 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**38** !	**38** !	**38** !	**39** !	**38** !
Temp 2	36.3 °C	36.3 °C	36.3 °C	36.3 °C	36.4 °C
Vent Mode	Pressure support	Pressure support	Pressure support	Pressure support	Pressure support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

	ventilation	ventilation	ventilation	ventilation	ventilation
Tidal Volume (Observed)	335 mL	320 mL	306 mL	275 mL	325 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	18 cm H2O	19 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1638**	**01/09/25 1637**	**01/09/25 1636**	**01/09/25 1635**	**01/09/25 1634**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.3 %	1.3 %	1.3 %	1.3 %
Inspired Sevoflurane	1.6 %	1.6 %	1.6 %	1.6 %	1.6 %
Pulse	**38 bpm** !	**38 bpm** !	**39 bpm** !	**39 bpm** !	**40 bpm** !
NIBP	**135/38** !	—	146/43	—	162/50
NIBP (Mean)	73	—	81	—	93
RR (EtCO2)	19 brpm	13 brpm	10 brpm	12 brpm	22 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	31 mmHg	32 mmHg	32 mmHg	31 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**38** !	**38** !	**38** !	**39** !	**40** !
Temp 2	36.4 °C	36.4 °C	36.4 °C	36.4 °C	36.4 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	318 mL	75 mL	69 mL	377 mL	303 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1633**	**01/09/25 1632**	**01/09/25 1631**	**01/09/25 1630**	**01/09/25 1629**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.4 %	1.3 %	1.3 %	1.3 %	1.2 %
Inspired Sevoflurane	1.6 %	1.6 %	1.6 %	1.5 %	1.6 %
Pulse	**41 bpm** !	**40 bpm** !	**41 bpm** !	**41 bpm** !	**40 bpm** !
NIBP	154/58	—	166/48	—	165/50
NIBP (Mean)	92	—	92	—	91
RR (EtCO2)	20 brpm	20 brpm	20 brpm	18 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	27 mmHg	30 mmHg	30 mmHg	28 mmHg	30 mmHg
FiO2	64 %	64 %	64 %	64 %	64 %
HR (ECG)	**41** !	**40** !	**40** !	**41** !	**40** !
Temp 2	36.5 °C	36.5 °C	36.6 °C	36.6 °C	36.6 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	407 mL	291 mL	294 mL	328 mL	315 mL
PIP (Observed)	19 cm H2O	19 cm H2O	19 cm H2O	17 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1628**	**01/09/25 1627**	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.3 %	1.2 %	1.2 %	1.3 %	1.2 %
Inspired Sevoflurane	1.5 %	1.5 %	1.5 %	1.4 %	1.5 %
Pulse	**41 bpm** !	**42 bpm** !	**41 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	179/49	—	178/60	172/50
NIBP (Mean)	—	97	—	104	95
RR (EtCO2)	23 brpm	24 brpm	25 brpm	22 brpm	23 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	29 mmHg	27 mmHg	27 mmHg	29 mmHg
FiO2	65 %	64 %	65 %	65 %	65 %
HR (ECG)	**40** !	**41** !	**41** !	**40** !	**40** !
Temp 2	36.6 °C	36.6 °C	36.6 °C	36.6 °C	36.7 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	280 mL	266 mL	323 mL	259 mL	301 mL
PIP (Observed)	18 cm H2O	18 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	**01/09/25 1623**	**01/09/25 1622**	**01/09/25 1621**	**01/09/25 1620**	**01/09/25 1619**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.2 %	1.1 %	1.1 %
Inspired Sevoflurane	1.5 %	1.5 %	1.4 %	1.4 %	1.4 %
Pulse	**42 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !
NIBP	—	140/52	—	169/43	—
NIBP (Mean)	—	83	—	90	—
RR (EtCO2)	19 brpm	15 brpm	17 brpm	20 brpm	20 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	29 mmHg	31 mmHg	30 mmHg	32 mmHg	34 mmHg
FiO2	65 %	66 %	66 %	66 %	64 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**39** !
Temp 2	36.7 °C	36.7 °C	36.7 °C	36.7 °C	36.7 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	359 mL	336 mL	324 mL	311 mL	276 mL
PIP (Observed)	17 cm H2O	19 cm H2O	19 cm H2O	19 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20

Row Name	**01/09/25 1618**	**01/09/25 1617**	**01/09/25 1616**	**01/09/25 1615**	**01/09/25 1614**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.1 %	1.1 %	1.1 %	1.1 %
Inspired Sevoflurane	1.3 %	1.3 %	1.3 %	1.3 %	1.3 %
Pulse	**40 bpm** !	**39 bpm** !	**40 bpm** !	**41 bpm** !	**42 bpm** !
NIBP	171/47	—	190/49	—	192/61
NIBP (Mean)	92	—	99	—	110

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

RR (EtCO2)	19 brpm	21 brpm	24 brpm	26 brpm	28 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	29 mmHg	29 mmHg	28 mmHg	28 mmHg
FiO2	66 %	67 %	67 %	67 %	68 %
HR (ECG)	**39** !	**39** !	**48** !	**40** !	**41** !
Temp 2	36.8 °C	36.8 °C	36.8 °C	36.8 °C	36.8 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	330 mL	316 mL	310 mL	287 mL	285 mL
PIP (Observed)	18 cm H2O	18 cm H2O	17 cm H2O	17 cm H2O	16 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1613**	**01/09/25 1612**	**01/09/25 1611**	**01/09/25 1610**	**01/09/25 1609**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.1 %	1.1 %	1.1 %	1.2 %	1.2 %
Inspired Sevoflurane	1.3 %	1.3 %	1.3 %	1.4 %	1.4 %
Pulse	**42 bpm** !	**41 bpm** !	**41 bpm** !	**41 bpm** !	**39 bpm** !
NIBP	—	154/49	—	147/45	138/42
NIBP (Mean)	—	86	—	83	76
RR (EtCO2)	21 brpm	21 brpm	20 brpm	19 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	26 mmHg	28 mmHg	30 mmHg	29 mmHg	30 mmHg
FiO2	68 %	69 %	70 %	71 %	71 %
HR (ECG)	**42** !	**45** !	**45** !	**41** !	**39** !
Temp 2	36.8 °C	36.8 °C	36.8 °C	36.8 °C	36.9 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	332 mL	350 mL	335 mL	328 mL	352 mL
PIP (Observed)	18 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1608**	**01/09/25 1607**	**01/09/25 1606**	**01/09/25 1605**	**01/09/25 1604**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.2 %	1.2 %	1.2 %
Inspired Sevoflurane	1.4 %	1.4 %	1.4 %	1.4 %	1.5 %
Pulse	**39 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	146/41	—	163/44	—
NIBP (Mean)	—	78	—	88	—
RR (EtCO2)	19 brpm	19 brpm	16 brpm	19 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	30 mmHg	30 mmHg	31 mmHg	30 mmHg	31 mmHg
FiO2	72 %	73 %	74 %	75 %	76 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**40** !
Temp 2	36.9 °C	36.9 °C	36.9 °C	36.9 °C	36.9 °C
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume	342 mL	360 mL	298 mL	306 mL	294 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

(Observed)					
PIP (Observed)	17 cm H2O	17 cm H2O	17 cm H2O	16 cm H2O	17 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1603**	**01/09/25 1602**	**01/09/25 1601**	**01/09/25 1600**	**01/09/25 1559**
O2	0.7 L/min	0.7 L/min	0.7 L/min	0.7 L/min	5.5 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min	0.48 L/min
Expired Sevoflurane	1.2 %	1.2 %	1.3 %	1.3 %	1.4 %
Inspired Sevoflurane	1.5 %	1.6 %	1.6 %	1.7 %	1.8 %
Pulse	**38 bpm** !	**38 bpm** !	**38 bpm** !	**39 bpm** !	**39 bpm** !
NIBP	132/48	**121/35** !	—	**130/35** !	—
NIBP (Mean)	77	65	—	68	—
RR (EtCO2)	18 brpm	19 brpm	18 brpm	18 brpm	16 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	31 mmHg	31 mmHg	31 mmHg	31 mmHg	31 mmHg
FiO2	77 %	78 %	80 %	82 %	85 %
HR (ECG)	**41** !	**39** !	**39** !	**39** !	**39** !
Temp 2	36.9 °C	36.9 °C	36.9 °C	—	—
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation
Tidal Volume (Observed)	310 mL	311 mL	312 mL	331 mL	313 mL
PIP (Observed)	17 cm H2O	17 cm H2O	17 cm H2O	18 cm H2O	18 cm H2O
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
Row Name	**01/09/25 1558**	**01/09/25 1557**	**01/09/25 1556**	**01/09/25 1555**	**01/09/25 1554**
O2	5.5 L/min	5.6 L/min	0.85 L/min	0.85 L/min	0.85 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.48 L/min	0.48 L/min	0.46 L/min	0.46 L/min	0.46 L/min
Expired Sevoflurane	1.4 %	1.4 %	0.9 %	0.9 %	0.9 %
Inspired Sevoflurane	2.3 %	1.2 %	1 %	1 %	1.1 %
Pulse	**39 bpm** !	**40 bpm** !	**40 bpm** !	**42 bpm** !	**43 bpm** !
NIBP	**147/37** !	—	199/50	—	128/63
NIBP (Mean)	76	—	107	—	88
RR (EtCO2)	8 brpm	8 brpm	21 brpm	22 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	—	—	270 mL	270 mL	270 mL
Resp Rate (Set)	—	—	18 brpm	18 brpm	18 brpm
ETCO2	32 mmHg	32 mmHg	31 mmHg	29 mmHg	30 mmHg
FiO2	91 %	90 %	77 %	77 %	77 %
HR (ECG)	**39** !	**39** !	**40** !	**41** !	**43** !
Vent Mode	Pressure support ventilation	Pressure support ventilation	Pressure support ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	429 mL	628 mL	510 mL	366 mL	246 mL
PIP (Observed)	18 cm H2O	24 cm H2O	24 cm H2O	17 cm H2O	18 cm H2O
I:E Ratio	—	—	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	5 cm H20	5 cm H20	3 cm H20	8 cm H20
Row Name	**01/09/25 1553**	**01/09/25 1552**	**01/09/25 1551**	**01/09/25 1550**	**01/09/25 1549**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

O2	0.85 L/min	0.85 L/min	0.85 L/min	0.85 L/min	0.85 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.46 L/min	0.46 L/min	0.46 L/min	0.46 L/min	0 L/min
Expired Sevoflurane	1 %	1 %	1 %	1 %	1 %
Inspired Sevoflurane	1.1 %	1.1 %	1.1 %	1.2 %	1.3 %
Pulse	**40 bpm** !	**40 bpm** !	**40 bpm** !	**40 bpm** !	**40 bpm** !
NIBP	—	**100/30** !	**116/30** !	—	143/42
NIBP (Mean)	—	54	59	—	79
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	27 mmHg	32 mmHg	33 mmHg	36 mmHg	36 mmHg
FiO2	80 %	82 %	85 %	91 %	91 %
HR (ECG)	**40** !	**40** !	**40** !	**40** !	**40** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	119 mL	209 mL	405 mL	291 mL	270 mL
PIP (Observed)	14 cm H2O	12 cm H2O	10 cm H2O	16 cm H2O	19 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	8 cm H20	7 cm H20	5 cm H20	8 cm H20	8 cm H20
Row Name	**01/09/25 1548**	**01/09/25 1547**	**01/09/25 1546**	**01/09/25 1545**	**01/09/25 1544**
O2	4 L/min	4 L/min	0.75 L/min	0.75 L/min	0.75 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0.5 L/min	0.5 L/min	0.5 L/min
Expired Sevoflurane	1 %	1.2 %	1.4 %	1.4 %	1.5 %
Inspired Sevoflurane	1.1 %	1.3 %	1.7 %	1.8 %	1.8 %
Pulse	**40 bpm** !	**40 bpm** !	**40 bpm** !	**39 bpm** !	**39 bpm** !
NIBP	—	**92/35** !	—	**95/31** !	**93/31** !
NIBP (Mean)	—	53	—	52	51
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	37 mmHg	34 mmHg	36 mmHg	37 mmHg	34 mmHg
FiO2	94 %	85 %	73 %	74 %	75 %
HR (ECG)	**39** !	**40** !	**40** !	**39** !	**39** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	343 mL	284 mL	323 mL	239 mL	295 mL
PIP (Observed)	11 cm H2O	10 cm H2O	10 cm H2O	12 cm H2O	18 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	5 cm H20	4 cm H20	4 cm H20	6 cm H20	7 cm H20
Row Name	**01/09/25 1543**	**01/09/25 1542**	**01/09/25 1541**	**01/09/25 1540**	**01/09/25 1539**
O2	0.75 L/min	0.75 L/min	0.75 L/min	0.75 L/min	4.2 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min
Expired	1.5 %	1.6 %	1.8 %	1.9 %	2.1 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Sevoflurane					
Inspired Sevoflurane	2 %	2.1 %	2.3 %	2.6 %	3.1 %
Pulse	**39 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !	**38 bpm** !
NIBP	—	**100/35** !	—	**121/37** !	—
NIBP (Mean)	—	56	—	65	—
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	18 brpm
ETCO2	36 mmHg	37 mmHg	32 mmHg	33 mmHg	32 mmHg
FiO2	75 %	77 %	79 %	82 %	85 %
HR (ECG)	**39** !	**38** !	**38** !	**38** !	**38** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	165 mL	269 mL	247 mL	217 mL	193 mL
PIP (Observed)	14 cm H2O	18 cm H2O	16 cm H2O	16 cm H2O	12 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.77
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	7 cm H20	8 cm H20	7 cm H20	7 cm H20	6 cm H20
Row Name	**01/09/25 1538**	**01/09/25 1537**	**01/09/25 1536**	**01/09/25 1535**	**01/09/25 1534**
O2	4.2 L/min	4.2 L/min	4.2 L/min	1.1 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0.5 L/min	0.5 L/min	0.5 L/min	0.5 L/min	0 L/min
Expired Sevoflurane	2.4 %	2.4 %	1.6 %	0.8 %	0.5 %
Inspired Sevoflurane	4.2 %	3.5 %	1.6 %	1.1 %	1 %
Pulse	**39 bpm** !	**39 bpm** !	**42 bpm** !	**43 bpm** !	**45 bpm** !
NIBP	188/45	—	**203/52** !	**220/58** !	—
NIBP (Mean)	97	—	105	116	—
RR (EtCO2)	18 brpm	18 brpm	18 brpm	18 brpm	19 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	270 mL	270 mL	270 mL
Resp Rate (Set)	18 brpm	18 brpm	18 brpm	18 brpm	19 brpm
ETCO2	34 mmHg	35 mmHg	34 mmHg	34 mmHg	34 mmHg
FiO2	89 %	89 %	90 %	90 %	99 %
HR (ECG)	**39** !	**39** !	**41** !	**42** !	**46** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation	Volume Control Ventilation
Tidal Volume (Observed)	292 mL	238 mL	265 mL	276 mL	304 mL
PIP (Observed)	11 cm H2O	11 cm H2O	10 cm H2O	11 cm H2O	14 cm H2O
I:E Ratio	1:1.77	1:1.77	1:1.77	1:1.77	1:1.87
PEEP (Set)	5 cm H20	5 cm H20	5 cm H20	5 cm H20	5 cm H20
PEEP (Observed)	4 cm H20	6 cm H20	4 cm H20	5 cm H20	4 cm H20
Row Name	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1531**	**01/09/25 1530**	**01/09/25 1529**
O2	9.99 L/min	9.99 L/min	9.99 L/min	9.99 L/min	9.99 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Expired Sevoflurane	0.4 %	—	—	—	—
Inspired Sevoflurane	0.9 %	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Pulse	**38 bpm** !	**43 bpm** !	**38 bpm** !	**42 bpm** !	**42 bpm** !
NIBP	—	—	**123/36** !	—	—
NIBP (Mean)	—	—	63	—	—
RR (EtCO2)	19 brpm	**0 brpm** !	**4 brpm** !	**5 brpm** !	15 brpm
SpO2	100 %	100 %	100 %	100 %	100 %
Tidal Volume (Set)	270 mL	270 mL	—	—	—
Resp Rate (Set)	19 brpm	19 brpm	—	—	—
ETCO2	34 mmHg	17 mmHg	**0 mmHg** !	11 mmHg	17 mmHg
FiO2	98 %	100 %	100 %	98 %	98 %
HR (ECG)	**38** !	**44** !	**38** !	**41** !	**42** !
Vent Mode	Volume Control Ventilation	Volume Control Ventilation	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	334 mL	126 mL	32 mL	95 mL	262 mL
PIP (Observed)	12 cm H2O	18 cm H2O	19 cm H2O	—	—
I:E Ratio	1:1.87	1:1.87	—	—	—
PEEP (Set)	5 cm H20	5 cm H20	—	—	—
PEEP (Observed)	6 cm H20	10 cm H20	0 cm H20	—	—

Row Name	**01/09/25 1528**	**01/09/25 1527**	**01/09/25 1526**	**01/09/25 1525**	**01/09/25 1524**
O2	9.99 L/min	9.99 L/min	9.99 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Pulse	**43 bpm** !	**42 bpm** !	**43 bpm** !	**44 bpm** !	**45 bpm** !
NIBP	—	—	—	185/43	—
NIBP (Mean)	—	—	—	95	—
RR (EtCO2)	13 brpm	**0 brpm** !	**0 brpm** !	—	—
SpO2	100 %	100 %	100 %	100 %	100 %
ETCO2	21 mmHg	**0 mmHg** !	**0 mmHg** !	—	—
FiO2	98 %	98 %	97 %	—	—
HR (ECG)	**42** !	**43** !	**42** !	**44** !	**45** !
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off
Tidal Volume (Observed)	467 mL	29 mL	—	—	—

Row Name	**01/09/25 1523**	**01/09/25 1522**	**01/09/25 1521**	**01/09/25 1520**	**01/09/25 1519**
O2	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
N2O	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
Air	0 L/min	0 L/min	0 L/min	0 L/min	0 L/min
SpO2	92 %	92 %	96 %	—	—
Vent Mode	Vent Off	Vent Off	Vent Off	Vent Off	Vent Off

Row Name	**01/09/25 1518**
O2	0 L/min
N2O	0 L/min
Air	0 L/min
Vent Mode	Vent Off

I/O

Row Name	**01/09/25 1647**
Volume (mL)	500 mL

Interval Assessment

Row Name	**01/09/25 1717**	**01/09/25 1702**	**01/09/25 1647**	**01/09/25 1632**	**01/09/25 1617**
ECG	Normal sinus rhythm	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia
Position Check	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Row Name	01/09/25 1602	01/09/25 1547	01/09/25 1532	01/09/25 1517
ECG	Sinus bradycardia	Sinus bradycardia	Sinus bradycardia	—
Position Check	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked	Position checked;Eyes checked

Lines/Drains/Airways

Row Name	
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703

Positioning

Row Name	01/09/25 1516
Anatomical Position	Supine
Both Arms	Tucked
Supporting Devices	Arm support/arm sling
Position Check	Position checked;Eyes checked
Head / Face	Gel ring
Temperature site	Bladder

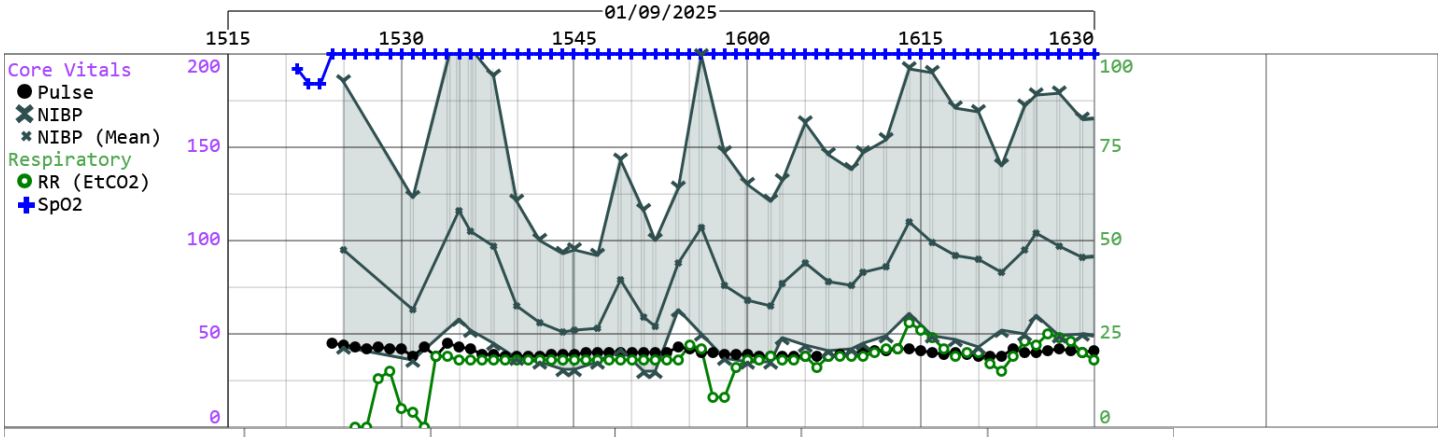
Pre-Anesthesia Checklist

Row Name	Anesthesia Event from 1/9/2025 in UWMC Main Operating Room	Anesthesia from 1/9/2025 in UWMC Main Operating Room
Suction	—	Working
Daily Machine Check	—	Complete
Anesthesia Circuit	—	Checked
Airway	—	Evaluated
Primary/Backup Airway Equipment	—	Available
Allergies	—	Confirmed
NPO	—	Per Guideline
ECG	—	On
BP	—	On
Pulse Ox	—	On
End Tidal CO2	—	On
Emergency Drugs	—	Available
IV Access	—	Functional
BP/HR Goals	—	Discussed

Anesthesia Graph

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

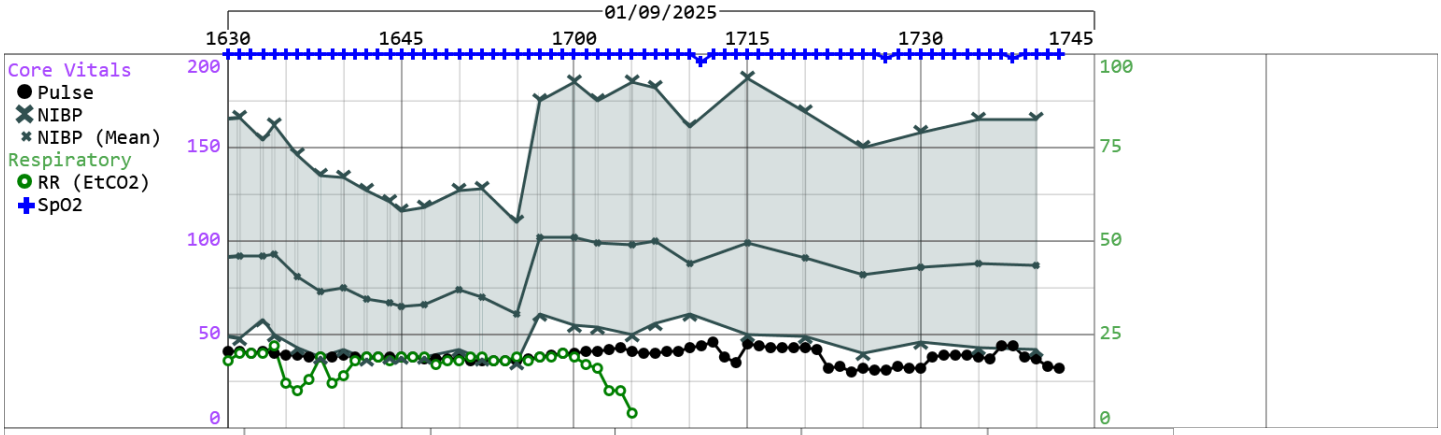
Anesthesia on 01/09/25 (continued)



O2	(L/min)	[9.99]	[0.75]	[5.5]	[0.7]	[0.7]
N2O	(L/min)	[0]	[0]	[0]	[0]	[0]
Air	(L/min)	[0]	[0.5]	[0.48]	[0.48]	[0.48]
Expired Sevofl…	(%)		[1.5]	[1.4]	[1.1]	[1.2]
Inspired Sevof…	(%)		[1.8]	[1.8]	[1.3]	[1.6]
propofol	(mg)	25	[35]			
etomidate	(mg)	4				
fentanyl	(mcg)	25			25	25
norep…	(mcg/kg/min)	0.02	[0.04]	[0.04]	0.06	[0.02]
ePHEDrine pre…	(mg)		5			
nitroglyceri…	(mcg)		20			
glycopyrrolate	(mg)	0.1	[0.3]			
epinephrine	(mcg)			[20]		
cefazolin	(g)			2		
insulin…	(Units/hr)					1.5
dexAMETHasone…	(mg)			5		
ROPivacaine 0…	(mL)			[30]		
lactated r…	(mL/hr)	100	[200]			
plasma-lyte	(mL)				/	
Vent Mode		[OFF]	[VCV]	[PSV]	[PSV]	[PSV]
		1515	1530	1545	1600	1615	1630
Tidal Volume …	(mL)	[262]	[295]	[313]	[285]	[315]
RR (EtCO2)	(brpm)	[15]	[18]	[16]	[28]	[20]
PIP (Obse…	(cm H2O)		[18]	[18]	[16]	[18]
PEEP (Set)	(cm H20)		[5]	[5]	[5]	[5]
PEEP (Obs…	(cm H20)		[7]	[5]	[5]	[5]
I:E Ratio			[1:1.77]	[1:1.77]		
ETCO2	(mmHg)	[17]	[34]	[31]	[28]	[30]
FiO2	(%)	[98]	[75]	[85]	[68]	[64]
SpO2	(%)	[100]	[100]	[100]	[100]	[100]
ECG			Sinus bradycar…	Sinus bradycar…	Sinus bradycar…	Sinus bradycar…
HR (ECG)		[42]	[39]	[39]	[41]	[40]
Temp 2					[36.8]	[36.6]
Position Check		[Position chec…	Position check…	Position check…	Position check…	Position check…
Tidal Volume …	(mL)		[270]	[270]		
Resp Rate (…	(brpm)		[18]	[18]		
PEEP (Set)	(cm H20)		[5]	[5]	[5]	[5]
I:E Ratio			[1:1.77]	[1:1.77]		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

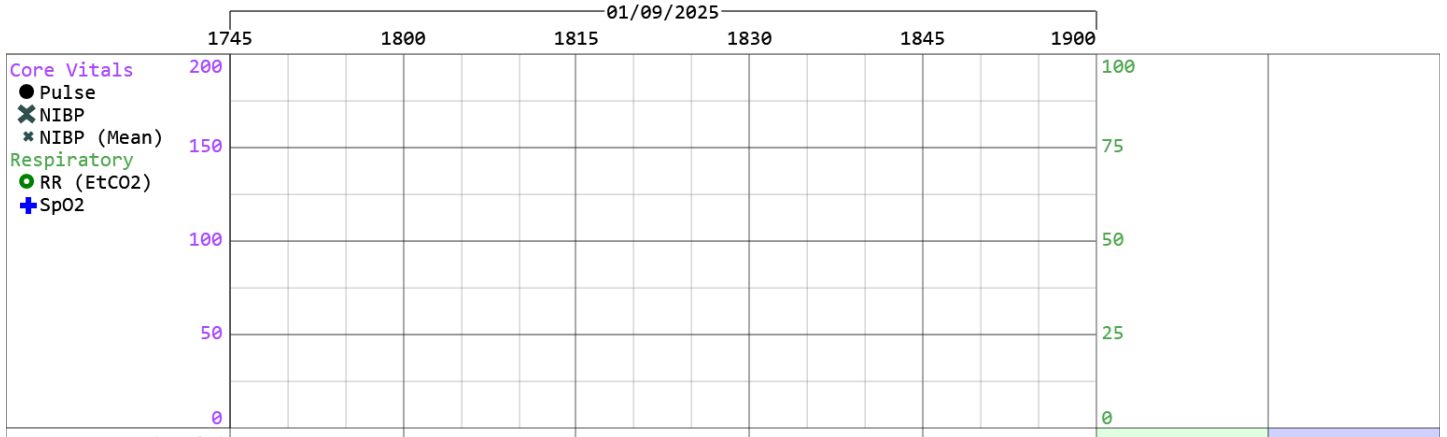


O2	(L/min)	[0.7]	[3.3]	[0]	[0]	[0]
N2O	(L/min)	[0]	[0]	[0]	[0]	[0]
Air	(L/min)	[0.48]	[0]	[0]	[0]	[0]
Expired Sevofl…	(%)	[1.4]	[0.4]	[0]		
Inspired Sevof…	(%)	[1.7]	[0.4]	[0]	[0]	
propofol	(mg)					
etomidate	(mg)					
fentanyl	(mcg)					
norep…	(mcg/kg/min)		[0.02]			
ePHEDrine pre…	(mg)		10			
nitroglyceri…	(mcg)					
glycopyrrolate	(mg)					
epinephrine	(mcg)		10			
cefazolin	(g)					
insulin…	(Units/hr)	1.5				
dexAMETHasone…	(mg)					
ROPivacaine 0…	(mL)					
lactated r…	(mL/hr)	200	50			50
plasma-lyte	(mL)		500			*
Vent Mode		[PSV]	[PSV]	[OFF]	[OFF]	[OFF]

	1630	1645	1700	1715	1730	1745
Tidal Volume …	(mL)	[316]	[333]	[81]		
RR (EtCO2)	(brpm)	[18]	[20]	[4]		
PIP (Obse…	(cm H2O)	[19]	[18]	[6]		
PEEP (Set)	(cm H20)	[5]	[5]	[5]		
PEEP (Obs…	(cm H20)	[5]	[5]	[5]		
I:E Ratio						
ETCO2	(mmHg)	[31]	[28]	[5]		
FiO2	(%)	[64]	[98]	[98]		
SpO2	(%)	[100]	[100]	[100]	[100]	[100]
ECG		Sinus bradycar…	Sinus bradycar…	Sinus bradycar…	NSR	
HR (ECG)		[38]	[39]	[36]	[40]	[32]
Temp 2		[36.3]	[36.1]	[36]		
Position Check		Position check…	Position check…	Position check…	Position check…	
Tidal Volume …	(mL)					
Resp Rate (…	(brpm)					
PEEP (Set)	(cm H20)	[5]	[5]	[5]		
I:E Ratio						

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)



| | | |

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Anesthesia Orders

propofol (Diprivan) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1526** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1526 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1526 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 63323-269-22

etomidate (Amidate) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1527** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1527 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1526 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0143-9506-01

fentaNYL PF injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1528** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1528 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1528 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0409-9094-12

norepinephrine 16 mg in D5W 250 mL (0.064 mg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1529** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1529 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: STAT Continuous PRN 01/09/25 1529 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 0338-0116-20

ePHEDrine injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1531** — Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1531 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1531 - 01/09/25 1812 — Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] — Package: 51754-4250-1

Airway Placement (Final result)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1648** — Status: **Completed**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1648 — Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD — Ordering mode: Standard
Frequency: Routine Once 01/09/25 1649 - 1 occurrence — Class: Clinic Performed
Quantity: 1 — Lab status: Final result
Instance released by: Czarnecki, Maciej, MD 1/9/2025 4:48 PM
Order comments: This order was created via procedure documentation

Airway Placement — Resulted: 01/09/25 1532, Result status: Final result

Ordering provider: Czarnecki, Maciej, MD 01/09/25 1648 — Order status: Completed
Filed by: Czarnecki, Maciej, MD 01/09/25 1650 — Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:
Czarnecki, Maciej, MD 1/9/2025 4:50 PM
Airway Placement

Staff:
Performing Provider: Czarnecki, Maciej, MD
Authorizing Provider: Bollag, Laurent Albert, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Airway management:
Patient location: OR/Procedural area
Final airway type: Supraglottic airway
Intubation reason: General anesthesia/planned procedure

Induction:
Positioning: supine
Preoxygenation: Yes
Apneic Oxygenation: Standard nasal cannula at flush rate
Mask Ventilation: Grade 1 - Ventilated by mask

Intubation:

Number of Attempts: 1

Final Attempt
Airway Type: SGA
LMA Type: i-gel
LMA Size:3

Assessment:
Confirmation: auscultation
Difficult Airway: no
Procedure Abandoned: no

Date / Time Airway Secured / Re-Secured:
1/9/2025 3:32 PM

Procedures Performed	Chargeables
UWM ANE SUPRAGLOTTIC AIRWAY LDA PERFORMABLE ONLY [11231501]	

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

nitroGLYCERIN in D5W syringe (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1538** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1538 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1536 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Medication comments: Pharmacy - DO NOT SEND unless requested.
Package: 9999-0036-20

glycopyrrolate (Robinul) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1543** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1543 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1543 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0143-9587-25

EPINEPHrine in D5W syringe (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1546** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1546 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1546 - 01/09/25 1812 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 70092-1617-46

ceFAZolin (Ancef) injection (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1552**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1552
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1551 - 01/09/25 1812
Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 0143-9924-90

lactated ringers infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1615**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1615
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1516 - 01/09/25 1812
Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge]
Package: 0338-0117-04

Nerve Block (Final result)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1621**
Status: **Completed**
Ordering user: Houston, Nicklaus, MD 01/09/25 1621
Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1622 - 1 occurrence
Class: Clinic Performed
Quantity: 1
Lab status: Final result
Instance released by: Houston, Nicklaus, MD 1/9/2025 4:21 PM
Order comments: This order was created via procedure documentation

Nerve Block
Resulted: 01/09/25 1621, Result status: Final result

Ordering provider: Houston, Nicklaus, MD 01/09/25 1621
Order status: Completed
Filed by: Houston, Nicklaus, MD 01/09/25 1625
Resulting lab: OUTSIDE REFERENCE PERFORMING LAB
Narrative:

Houston, Nicklaus, MD 1/9/2025 4:25 PM
Nerve Block

Staff:
Performing provider: Houston, Nicklaus, MD
Authorizing provider: Bollag, Laurent Albert, MD

Block Indication/Location:
Patient location: OR/Procedural area
Reason for block: post-op pain management.

Consent:
Type: verbal consent obtained
Risk discussed: block failure or incomplete block, motor weakness, nerve injury, bleeding, infection and local anesthetic toxicity.
Obtained by: Bollag, Laurent Albert, MD.
Obtained from: patient

Regional anesthesia checklist:
Patient identifed with two distinct identifiers
Procedural consent reviewed
Block site confirmed by hospital protocol
Allergies reviewed
Anticoagulation status reviewed
Maximum local anesthetic dose calculated
Emergency drugs available
Medication syringes labeled
Monitoring in place

Block type:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

Procedure type: nerve catheter
Block laterality: left
Block: femoral

Preparation:
Patient position: reclined
Patient sedation: sedated
Monitors: SpO2, ECG, NIBP and EtCO2
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask, sterile drape and probe cover
Skin local anesthetic used: injected

Block needle:
Needle type: Tuohy
Needle gauge: 18 G
Needle length: 3.5 in
Guidance: ultrasound (in plane)no

Catheter:
Catheter type: epidural
Catheter size: 19 G
Ultrasound verification: Yes
Depth catheter secured at skin 15 cm
Securement: dermabond and clear occlusive dressing

Date and time block placed:
1/9/2025 4:00 PM

Additional block(s)

Block type:
Procedure type: single shot block
Block laterality: left
Block: sciatic (popliteal)

Preparation:
Position: reclined
Skin prep: chlorhexidine
Sterile barriers: sterile gloves, mask and probe cover
Skin LA used: injected

Block needle:
Needle type: block needle
Needle gauge: 21 G
Needle length: 100 mm
Guidance: ultrasound (in plane)
Ultrasound image saved: no

Date and time block placed:
1/9/2025 3:50 PM

Assessment:
Sensory block: unable to assess
Motor block: unable to assess
Pain relief: unable to assess
Complications: well tolerated

Final block comments:
Femoral catheter 10cm at skin initially, tunneled to 15cm at skin.
Catheter site confirmed with US and secured with dermabond + tegaderm
after tunneling.

Procedures Performed	Chargeables
HC INJECTION AA&/STRD FEM NRV CONT NFS CATH	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Anesthesia on 01/09/25 (continued)

IMG GDN [04901042]

HC INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN [04901039]

PR INJECTION AA&/STRD FEM NRV CONT NFS CATH IMG GDN [64448]

PR INJECTION AA&/STRD SCIATIC NERVE W/IMG GDN [64445]

UWM ANE PERIPHERAL NERVE BLOCK LDA PERFORMABLE ONLY [11210000009]

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
17 - REFLAB	OUTSIDE REFERENCE PERFORMING LAB	Pcp, Unknown	(See Results)	08/18/21 1016 - Present

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1625** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1625 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1625 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0338-0126-12

dexAMETHasone PF (Decadron) injection (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1626 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1555 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 63323-506-01

ROPivacaine PF 0.2 % injection (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1626 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine PRN 01/09/25 1555 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 63323-285-61

Plasma-Lyte A infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1647** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1647 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Continuous PRN 01/09/25 1610 - 01/09/25 1812 Class: Normal
Discontinued by: Czarnecki, Maciej, MD 01/09/25 1812 [Patient discharge] Package: 0338-0221-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations

acetaminophen (Ofirmev) IV 1,000 mg [363639848]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/25/25 1126
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Once
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 1156 - 01/25/25 1336
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1321 by Hollingsworth, Louise C, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 1321 Documented: 01/25/25 1321	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Hollingsworth, Louise C, RN Comments: lost IV access Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [366746873]

Ordering Provider: Naidoo, Neha, MD
Ordered On: 02/08/25 2032
Ordered Dose (Remaining/Total): 1,000 mg (0/3)
Frequency: Every 8 hours
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 2103 - 02/09/25 1305
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/09/25 0042 by Stanikzy, Ameenjohn A, RN	—

Timestamps	Action	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/09/25 1250 Documented: 02/09/25 1251	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 63323-434-41
Performed 02/09/25 0519 Documented: 02/09/25 0520	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous —	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-434-41
Performed 02/09/25 0042 Documented: 02/09/25 0042	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous —	Performed by: Stanikzy, Ameenjohn A, RN Comments: retimed in place of PO

acetaminophen (Ofirmev) IV 1,000 mg [369566530]

Ordering Provider: Abe, Ryan Michaela Crenshaw, MD
Ordered On: 02/22/25 0605
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Once as needed
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/22/25 0605 - 02/22/25 1009
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 0954 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/22/25 0954 Documented: 02/22/25 0954	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [369616892]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/22/25 1600
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Every 6 hours PRN
Admin Instructions: Do NOT refrigerate.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/22/25 1600 - 02/22/25 1631
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 1616 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/22/25 1616 Documented: 02/22/25 1616	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IV 1,000 mg [369663655]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 0738
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: Every 6 hours
Admin Instructions: Do NOT refrigerate.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 0809 - 02/23/25 0825
Route: Intravenous
Ordered Rate/Order Duration: 400 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 0810 by Porter, Allen, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/23/25 0810 Documented: 02/23/25 0810	New Bag/Syringe	1,000 mg 400 mL/hr 15 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-434-41

acetaminophen (Ofirmev) IVPB 500 mg [360369594]

Ordering Provider: Gicheru, Florence W, ARNP
Ordered On: 01/09/25 2248
Ordered Dose (Remaining/Total): 500 mg (0/8)
Frequency: Every 6 hours
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/10/25 0000 - 01/11/25 1900
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	None of the above choices apply	—
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain):	Yes	—
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.:	Yes	—
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?:	Yes	—
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Left Forearm	01/10/25 1407 by Thomas, Tamlyn P, RN	—
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/10/25 2300 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 1845 Documented: 01/11/25 1845	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 36000-306-60
Performed 01/11/25 1113 Documented: 01/11/25 1114	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 36000-306-60
Performed 01/11/25 0555 Documented: 01/11/25 0555	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 36000-306-60

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 2300 Documented: 01/10/25 2306	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 36000-306-60
Performed 01/10/25 1817 Documented: 01/10/25 1817	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 36000-306-60
Performed 01/10/25 1407 Documented: 01/10/25 1408	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Thomas, Tamlyn P, RN Scanned Package: 36000-306-60
Performed 01/10/25 0549 Documented: 01/10/25 0549	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 36000-306-60
Performed 01/09/25 2327 Documented: 01/09/25 2327	New Bag/Syringe	500 mg 200 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 36000-306-60

acetaminophen (Ofirmev) IVPB 650 mg [361931377]

Ordering Provider: Fritel, Laura, ARNP
Ordered On: 01/17/25 0056
Ordered Dose (Remaining/Total): 650 mg (0/1)
Frequency: Once
Admin Instructions: Do NOT refrigerate.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/17/25 0127 - 01/17/25 0137
Route: Intravenous
Ordered Rate/Order Duration: 260 mL/hr / 15 Minutes

Question	Answer	Comment
How does patient meet IV acetaminophen usage criteria?:	Pt on surg. pathway approved by P&T and has NOT had 2 doses of IV acetaminophen in the perioperative period	—

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 0122 by Mazariegos, Oscar, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/17/25 0122 Documented: 01/17/25 0123	New Bag/Syringe	650 mg 260 mL/hr 15 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-434-41

acetaminophen (Tylenol) liquid 650 mg [361928311]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/17/25 0029
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Admin Instructions: For mild pain if used alone or moderate to

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 0100 - 01/29/25 1829
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: .

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/29/25 1644 Documented: 01/29/25 1653	Not Given Order parameters not met	650 mg	Oral	Performed by: Bustamante Campusano, Diana, RN Comments: aspiration risk
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	650 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 0121-1971-21
Performed 01/29/25 0144 Documented: 01/29/25 0144	Refused	650 mg	Oral	Performed by: Talmage, Jason M, RN
Performed 01/28/25 1627 Documented: 01/28/25 1628	Given	650 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0121-1971-21
Performed 01/28/25 0904 Documented: 01/28/25 0904	Refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/28/25 0152 Documented: 01/28/25 0152	Not Given Other	650 mg	Oral	Performed by: Kirkendall, Katelyn D, RN Comments: patient not a/o to take po
Performed 01/27/25 1714 Documented: 01/27/25 1714	Not Given See Comments	650 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt not alert enough to take
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	650 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/27/25 0054 Documented: 01/27/25 0056	Not Given NPO	650 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: no PO meds per care plan
Performed 01/26/25 1745 Documented: 01/26/25 1746	Held NPO	0 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: Aspiration risk. Order for PRN PR Tylenol given <8 hours ago

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	650 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 2350 Documented: 01/25/25 2350	Not Given See Comments	650 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt NPO
Performed 01/25/25 1740 Documented: 01/25/25 1741	Not Given See Comments	650 mg	Oral	Performed by: Hollingsworth, Louise C, RN Comments: not oriented
Performed 01/25/25 1159 Documented: 01/25/25 1159	Not Given See Comments	650 mg	Oral	Performed by: Hollingsworth, Louise C, RN Comments: duplicate
Performed 01/25/25 0051 Documented: 01/25/25 0052	Not Given Patient/family refused	650 mg	Oral	Performed by: Porter, Allen, RN Comments: Per son
Performed 01/24/25 1646 Documented: 01/24/25 1646	Not Given Patient/family refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/24/25 0823 Documented: 01/24/25 0823	Refused	650 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/23/25 2310 Documented: 01/23/25 2310	Not Given Other	650 mg	Oral	Performed by: Tesfasilassie, Roma T, RN Comments: unable to swallow
Performed 01/23/25 1629 Documented: 01/23/25 1630	Refused	650 mg	Oral	Performed by: Kit, Ellen, RN Comments: 1700 dose given, refused noon dose
Performed 01/23/25 1624 Documented: 01/23/25 1625	Given	650 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 0121-1971-21
Performed 01/23/25 0047 Documented: 01/23/25 0049	Not Given Other	650 mg	Oral	Performed by: Patino Castro, Jennifer A, RN Comments: patient coughing on medication Scanned Package: 0121-1971-21
Performed 01/22/25 2103 Documented: 01/22/25 2103	Given	650 mg	Oral	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0121-1971-21

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 0942 Documented: 01/22/25 0946	Not Given Other	650 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Comments: pt not alert enough to take PO meds safely
Performed 01/22/25 0136 Documented: 01/22/25 0136	Given	650 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0121-1971-21
Performed 01/21/25 1753 Documented: 01/21/25 1753	Given	650 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0121-1971-21
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	650 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0121-1971-21
Performed 01/21/25 0147 Documented: 01/21/25 0149	Not Given See Comments	650 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt unable to swallow liquid, coughing afterwards Scanned Package: 0121-1971-21
Performed 01/20/25 1620 Documented: 01/20/25 1623	Given	650 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0121-1971-21
Performed 01/20/25 1103 Documented: 01/20/25 1103	Refused	650 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Comments: Patient not alert enough to safely swallow medication
Performed 01/20/25 0055 Documented: 01/20/25 0055	Not Given Patient sleeping	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/19/25 1737 Documented: 01/19/25 1738	Not Given See Comments	650 mg	Oral	Performed by: Johnson, Marita F, RN Comments: worried about aspiration
Performed 01/19/25 0824 Documented: 01/19/25 0825	Not Given Other	650 mg	Oral	Performed by: Gordon, Carrie, RN Comments: Pt given this med at 5:15am
Performed 01/19/25 0515 Documented: 01/19/25 0515	Given	650 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0121-1971-21
Performed 01/19/25 0040 Documented: 01/19/25 0301	Refused	650 mg	Oral	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 1607 Documented: 01/18/25 1609	Given	650 mg	Oral	Performed by: Burke, Ashley P, RN Comments: pt took about half the dose then declined the remainder
Performed 01/18/25 0851 Documented: 01/18/25 0853	Given	650 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0121-1971-21
Performed 01/18/25 0026 Documented: 01/18/25 0031	Given	650 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0121-1971-21
Performed 01/17/25 1656 Documented: 01/17/25 1656	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0121-1971-21
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0121-1971-21
Performed 01/17/25 0058 Documented: 01/17/25 0059	Held Other	0 mg	Oral	Performed by: Giang, Ellen Kim, PharmD Comments: giving IV

acetaminophen (Tylenol) rectal suppository 650 mg [362369337]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/19/25 2332
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 2332 - 02/01/25 1336
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 0152 Documented: 01/28/25 0153	Given	650 mg	Rectal	Performed by: Kirkendall, Katelyn D, RN
Performed 01/27/25 1215 Documented: 01/27/25 1216	Given	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1238 Scanned Package: 45802-730-00
Performed 01/27/25 0936 Documented: 01/27/25 1001	Not Given See Comments	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: Nubain arrived prior to administration

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 1503 Documented: 01/26/25 1505	Given	650 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 45802-730-00
Performed 01/26/25 1441 Documented: 01/26/25 1441	Not Given Patient/family refused	650 mg	Rectal	Performed by: Smith, Meagan Q, RN
Performed 01/25/25 1839 Documented: 01/25/25 1839	Given	650 mg	Rectal	Performed by: Hollingsworth, Louise C, RN
Performed 01/20/25 0356 Documented: 01/20/25 0357	Refused	650 mg	Rectal	Performed by: Dela Cruz, Catherine B, RN Comments: refused by son

acetaminophen (Tylenol) rectal suppository 650 mg [365586090]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/03/25 1732
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/03/25 1732 - 02/23/25 0738
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/19/25 1544 Documented: 02/19/25 1544	Given	650 mg	Rectal	Performed by: Bustamante Campusano, Diana, RN
Performed 02/19/25 0605 Documented: 02/19/25 0605	Given	650 mg	Rectal	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 45802-730-00
Performed 02/18/25 2057 Documented: 02/18/25 2057	Given	650 mg	Rectal	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 45802-730-00
Performed 02/18/25 1554 Documented: 02/18/25 1554	Given	650 mg	Rectal	Performed by: Porter, Allen, RN Comments: UTA Scanned Package: 45802-730-00
Performed 02/16/25 2132 Documented: 02/16/25 2132	Given	650 mg	Rectal	Performed by: Moroye, Jessica, RN Scanned Package: 45802-730-00
Performed 02/16/25 0354 Documented: 02/16/25 0354	Given	650 mg	Rectal	Performed by: Sauder, Jessica, RN Scanned Package: 45802-730-00

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 1525 Documented: 02/14/25 1525	Given	650 mg	Rectal	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 45802-730-00
Performed 02/13/25 2331 Documented: 02/13/25 2331	Given	650 mg	Rectal	Performed by: Limyukok, Mysha, RN Scanned Package: 45802-730-00
Performed 02/11/25 1144 Documented: 02/11/25 1147	Given	650 mg	Rectal	Performed by: Bennett, Theodore, RN Scanned Package: 45802-730-00
Performed 02/11/25 0358 Documented: 02/11/25 0358	Given	650 mg	Rectal	Performed by: Nguyen, Deanna, RN Scanned Package: 45802-730-00
Performed 02/10/25 0505 Documented: 02/10/25 0509	Given	650 mg	Rectal	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 45802-730-00
Performed 02/09/25 1013 Documented: 02/09/25 1015	Given	650 mg	Rectal	Performed by: Sano, Naomi, RN Comments: barcode on suppo package, unreadable, checked 5 rights.
Performed 02/07/25 0028 Documented: 02/07/25 0028	Given	650 mg	Rectal	Performed by: Yohannes, Mayda, RN Scanned Package: 45802-730-00
Performed 02/06/25 1659 Documented: 02/06/25 1659	Given	650 mg	Rectal	Performed by: Wu, Lesly, RN Scanned Package: 45802-730-00
Performed 02/05/25 1959 Documented: 02/05/25 2006	Given	650 mg	Rectal	Performed by: Sirichana, Geraldine N, RN Scanned Package: 45802-730-00
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	650 mg	Rectal	Performed by: Wu, Lesly, RN Scanned Package: 45802-730-00
Performed 02/04/25 2339 Documented: 02/04/25 2339	Given	650 mg	Rectal	Performed by: Sirichana, Geraldine N, RN
Performed 02/03/25 1757 Documented: 02/03/25 1757	Given	650 mg	Rectal	Performed by: Clark, Rachael E, RN

acetaminophen (Tylenol) rectal suppository 650 mg [370787037]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/27/25 1612
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/27/25 1612 - 03/08/25 1537
Route: Rectal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2311 Documented: 03/07/25 2313	Given	650 mg	Rectal	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 45802-730-00
Performed 03/07/25 1411 Documented: 03/07/25 1411	Given	650 mg	Rectal	Performed by: Puleo, Rosalie, RN Scanned Package: 45802-730-00
Performed 03/03/25 2251 Documented: 03/03/25 2257	Given	650 mg	Rectal	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 45802-730-00
Performed 02/27/25 1654 Documented: 02/27/25 1654	Given	650 mg	Rectal	Performed by: Long, Lijie, RN Scanned Package: 45802-730-00

acetaminophen (Tylenol) tablet 1,000 mg [365212059]

Ordering Provider: Chen, Tiffany Chia-An, MD
Ordered On: 02/01/25 1336
Ordered Dose (Remaining/Total): 1,000 mg (—/—)
Frequency: Every 8 hours
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/01/25 1600 - 02/08/25 2050
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: ..

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/08/25 1457 Documented: 02/08/25 1457	Not Given See Comments	1,000 mg	Oral	Performed by: Hwee, Carla, RN Comments: Unable to take PO
Performed 02/08/25 1116 Documented: 02/08/25 1117	Not Given See Comments	1,000 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/08/25 0055 Documented: 02/08/25 0055	Not Given See Comments	1,000 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: unable to tolerate po
Performed 02/07/25 1720 Documented: 02/07/25 1720	Not Given Other	1,000 mg	Oral	Performed by: Kit, Ellen, RN Comments: unable to tolerate po

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 0944 Documented: 02/07/25 0944	Given	1,000 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: sleeping earlier Scanned Package: 50580-457-11, 50580-457-11
Performed 02/07/25 0035 Documented: 02/07/25 0043	Not Given See Comments	1,000 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: prn suppository given
Performed 02/06/25 1653 Documented: 02/06/25 1653	Not Given See Comments	1,000 mg	Oral	Performed by: Wu, Lesly, RN Comments: suppository prn given
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	1,000 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 02/05/25 2329 Documented: 02/05/25 2334	Given	1,000 mg	Oral	Performed by: Sirichana, Geraldine N, RN
Performed 02/05/25 1641 Documented: 02/05/25 1642	Given	1,000 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6720-80
Performed 02/05/25 0933 Documented: 02/05/25 0934	Not Given See Comments	1,000 mg	Oral	Performed by: Wu, Lesly, RN Comments: suppository given instead
Performed 02/05/25 0036 Documented: 02/05/25 0038	Not Given See Comments	1,000 mg	Oral	Performed by: Sirichana, Geraldine N, RN Comments: suppository given
Performed 02/04/25 1609 Documented: 02/04/25 1610	Given	1,000 mg	Oral	Performed by: Avila, Nicole C, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 02/04/25 1321 Documented: 02/04/25 1321	Unheld by provider	—	—	Performed by: Chen, Tiffany Chia-An, MD
Performed 02/04/25 0800 Documented: 02/03/25 1732	Automatically Held	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/04/25 0000 Documented: 02/03/25 1732	Automatically Held	—	—	Performed by: Sokol-Hessner, Lauge, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 1732 Documented: 02/03/25 1732	Held By Provider Other	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/03/25 1726 Documented: 02/03/25 1727	Not Given See Comments	1,000 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take oral medication due to LOC
Performed 02/03/25 1337 Documented: 02/03/25 1337	Not Given See Comments	1,000 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 2359 Documented: 02/03/25 0002	Given	1,000 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 1713 Documented: 02/02/25 1713	Given	1,000 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 0916 Documented: 02/02/25 0917	Given	1,000 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50580-457-11, 50580-457-11
Performed 02/02/25 0042 Documented: 02/02/25 0042	Refused	1,000 mg	Oral	Performed by: Johnston, Kristen L, RN
Performed 02/01/25 1529 Documented: 02/01/25 1530	Given	1,000 mg	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 50580-457-11, 50580-457-11

acetaminophen (Tylenol) tablet 325-650 mg [360348782]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1807
Ordered Dose (Remaining/Total): 325-650 mg (—/—)
Frequency: Every 6 hours scheduled
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1838 - 01/09/25 2221
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 2233 Documented: 01/09/25 2233	Not Given NPO	—	Oral	Performed by: Sande, Nathan R, RN

acetaminophen (Tylenol) tablet 500 mg [365212060]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/01/25 1336
Ordered Dose (Remaining/Total): 500 mg (—/—)
Frequency: Daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/01/25 1335 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1019 Documented: 02/15/25 1019	Unheld by provider	—	—	Performed by: Pillai, Sunita, MD
Performed 02/03/25 1732 Documented: 02/03/25 1732	Held By Provider Other	—	—	Performed by: Sokol-Hessner, Lauge, MD
Performed 02/01/25 2047 Documented: 02/01/25 2049	Given	500 mg	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 50580-457-11

acetaminophen (Tylenol) tablet 650 mg [360656331]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1043
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2200 - 01/17/25 0029
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/16/25 1628 Documented: 01/16/25 1631	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/16/25 0124 Documented: 01/16/25 0124	Given	650 mg	Oral	Performed by: Aidoo, Nana S, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 1830 Documented: 01/15/25 1831	Given	650 mg	Oral	Performed by: Howey, Alice J, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	650 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/15/25 0159 Documented: 01/15/25 0555	Not Given Patient/family refused	650 mg	Oral	Performed by: Johnston, Christopher L, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 1827 Documented: 01/14/25 1828	Not Given Patient/family refused	650 mg	Oral	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	650 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/14/25 0203 Documented: 01/14/25 0203	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/13/25 1834 Documented: 01/13/25 1834	Not Given NPO	650 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	650 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0202 Documented: 01/13/25 0202	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1626 Documented: 01/12/25 1626	Given	650 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/12/25 0907 Documented: 01/12/25 0907	Given	650 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/12/25 0647 Documented: 01/12/25 0647	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2113 Documented: 01/11/25 2114	Given	650 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 50580-458-11, 50580-458-11

acetaminophen (Tylenol) tablet 650 mg [364596988]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/29/25 1829
Ordered Dose (Remaining/Total): 650 mg (—/—)
Frequency: Every 8 hours scheduled
Admin Instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/29/25 1900 - 02/01/25 1336
Route: Oral
Ordered Rate/Order Duration: — / —
Note to pharmacy: ..

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	650 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 02/01/25 0539 Documented: 02/01/25 0539	Not Given Patient sleeping	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 2217 Documented: 01/31/25 2318	Given	650 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/31/25 1524 Documented: 01/31/25 1524	Refused	650 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 01/31/25 0605 Documented: 01/31/25 0605	Given	650 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50580-458-11, 50580-458-11
Performed 01/30/25 2208 Documented: 01/30/25 2209	Not Given Patient sleeping	650 mg	Oral	Performed by: Mikulikova, Julia, RN Comments: ok to hold per provider
Performed 01/30/25 1402 Documented: 01/30/25 1403	Given	650 mg	Oral	Performed by: Liu, Kayla W, RN Comments: pt refusing to eat more cream of wheat, then pt off unit in wheelchair Scanned Package: 50580-458-11, 50580-458-11
Performed 01/30/25 0301 Documented: 01/30/25 0301	Refused	650 mg	Oral	Performed by: Dela Cruz, Catherine B, RN
Performed 01/29/25 1854 Documented: 01/29/25 1854	Given	650 mg	Oral	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 50580-458-11, 50580-458-11

albumin human 5 % IV solution 12.5 g [366689624]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 12.5 g (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/08/25 1021
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: Infuse over 5-10 mL/min (may be given faster in urgent situations)

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 1021 by Hwee, Carla, RN	—

Timestamps	Action	Dose	Route	Other Information

Medication Administrations (continued)

Performed 02/08/25 1021 Documented: 02/08/25 1021	New Bag/Syringe	12.5 g	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0944-0495-06

ascorbic acid (Vitamin C) tablet 500 mg [361513842]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 500 mg (13/28)
Frequency: 2 times daily
Status: Dispensed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/29/25 0859
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	500 mg	Oral	Performed by: Aidoo, Nana S, RN Scanned Package: 0904-0523-61
Performed 01/28/25 0905 Documented: 01/28/25 1201	Not Given Patient/family refused	500 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2100 Documented: 01/27/25 2109	Refused	500 mg	Oral	Performed by: Paras, Michael, RN Scanned Package: 0904-0523-61
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	500 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 2010 Documented: 01/26/25 2010	Not Given NPO	500 mg	Oral	Performed by: Dickinson, Zoe E, RN
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	500 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1918 Documented: 01/25/25 1918	Not Given See Comments	500 mg	Oral	Performed by: Soto, Kalea G, RN Comments: Pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	500 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2147 Documented: 01/25/25 0053	Not Given Patient/family refused	500 mg	Oral	Performed by: Porter, Allen, RN Comments: Per son

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	500 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-0523-61
Performed 01/23/25 1950 Documented: 01/23/25 1950	Not Given Other	500 mg	Oral	Performed by: Kit, Ellen, RN Comments: pt unable to tolerate po
Performed 01/23/25 1630 Documented: 01/23/25 1630	Refused	500 mg	Oral	Performed by: Kit, Ellen, RN
Performed 01/22/25 2104 Documented: 01/22/25 2140	Not Given Contraindicated	500 mg	Oral	Performed by: Lefler, Chelsea Lynne, RN Comments: pt unable to follow commands at this time
Performed 01/22/25 1327 Documented: 01/22/25 1328	Given	500 mg	Oral	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2131 Documented: 01/21/25 2132	Given	500 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-0523-61
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	500 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-0523-61
Performed 01/20/25 2133 Documented: 01/20/25 2134	Given	500 mg	Oral	Performed by: Soto, Kalea G, RN Scanned Package: 0904-0523-61
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	500 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-0523-61
Performed 01/19/25 2106 Documented: 01/19/25 2106	Refused	500 mg	Oral	Performed by: Johnson, Marita F, RN Comments: pt refusing bites of food
Performed 01/19/25 0822 Documented: 01/19/25 0823	Given	500 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 0904-0523-61
Performed 01/18/25 2029 Documented: 01/18/25 2030	Given	500 mg	Oral	Performed by: Jallow, Yusupha, RN Scanned Package: 0904-0523-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0903 Documented: 01/18/25 0903	Given	500 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0904-0523-61
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	500 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-0523-61
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	500 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-0523-61
Performed 01/16/25 2056 Documented: 01/16/25 2056	Given	500 mg	Oral	Performed by: Mazariegos, Oscar, RN Scanned Package: 0904-0523-61
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	500 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-0523-61
Performed 01/15/25 2100 Documented: 01/15/25 2100	Not Given See Comments	500 mg	Oral	Performed by: Howey, Alice J, RN Comments: patient too drawsy to swallow
Performed 01/15/25 1306 Documented: 01/15/25 1306	Given	500 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-0523-61

aspirin chewable tablet 81 mg [360924916]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/13/25 1132
Ordered Dose (Remaining/Total): 81 mg (—/—)
Frequency: Daily
Admin Instructions: Give with food.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/13/25 1132 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	81 mg	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 66553-002-01
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	81 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1019 Documented: 02/13/25 1020	Not Given See Comments	81 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/12/25 2011 Documented: 02/12/25 2012	Not Given See Comments	81 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1159 Documented: 02/11/25 1201	Given	81 mg	Oral	Performed by: Bennett, Theodore, RN Scanned Package: 0904-6794-30
Performed 02/10/25 1356 Documented: 02/10/25 1356	Held See Comments	0 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	81 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	81 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	81 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6794-30
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	81 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 66553-002-01
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	81 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 66553-002-01
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	81 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 66553-002-01
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	81 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 0904-6794-30
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	81 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 66553-002-01
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	81 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 66553-002-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	81 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 66553-002-01
Performed 01/30/25 1402 Documented: 01/30/25 1403	Given	81 mg	Oral	Performed by: Liu, Kayla W, RN Comments: aspirin allergy listed, however ok to give per provider Scanned Package: 66553-002-01
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	81 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 66553-002-01
Performed 01/28/25 0904 Documented: 01/28/25 1202	Not Given Patient/family refused	81 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	81 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	81 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1741 Documented: 01/25/25 1741	Not Given See Comments	81 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	81 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-6794-30
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	81 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 66553-002-01
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	81 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0904-6794-30
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	81 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-6794-30

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	81 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-6794-30
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	81 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 66553-002-01
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	81 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 66553-002-01
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	81 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6794-30
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	81 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 66553-002-01
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	81 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 66553-002-01
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	81 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 63739-434-02
Performed 01/13/25 1504 Documented: 01/13/25 1504	Not Given NPO	81 mg	Oral	Performed by: Walks, Tristan H, RN

aspirin EC tablet 81 mg [360242211]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1243
Ordered Dose (Remaining/Total): 81 mg (—/—)
Frequency: Daily
Admin Instructions: Give with food.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1245 - 01/13/25 1132
Route: Oral
Ordered Rate/Order Duration: — / —
Do not crush, chew, or split.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	81 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6751-80
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	81 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6783-70

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 0934 Documented: 01/10/25 0934	Not Given See Comments	81 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first
Performed 01/09/25 1303 Documented: 01/09/25 1303	Given	81 mg	Oral	Performed by: Hendricksen, Kayla, RN Scanned Package: 0904-6751-80

atorvastatin (Lipitor) tablet 10 mg [360348548]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 10 mg (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1837 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	10 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1020 Documented: 02/13/25 1020	Not Given See Comments	10 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	10 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1158 Documented: 02/11/25 1159	Given	10 mg	Oral	Performed by: Bennett, Theodore, RN Scanned Package: 0904-6290-61
Performed 02/10/25 1356 Documented: 02/10/25 1357	Held See Comments	0 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	10 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed..
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	10 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	10 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6290-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	10 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6290-61
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	10 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6290-61
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	10 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 0904-6290-61
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	10 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 0904-6290-61
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	10 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6290-61
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	10 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0904-6290-61
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	10 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6290-61
Performed 01/30/25 0915 Documented: 01/30/25 0915	Given	10 mg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 0904-6290-61
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	10 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 0904-6290-61
Performed 01/28/25 0905 Documented: 01/28/25 1202	Not Given Patient/family refused	10 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	10 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	10 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	10 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	10 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 0904-6290-61
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	10 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 0904-6290-61
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	10 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0904-6290-61
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	10 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0904-6290-61
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	10 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0904-6290-61
Performed 01/19/25 0822 Documented: 01/19/25 0823	Given	10 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 0904-6290-61
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	10 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 0904-6290-61
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	10 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6290-61
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	10 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6290-61
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	10 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-6290-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	10 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0904-6290-61
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	10 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	10 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6290-61
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	10 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 0904-6290-61
Performed 01/10/25 0934 Documented: 01/10/25 0934	Not Given See Comments	10 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first
Performed 01/09/25 2233 Documented: 01/09/25 2233	Not Given NPO	10 mg	Oral	Performed by: Sande, Nathan R, RN

atropine 1% sublingual solution 2 drop [369890706]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1306
Ordered Dose (Remaining/Total): 2 drop (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: If glycopyrrolate insufficient or there is no IV access.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1305 - 03/08/25 1537
Route: Sublingual
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/25/25 0452 Documented: 02/25/25 0452	Given	2 drop	Sublingual	Performed by: Aidoo, Nana S, RN Scanned Package: 60505-6226-1
Performed 02/24/25 2129 Documented: 02/24/25 2129	Given	2 drop	Sublingual	Performed by: Aidoo, Nana S, RN Scanned Package: 60505-6226-1

atropine emergency syringe 1 mg [360355540]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1915
Ordered Dose (Remaining/Total): 1 mg (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1946 - 01/09/25 1936
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/09/25 1936 Documented: 01/09/25 1936	Given	1 mg	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 76329-3340-1

atropine emergency syringe 1 mg [360359929]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 2004
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: Every 15 min PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2004 - 01/24/25 1732
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/09/25 2340 Documented: 01/09/25 2340	Not Given Order parameters not met	1 mg	Intravenous	Performed by: Sande, Nathan R, RN

bisacodyl (Dulcolax) rectal suppository 10 mg [360348570]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 10 mg (—/—)
Frequency: Daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0000 - 02/24/25 1141
Route: Rectal
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if unable to tolerate PO meds and senna ineffective (or not ordered).

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/04/25 2319 Documented: 02/04/25 2338	Unchart See Comments	—	Rectal	Performed by: Sirichana, Geraldine N, RN Comments: +BM Scanned Package: 0574-7050-12
Performed 02/01/25 1549 Documented: 02/01/25 1549	Refused	10 mg	Rectal	Performed by: Johnson, Marita F, RN
Performed 01/26/25 1636 Documented: 01/26/25 1636	Given	10 mg	Rectal	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0574-7050-12
Performed 01/25/25 1745 Documented: 01/25/25 1746	Not Given See Comments	10 mg	Rectal	Performed by: Hollingsworth, Louise C, RN Comments: needs rectal tylenol

bisacodyl (Dulcolax) rectal suppository 10 mg [369857157]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1141
Ordered Dose (Remaining/Total): 10 mg (—/—)
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1136 - 03/08/25 1537
Route: Rectal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Frequency: Daily PRN
Admin Instructions: Use first.
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2311 Documented: 03/07/25 2313	Given	10 mg	Rectal	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0574-7050-12

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [362005002]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/17/25 1013
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 1044 - 01/23/25 2138
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 01/17/25 1136 Documented: 01/17/25 1138	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 59011-750-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [363336551]

Ordering Provider: Alumbaugh, Allison Andreea, MD
Ordered On: 01/23/25 2138
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/23/25 2209 - 02/10/25 1932
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 02/06/25 0932 Documented: 02/06/25 0932	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Wu, Lesly, RN
Performed 02/06/25 0930 Documented: 02/06/25 0932	Medication Applied	1 patch 7 Days	Transdermal Chest	Performed by: Wu, Lesly, RN Scanned Package: 59011-750-04
Performed 01/30/25 1027 Documented: 01/30/25 1028	Medication Applied	1 patch 7 Days	Transdermal Left Shoulder	Performed by: Liu, Kayla W, RN Scanned Package: 59011-750-04
Performed 01/30/25 0953 Documented: 01/30/25 0953	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Liu, Kayla W, RN
Performed 01/24/25 0014 Documented: 01/24/25 0014	Medication Applied	1 patch 7 Days	Transdermal Left Shoulder	Performed by: Tesfasilassie, Roma T, RN Scanned Package: 59011-750-04

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 2236 Documented: 01/23/25 2236	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Kit, Ellen, RN Comments: Time moved from discontinued order due to modification

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [367113432]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/10/25 1932
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.

Status: Discontinued (Past End Date/Time), Reason: Discontinued by provider
Starts/Ends: 02/10/25 2003 - 02/24/25 1146
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days
Note to pharmacy: Replace as patch fell off.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 02/24/25 1517 Documented: 02/24/25 1517	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Porter, Allen, RN Comments: Time automatically adjusted from order being discontinued
Performed 02/24/25 0953 Documented: 02/24/25 0954	Medication Applied	1 patch 7 Days	Transdermal Left Arm	Performed by: Porter, Allen, RN Scanned Package: 59011-750-04
Performed 02/24/25 0935 Documented: 02/24/25 0935	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Porter, Allen, RN
Performed 02/17/25 0915 Documented: 02/17/25 0917	Medication Applied	1 patch 7 Days	Transdermal Right Arm	Performed by: Bounthong, Vanh K, RN Scanned Package: 59011-750-04
Performed 02/17/25 0800 Documented: 02/17/25 0800	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Bounthong, Vanh K, RN
Performed 02/10/25 2101 Documented: 02/10/25 2103	Medication Applied	1 patch 7 Days	Transdermal Other	Performed by: Jallow, Yusupha, RN Comments: L deltioid Scanned Package: 59011-750-04
Performed 02/10/25 1945 Documented: 02/10/25 1945	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Jallow, Yusupha, RN Comments: Patch not seen

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch [370199734]

Ordering Provider: Ito, Satoru, PharmD
Ordered On: 02/25/25 1426
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 7 days scheduled
Admin Instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/25/25 1457 - 03/08/25 1537
Route: Transdermal
Ordered Rate/Order Duration: — / 7 Days

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

before reapplying to the same skin site.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Due 03/08/25 1135 Scheduled: 03/08/25 1537	Due (Medication Removed)	—	—	—
Performed 03/04/25 0932 Documented: 03/04/25 0932	Medication Removed	0 patch 7 Days	Transdermal —	Performed by: Smith, Melody J, RN
Performed 03/04/25 0931 Documented: 03/04/25 0932	Medication Applied	1 patch 7 Days	Transdermal Chest	Performed by: Smith, Melody J, RN Comments: L upper chest Scanned Package: 69238-1202-2
Performed 02/25/25 2108 Documented: 02/25/25 2111	Medication Applied	1 patch 7 Days	Transdermal Left Upper Abdomen	Performed by: Yohannes, Mayda, RN Scanned Package: 59011-750-04

calcium gluconate 2 g in 0.67% NaCl 100 mL IVPB (premix) [360382577]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 2 g (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For ionized calcium < 1 mmol/L (2 grams = 9.3 mEq)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 30 Minutes
Recheck ionized Ca in 4 hours.

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0302 Documented: 01/10/25 0302	New Bag/Syringe	2 g 200 mL/hr 30 Minutes	Intravenous	Performed by: Kim, Saraphina S, RN Scanned Package: 44567-621-01

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation [361049513]

Ordering Provider: Akoum, Nazem Walid, MD
Ordered On: 01/13/25 1645

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/13/25 1645 Documented: 01/13/25 1645	Given	500 mL	Irrigation Chest	Performed by: Akoum, Nazem Walid, MD Documented by: Singsaas, Julie M, RN

cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB [360202288]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1213
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / 30 Minutes

Question	Answer	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Suspected Source of Infection:	Skin/Soft Tissue Infection	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm	01/09/25 1125 by Hendricksen, Kayla, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	Stopped	0 g 0 mL/hr 30 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN
Performed 01/09/25 1125 Documented: 01/09/25 1125	New Bag/Syringe	1 g 100 mL/hr 30 Minutes	Intravenous	Performed by: Hendricksen, Kayla, RN Scanned Package: 0338-0049-31, 60505-6146-0

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) [366689625]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 1 g (1/3)
Frequency: Every 24 hours
Status: Dispensed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/11/25 1009
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	GU Infection	—

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 1149 by Hwee, Carla, RN	—

Timestamps	Action / Reason	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/10/25 0957 Documented: 02/10/25 0957	Held Loss of IV access	0 g 0 mL/hr 20 Minutes	Intravenous —	Performed by: Reese, Megahn Marilyn, RN
Performed 02/09/25 0938 Documented: 02/09/25 0942	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 0338-5002-41
Performed 02/08/25 1149 Documented: 02/08/25 1149	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous —	Performed by: Hwee, Carla, RN Scanned Package: 0338-5002-41

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) [367129597]

Ordering Provider: Rink, David Edward, MD
Ordered On: 02/10/25 2331
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/11/25 0100 - 02/11/25 0116
Route: Intravenous
Ordered Rate/Order Duration: 150 mL/hr / 20 Minutes

Question	Answer	Comment
Suspected Source of Infection:	GU Infection	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/11/25 0056 Documented: 02/11/25 0056	New Bag/Syringe	1 g 150 mL/hr 20 Minutes	Intravenous	Performed by: Nguyen, Deanna, RN Scanned Package: 0338-5002-41

ceFUROXime (Ceftin) tablet 250 mg [371000119]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/28/25 1336
Ordered Dose (Remaining/Total): 250 mg (10/10)
Frequency: 2 times daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/28/25 1343 - 02/28/25 1343
Route: Oral
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/28/25 1433 Documented: 02/28/25 1433	Not Given Order parameters not met	250 mg	Oral	Performed by: Dimitrov, Alexey T, RN

cholecalciferol (Vitamin D-3) tablet 2,000 units [360348549]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 2,000 units (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	2,000 units	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1020 Documented: 02/13/25 1020	Not Given See Comments	2,000 units	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	2,000 units	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	2,000 units	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1358 Documented: 02/10/25 1358	Not Given Contraindicated	2,000 units	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	2,000 units	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1118	Not Given See Comments	2,000 units	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	2,000 units	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 20555-03300, 20555-03300
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	2,000 units	Oral	Performed by: Wu, Lesly, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	2,000 units	Oral	Performed by: Wu, Lesly, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	2,000 units	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	2,000 units	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 20555-03300, 20555-03300
Performed 02/02/25 0916 Documented: 02/02/25 0917	Given	2,000 units	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 20555-03300, 20555-03300
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	2,000 units	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	2,000 units	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/30/25 0920 Documented: 01/30/25 0922	Given	2,000 units	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	2,000 units	Oral	Performed by: Smith, Melody J, RN Scanned Package: 20555-03300, 20555-03300

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/28/25 0904 Documented: 01/28/25 1202	Not Given Patient/family refused	2,000 units	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	2,000 units	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	2,000 units	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1741 Documented: 01/25/25 1741	Not Given See Comments	2,000 units	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	2,000 units	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	2,000 units	Oral	Performed by: Kit, Ellen, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	2,000 units	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/21/25 1300 Documented: 01/21/25 1300	Unheld by provider	—	—	Performed by: Holmberg, Mackenzie Howard, MD
Performed 01/21/25 0900 Documented: 01/17/25 0021	Automatically Held	—	—	—
Performed 01/20/25 0900 Documented: 01/17/25 0021	Automatically Held	—	—	—
Performed 01/19/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/18/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/17/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 0900 Documented: 01/15/25 1234	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 1234 Documented: 01/15/25 1234	Held By Provider Other	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	2,000 units	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	2,000 units	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	2,000 units	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	2,000 units	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	2,000 units	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 20555-03300, 20555-03300
Performed 01/10/25 0933 Documented: 01/10/25 0933	Not Given See Comments	2,000 units	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first

cyanocobalamin (Vitamin B-12) tablet 500 mcg [360348550]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 500 mcg (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/13/25 0745
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/12/25 2012 Documented: 02/12/25 2012	Not Given See Comments	500 mcg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	500 mcg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1400 Documented: 02/10/25 1400	Held Contraindicated	0 mcg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	500 mcg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	500 mcg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	500 mcg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 77333-937-25
Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	500 mcg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 77333-937-25
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	500 mcg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 77333-937-25
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	500 mcg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 77333-937-25
Performed 02/03/25 1433 Documented: 02/03/25 1433	Given	500 mcg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	500 mcg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 77333-937-25
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	500 mcg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 77333-937-25
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	500 mcg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 77333-937-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/30/25 0915 Documented: 01/30/25 0917	Given	500 mcg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 77333-937-25
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	500 mcg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 77333-937-25
Performed 01/28/25 0905 Documented: 01/28/25 1208	Not Given Patient/family refused	500 mcg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	500 mcg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	500 mcg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	500 mcg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	500 mcg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-937-25
Performed 01/23/25 1630 Documented: 01/23/25 1630	Refused	500 mcg	Oral	Performed by: Kit, Ellen, RN
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	500 mcg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 77333-937-25
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	500 mcg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 77333-937-25
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	500 mcg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 77333-937-25
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	500 mcg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 77333-937-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	500 mcg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 77333-937-25
Performed 01/17/25 0915 Documented: 01/17/25 0915	Given	500 mcg	Oral	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	500 mcg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-937-25
Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	500 mcg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 77333-937-25
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	500 mcg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 77333-937-25
Performed 01/13/25 1503 Documented: 01/13/25 1503	Not Given NPO	500 mcg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	500 mcg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 77333-937-25
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	500 mcg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 77333-937-25
Performed 01/10/25 0933 Documented: 01/10/25 0934	Not Given See Comments	500 mcg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: needs swallow eval first

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) [360725051]

Ordering Provider: Phan, Janet, MD
Ordered On: 01/12/25 0430
Ordered Dose (Remaining/Total): 0-1.5 mcg/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Starting dose: 0.5 mcg/kg/hr
Call Provider if pt needs > 1.5 mcg/kg/hr.

- If dose 0.2 mcg/kg/hr or less: turn off infusion.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0501 - 01/12/25 0709
Route: Intravenous

Ordered Rate/Order Duration: 0-17.06 mL/hr / —
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.

Timestamps	Action	Dose / Rate	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 0635 Documented: 01/12/25 0635	Stopped	0 mcg/kg/hr 0 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0615 Documented: 01/12/25 0635	Dose/Rate Changed	0.7 mcg/kg/hr 7.96 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0515 Documented: 01/12/25 0553	Dose/Rate Changed	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0447 Documented: 01/12/25 0447	New Bag/Syringe	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0338-9557-12

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) [360734336]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 0817
Ordered Dose (Remaining/Total): 0-1.5 mcg/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Starting dose: 0.5 mcg/kg/hr
Call Provider if pt needs > 1.5 mcg/kg/hr.

- If dose 0.2 mcg/kg/hr or less: turn off infusion.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0848 - 01/12/25 1110
Route: Intravenous

Ordered Rate/Order Duration: 0-17.06 mL/hr / —
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1033 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/12/25 1110 Documented: 01/12/25 1111	Stopped	0 mcg/kg/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	0.6 mcg/kg/hr 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1033 Documented: 01/12/25 1033	Dose/Rate Changed	0.6 mcg/kg/hr 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Dose/Rate Changed	0.8 mcg/kg/hr 9.1 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0846 Documented: 01/12/25 0846	Dose/Rate Changed	1 mcg/kg/hr 11.38 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0834 Documented: 01/12/25 0835	Restarted	0.5 mcg/kg/hr 5.69 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

dextrose 5 % and lactated ringers infusion [360350258]

Ordering Provider: Schwarz, Samuel, MD
Ordered On: 01/09/25 1817
Ordered Dose (Remaining/Total): 50 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: For insulin gtt

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1848 - 01/09/25 1954
Route: Intravenous
Ordered Rate/Order Duration: 50 mL/hr / —

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/09/25 2000 Documented: 01/09/25 2232	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1915 Documented: 01/09/25 1915	New Bag/Syringe	50 mL/hr 50 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 0338-0125-04

dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL [367113409]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/10/25 1931
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once

Status: Completed (Past End Date/Time)
Starts/Ends: 02/10/25 2002 - 02/10/25 2001
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / —

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/10/25 2001 by Jallow, Yusupha, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/10/25 2001 Documented: 02/10/25 2002	New Bag/Syringe	1,000 mL 100 mL/hr	Intravenous	Performed by: Jallow, Yusupha, RN Scanned Package: 0338-0803-04

dextrose 5 % infusion [367637572]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/12/25 1612
Ordered Dose (Remaining/Total): 50 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/12/25 1643 - 02/19/25 1231
Route: Intravenous
Ordered Rate/Order Duration: 50 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/12/25 2011 by Gindi, Jeanna A, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 02/18/25 1658 Documented: 02/18/25 1658	Not Given Loss of IV access	50 mL/hr 50 mL/hr	Intravenous	Performed by: Porter, Allen, RN
Performed 02/14/25 0935 Documented: 02/14/25 0941	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Gill, Loveleen S, RN Comments: PIV looks infiltrated
Performed 02/13/25 1746 Documented: 02/13/25 1747	New Bag/Syringe	50 mL/hr 50 mL/hr	Intravenous	Performed by: Escalante, Steve, RN Comments: New Bag hung, last one finished.
Performed 02/13/25 1225 Documented: 02/13/25 1226	Dose/Rate Changed	50 mL/hr 50 mL/hr	Intravenous	Performed by: Escalante, Steve, RN
Performed 02/13/25 0431 Documented: 02/13/25 0431	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0338-0017-04
Performed 02/12/25 2129 Documented: 02/12/25 2129	Dose/Rate Changed	100 mL/hr 100 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 2011 Documented: 02/12/25 2011	Dose/Rate Changed	50 mL/hr 50 mL/hr	Intravenous	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 1706 Documented: 02/12/25 1706	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0338-0017-04

dextrose 5% and sodium chloride 0.45% infusion [363756464]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 1639
Status: Verified (Past End Date/Time)
Starts/Ends: 01/26/25 1710 - 01/27/25 0851

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered Dose (Remaining/Total): 80 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: Please just give 1L of fluid total with this order
Route: Intravenous
Ordered Rate/Order Duration: 80 mL/hr / —
Note to pharmacy: Please just give 1L of fluids (over 12.5 hours)

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/26/25 1952 by Dickinson, Zoe E, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 01/27/25 0528 Documented: 01/27/25 0528	Rate Verified	80 mL/hr 80 mL/hr	Intravenous	Performed by: Yohannes, Mayda, RN
Performed 01/26/25 1952 Documented: 01/26/25 1953	New Bag/Syringe	80 mL/hr 80 mL/hr	Intravenous	Performed by: Dickinson, Zoe E, RN Scanned Package: 0338-0085-04
Performed 01/26/25 1854 Documented: 01/26/25 1855	Held See Comments	0 mL/hr 0 mL/hr	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: Patient very agitated with medication administration. Risk for losing PIV. MD notified.

dextrose 5% and sodium chloride 0.45% infusion [363835671]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 0843
Ordered Dose (Remaining/Total): 80 mL/hr (—/—)
Frequency: Continuous
Admin Instructions: Please just give 1L of fluid total with this order
Status: Verified (Past End Date/Time)
Starts/Ends: 01/27/25 0914 - 01/27/25 2237
Route: Intravenous
Ordered Rate/Order Duration: 80 mL/hr / —
Note to pharmacy: Please just give 1L of fluids (over 12.5 hours)

Question	Answer	Comment
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?:	Yes	—

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/27/25 0938 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/27/25 2256 Documented: 01/27/25 2256	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Paras, Michael, RN
Performed 01/27/25 0938 Documented: 01/27/25 0938	New Bag/Syringe	80 mL/hr 80 mL/hr	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 0338-0085-04

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [367170707]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/11/25 0823
Ordered Dose (Remaining/Total): 100 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 02/11/25 0853 - 02/11/25 1909
Route: Intravenous
Ordered Rate/Order Duration: 100 mL/hr / —

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/12/25 0507 Documented: 02/12/25 0508	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Tran, Andy, RN Comments: Forgot to stop fluids per orders so it had been left running overnight.
Performed 02/11/25 0910 Documented: 02/11/25 0912	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL [367999205]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 0830
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/14/25 0901 - 02/14/25 1103
Route: Intravenous
Ordered Rate/Order Duration: 70 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm	02/14/25 1103 by Gill, Loveleen S, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/14/25 1103 Documented: 02/14/25 1103	New Bag/Syringe	1,000 mL 70 mL/hr	Intravenous	Performed by: Gill, Loveleen S, RN Comments: IV access was lost Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [368194815]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 2121
Ordered Dose (Remaining/Total): 75 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 02/14/25 2152 - 02/15/25 2135
Route: Intravenous
Ordered Rate/Order Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/14/25 22 G Anterior;Left;Proximal Forearm	02/14/25 2136 by Bustamante Campusano, Diana, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/15/25 0449 Documented: 02/15/25 0449	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Dela Cruz, Catherine B, RN Comments: lost PIV access
Performed 02/14/25 2136 Documented: 02/14/25 2136	New Bag/Syringe	75 mL/hr 75 mL/hr	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0990-7902-09

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) [369355367]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 0925
Ordered Dose (Remaining/Total): 75 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 0956 - 02/23/25 1739
Route: Intravenous
Ordered Rate/Order Duration: 75 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 0223 by Macandile, Jan Kenneth Lantin, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 02/23/25 1259 Documented: 02/23/25 1259	Dose/Rate Changed	75 mL/hr 75 mL/hr	Intravenous	Performed by: Porter, Allen, RN
Performed 02/23/25 0223 Documented: 02/23/25 0223	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0990-7902-09
Performed 02/22/25 1545 Documented: 02/22/25 1546	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0990-7902-09
Performed 02/21/25 0944 Documented: 02/21/25 0944	New Bag/Syringe	100 mL/hr 100 mL/hr	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0990-7902-09

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) [360366050]

Ordering Provider: McKinstry, Mia, MD
Ordered On: 01/09/25 2143
Ordered Dose (Remaining/Total): 2 mcg/kg/min (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Do not titrate
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2214 - 01/13/25 1852
Route: Intravenous
Ordered Rate/Order Duration: 3.41 mL/hr / —
STANDARD Concentration. Central line recommended.

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 2159 by Sande, Nathan R, RN	—
Peripheral IV 01/09/25 18 G Anterior;Distal;Right Forearm	01/10/25 0936 by Thomas, Tamlyn P, RN	—
Venous Sheath 01/10/25 Right Jugular	01/10/25 2141 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/13/25 1836 Documented: 01/13/25 1836	Stopped	0 mcg/kg/min 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1818 Documented: 01/13/25 1836	Dose/Rate Changed	1 mcg/kg/min 1.71 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1800 Documented: 01/13/25 1814	Dose/Rate Changed	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1720 Documented: 01/13/25 1813	Rate Verified	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1542 Documented: 01/13/25 1559	Continued by Anesthesia	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1515 Documented: 01/13/25 1517	Dose/Rate Changed	2.5 mcg/kg/min 4.27 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1409 Documented: 01/13/25 1414	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Comments: Titrating per MD guidance
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0728 Documented: 01/13/25 0728	New Bag/Syringe	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-1007-02
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2108 Documented: 01/12/25 2108	Rate Verified	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN Comments: [Action automatically changed]
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	3.499 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1800 Documented: 01/12/25 1922	Unchart	—	Intravenous	Performed by: Walks, Tristan H, RN Comments: Cancelled from back documented administration.
Performed 01/12/25 1720 Documented: 01/12/25 1922	Dose/Rate Changed	3.5 mcg/kg/min 5.97 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1647 Documented: 01/12/25 1647	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1635 Documented: 01/12/25 1636	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1519 Documented: 01/12/25 1523	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1154 Documented: 01/12/25 1154	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1134 Documented: 01/12/25 1134	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1110 Documented: 01/12/25 1111	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0700 Documented: 01/12/25 0658	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0400 Documented: 01/12/25 0407	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0300 Documented: 01/12/25 0319	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0200 Documented: 01/12/25 0212	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0100 Documented: 01/12/25 0106	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/12/25 0000 Documented: 01/12/25 0014	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2300 Documented: 01/11/25 2301	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 2200 Documented: 01/11/25 2213	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2100 Documented: 01/11/25 2147	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2000 Documented: 01/11/25 2004	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 1835 Documented: 01/11/25 1835	New Bag/Syringe	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-1007-02
Performed 01/11/25 1700 Documented: 01/11/25 1658	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1600 Documented: 01/11/25 1651	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1400 Documented: 01/11/25 1341	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1300 Documented: 01/11/25 1340	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1200 Documented: 01/11/25 1339	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1155 Documented: 01/11/25 1155	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1111 Documented: 01/11/25 1111	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1100 Documented: 01/11/25 1114	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1043 Documented: 01/11/25 1043	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1010 Documented: 01/11/25 1010	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0900 Documented: 01/11/25 0917	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0836 Documented: 01/11/25 0836	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0830 Documented: 01/11/25 0837	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0800 Documented: 01/11/25 0917	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0730 Documented: 01/11/25 0732	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0700 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0600 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0500 Documented: 01/11/25 0654	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0400 Documented: 01/11/25 0421	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0300 Documented: 01/11/25 0305	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 0214 Documented: 01/11/25 0214	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/11/25 0200 Documented: 01/11/25 0202	Rate Verified	6.5 mcg/kg/min 11.09 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0125 Documented: 01/11/25 0125	Dose/Rate Changed	6.5 mcg/kg/min 11.09 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provide
Performed 01/11/25 0100 Documented: 01/11/25 0058	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0058 Documented: 01/11/25 0058	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0000 Documented: 01/11/25 0008	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2302 Documented: 01/10/25 2303	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider for HoTN
Performed 01/10/25 2300 Documented: 01/10/25 2303	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2240 Documented: 01/10/25 2241	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/10/25 2200 Documented: 01/10/25 2202	Rate Verified	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2141 Documented: 01/10/25 2159	Dose/Rate Changed	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Comments: per provider
Performed 01/10/25 2100 Documented: 01/10/25 2202	Rate Verified	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 2010 Documented: 01/10/25 2015	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1937 Documented: 01/10/25 2201	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1815 Documented: 01/10/25 1818	New Bag/Syringe	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN Scanned Package: 0338-1007-02
Performed 01/10/25 1800 Documented: 01/10/25 1803	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1600 Documented: 01/10/25 1609	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1500 Documented: 01/10/25 1553	Rate Verified	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1445 Documented: 01/10/25 1523	Dose/Rate Changed	5 mcg/kg/min 8.53 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1405 Documented: 01/10/25 1414	New Bag/Syringe	7 mcg/kg/min 11.94 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN Comments: R IJ venous sheath introducer w/transvenous pacemaker Scanned Package: 0338-1007-02
Performed 01/10/25 1330 Documented: 01/10/25 1330	Dose/Rate Changed	8 mcg/kg/min 13.65 mL/hr	Intravenous	Performed by: Henry, Melissa Marie, RN
Performed 01/10/25 1241 Documented: 01/10/25 1242	Dose/Rate Changed	9 mcg/kg/min 15.36 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1210 Documented: 01/10/25 1223	Dose/Rate Changed	10 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1201 Documented: 01/10/25 1224	Dose/Rate Changed	6 mcg/kg/min 10.24 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 1016 Documented: 01/10/25 1020	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0936 Documented: 01/10/25 0937	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0700 Documented: 01/10/25 0707	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0600 Documented: 01/10/25 0613	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0500 Documented: 01/10/25 0613	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0400 Documented: 01/10/25 0404	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0331 Documented: 01/10/25 0333	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0300 Documented: 01/10/25 0329	Rate Verified	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0215 Documented: 01/10/25 0329	Dose/Rate Changed	4 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0100 Documented: 01/10/25 0109	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/10/25 0000 Documented: 01/10/25 0004	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2300 Documented: 01/10/25 0004	Rate Verified	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/09/25 2233 Documented: 01/09/25 2233	Dose/Rate Changed	3 mcg/kg/min 5.12 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2200 Documented: 01/09/25 2232	Rate Verified	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 2159 Documented: 01/09/25 2200	New Bag/Syringe	2 mcg/kg/min 3.41 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-1007-02

enoxaparin (Lovenox) injection 30 mg [369086624]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/20/25 0913
Ordered Dose (Remaining/Total): 30 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/20/25 2100 - 02/24/25 1141
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/23/25 2125 Documented: 02/23/25 2125	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-559-21
Performed 02/22/25 2000 Documented: 02/22/25 1954	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Scanned Package: 63323-559-21
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-559-21
Performed 02/20/25 2200 Documented: 02/20/25 2201	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-559-21

enoxaparin (Lovenox) injection 30 mg [371263346]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/02/25 1855
Ordered Dose (Remaining/Total): 30 mg (—/—)
Frequency: Nightly
Admin Instructions: For usual risk VTE prophylaxis.
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/02/25 2100 - 03/08/25 1537
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

Timestamps	Action / Reason	Dose	Route / Site	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/07/25 2019 Documented: 03/07/25 2021	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 63323-559-21
Performed 03/06/25 2047 Documented: 03/06/25 2122	Not Given Other	30 mg	Subcutaneous —	Performed by: Omo, Reese, RN Comments: CMO measures - pt comfortable - provider okay'd not to give
Performed 03/06/25 0216 Documented: 03/06/25 0216	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Bennett, Theodore, RN Scanned Package: 63323-559-21
Performed 03/04/25 2042 Documented: 03/04/25 2043	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Kit, Ellen, RN Scanned Package: 63323-559-21
Performed 03/03/25 2246 Documented: 03/03/25 2251	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-559-21
Performed 03/02/25 2202 Documented: 03/02/25 2203	Given	30 mg	Subcutaneous Abdominal Tissue	Performed by: Ireland, Rashell, RN Scanned Package: 63323-559-21

furosemide (Lasix) injection 20 mg [369707947]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1739
Ordered Dose (Remaining/Total): 20 mg (0/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 1810 - 02/23/25 1846
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1846 by Porter, Allen, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/23/25 1846 Documented: 02/23/25 1847	Given	20 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 36000-283-25

furosemide (Lasix) injection 20 mg [369775447]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 0827
Ordered Dose (Remaining/Total): 20 mg (1/1)
Frequency: Once
Admin Instructions: Protect from light.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 0858 - 02/24/25 1141
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 0934 Documented: 02/24/25 0934	Not Given Loss of IV access	20 mg	Intravenous	Performed by: Porter, Allen, RN

guanFACINE (Tenex) tablet 0.5 mg [365295861]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1228
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Hold for SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 2100 - 02/05/25 1512
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	0.5 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2225	Refused	0.5 mg	Oral	Performed by: Avila, Nicole C, RN
Performed 02/04/25 0955 Documented: 02/04/25 0955	Given	0.5 mg	Oral	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 2139 Documented: 02/03/25 2139	Not Given Other	0.5 mg	Oral	Performed by: Harrell, Mackenzie, RN Comments: pt unable to swallow
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	0.5 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware
Performed 02/02/25 2200 Documented: 02/02/25 2243	Given	0.5 mg	Oral	Performed by: Obanla, Taiwo O, RN

guanFACINE (Tenex) tablet 0.5 mg [366793024]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1129
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/09/25 1200 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 2129 Documented: 02/15/25 2130	Given	0.5 mg	Oral	Performed by: Sauder, Jessica, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/15/25 1035 Documented: 02/15/25 1035	Given	0.5 mg	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	0.5 mg	Oral	Performed by: Bustamante Campusano, Diana, RN
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	0.5 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 2056 Documented: 02/13/25 2056	Not Given See Comments	0.5 mg	Oral	Performed by: Limyukok, Mysha, RN Comments: patient sleepy
Performed 02/13/25 1020 Documented: 02/13/25 1021	Not Given See Comments	0.5 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2013 Documented: 02/12/25 2013	Not Given See Comments	0.5 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/12/25 1335 Documented: 02/12/25 1336	Not Given See Comments	0.5 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Comments: pt not alert enough to safetly take
Performed 02/11/25 2135 Documented: 02/11/25 2135	Given	0.5 mg	Oral	Performed by: Tran, Andy, RN
Performed 02/11/25 1153 Documented: 02/11/25 1158	Given	0.5 mg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2011 Documented: 02/10/25 2011	Given	0.5 mg	Oral	Performed by: Jallow, Yusupha, RN
Performed 02/10/25 1643 Documented: 02/10/25 1648	Given	0.5 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: pt not tolerating, then in palliative meeting
Performed 02/10/25 0600 Documented: 02/10/25 0601	Refused	0.5 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Comments: Pt cant swallow yells when attempting to administer anything PO

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/09/25 1334 Documented: 02/09/25 1336	Given	0.5 mg	Oral	Performed by: Sano, Naomi, RN Comments: waiting med delivery

guanFACINE (Tenex) tablet 1 mg [360744745]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 1045
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 2000 - 01/17/25 1137
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/17/25 1137 Documented: 01/17/25 1137	Unheld by provider	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/17/25 0800 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 2000 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/16/25 0800 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 2000 Documented: 01/15/25 1247	Automatically Held	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 1247 Documented: 01/15/25 1247	Held By Provider Other	—	—	Performed by: Segerson, Karen Elaine, MD
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	1 mg	Oral	Performed by: Nacol, Lani Kusu, RN
Performed 01/14/25 2025 Documented: 01/14/25 2025	Given	1 mg	Oral	Performed by: Johnston, Christopher L, RN
Performed 01/14/25 1001 Documented: 01/14/25 1001	Given	1 mg	Oral	Performed by: Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 2246 Documented: 01/13/25 2247	Held Patient sleeping	0 mg	Oral	Performed by: Salick, Dominic J, RN Comments: somnolent
Performed 01/13/25 1504 Documented: 01/13/25 1504	Not Given NPO	1 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 2037 Documented: 01/12/25 2037	Given	1 mg	Oral	Performed by: Salick, Dominic J, RN

guanFACINE (Tenex) tablet 1 mg [363891727]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 1052
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Hold for SBP <90

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/27/25 1122 - 02/02/25 1228
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	1 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 02/01/25 2048 Documented: 02/01/25 2049	Given	1 mg	Oral	Performed by: Johnson, Marita F, RN
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	1 mg	Oral	Performed by: Walsh, Julia McKeon, RN
Performed 01/31/25 2217 Documented: 01/31/25 2318	Given	1 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0850 Documented: 01/31/25 0851	Given	1 mg	Oral	Performed by: Gelgla, Letera D, RN
Performed 01/30/25 2209 Documented: 01/30/25 2209	Not Given Patient sleeping	1 mg	Oral	Performed by: Mikulikova, Julia, RN Comments: ok to hold per provider
Performed 01/30/25 0925 Documented: 01/30/25 0925	Given	1 mg	Oral	Performed by: Liu, Kayla W, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/29/25 2055 Documented: 01/29/25 2056	Given	1 mg	Oral	Performed by: Bustamante Campusano, Diana, RN
Performed 01/29/25 0848 Documented: 01/29/25 0858	Given	1 mg	Oral	Performed by: Smith, Melody J, RN
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	1 mg	Oral	Performed by: Aidoo, Nana S, RN Comments: bp 145/78
Performed 01/28/25 0905 Documented: 01/28/25 0906	Not Given Order parameters not met	1 mg	Oral	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2101 Documented: 01/27/25 2109	Given	1 mg	Oral	Performed by: Paras, Michael, RN
Performed 01/27/25 1248 Documented: 01/27/25 1248	Given	1 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1627 Comments: Waiting for repeat BP

haloperidol lactate (Haldol) injection 0.5-2 mg [369857166]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1141
Ordered Dose (Remaining/Total): 0.5-2 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: If Benzodiazepine ineffective or contraindicated. If patient has an IV, use IV route first.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1138 - 02/27/25 1510
Route: Intramuscular
Ordered Rate/Order Duration: — / —
Start with lowest effective dose.

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/26/25 0313 Documented: 02/26/25 0314	Given	0.5 mg	Intramuscular Left Deltoid	Performed by: Yohannes, Mayda, RN Scanned Package: 67457-426-00
Performed 02/25/25 0458 Documented: 02/25/25 0458	Given	0.5 mg	Intramuscular Left Deltoid	Performed by: Aidoo, Nana S, RN Scanned Package: 67457-426-00
Performed 02/24/25 2347 Documented: 02/24/25 2347	Given	0.5 mg	Intramuscular Right Anterior Thigh	Performed by: Gawat, Maria C, RN Scanned Package: 67457-426-00

Medication Administrations (continued)

Performed 02/24/25 1243 Documented: 02/24/25 1243	Given	1 mg	Intramuscular Left Deltoid	Performed by: Porter, Allen, RN Scanned Package: 67457-426-00

heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) [360239245]

Ordering Provider: Song, Chris, MD
Ordered On: 01/09/25 1235
Ordered Dose (Remaining/Total): 0-35 Units/kg/hr (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Anti-Xa Regular Intensity Protocol (Goal 0.3-0.7)
(if heparin infusion recently held for procedure, and is being resumed: contact provider for dosing guidance with consideration of previous dose)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1240 - 01/09/25 1806
Route: Intravenous
Ordered Rate/Order Duration: 0-15.93 mL/hr / —
Starting dose: 18 units/kg/hr

To adjust dose, use Anti-Xa REGULAR Intensity (Goal 0.3-0.7) Protocol

Question	Answer	Comment
Protocol intensity::	Regular (Anti-Xa goal = 0.3-0.7 units/mL)	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1248 by Sanders, Emily Carylon, RN	—

Timestamps	Action / Reason	Dose / Rate	Route	Other Information
Performed 01/09/25 1806 Documented: 01/09/25 1806	Unheld by provider	—	Intravenous	Performed by: Schwarz, Samuel, MD
Performed 01/09/25 1434 Documented: 01/09/25 1435	Stopped	0 Units/kg/hr 0 mL/hr	Intravenous	Performed by: Hendricksen, Kayla, RN Comments: stopped by Anesthesia team. MD Song aware.
Performed 01/09/25 1433 Documented: 01/09/25 1433	Held By Provider Procedure	—	Intravenous	Performed by: Song, Chris, MD
Performed 01/09/25 1338 Documented: 01/09/25 1338	Rate Verified	18 Units/kg/hr 8.19 mL/hr	Intravenous	Performed by: Hendricksen, Kayla, RN
Performed 01/09/25 1248 Documented: 01/09/25 1251	New Bag/Syringe	18 Units/kg/hr 8.19 mL/hr	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: Verified by Ali S Scanned Package: 0409-4520-02

heparin Bolus from pump 3,640 units [360239247]

Ordering Provider: Song, Chris, MD
Ordered On: 01/09/25 1235
Ordered Dose (Remaining/Total): 80 Units/kg (Dosing Weight) (0/1)
Frequency: Once
Admin Instructions: Loading Bolus.

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1240 - 01/09/25 1251
Route: Intravenous
Ordered Rate/Order Duration: — / —
Max dose: 10,000 units.

Line	Med Link Info	Comment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm — 01/09/25 1251 by Sanders, Emily Carylon, RN

Timestamps	Action	Dose	Route	Other Information
Performed 01/09/25 1251 Documented: 01/09/25 1252	Bolus from Pump	3,640 units	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: Verfieid by Ali S

heparin injection 5,000 units [360348566]

Ordering Provider: McKinstry, Mia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 5,000 units (—/—)
Frequency: Every 12 hours scheduled
Admin Instructions: For usual risk VTE prophylaxis.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0900 - 02/16/25 0848
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Inject subcutaneously ONLY in abdomen.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 02/15/25 2128 Documented: 02/15/25 2130	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sauder, Jessica, RN Scanned Package: 63323-262-03
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 63323-262-03
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 63323-262-03
Performed 02/14/25 0927 Documented: 02/14/25 0927	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gill, Loveleen S, RN Scanned Package: 63323-262-03
Performed 02/13/25 2052 Documented: 02/13/25 2052	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Limyukok, Mysha, RN Scanned Package: 63323-262-03
Performed 02/13/25 1220 Documented: 02/13/25 1221	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Escalante, Steve, RN Comments: Off unit w/ son in chair. Scanned Package: 63323-262-03
Performed 02/12/25 2014 Documented: 02/12/25 2014	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 63323-262-03
Performed 02/12/25 0931 Documented: 02/12/25 0931	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 2130 Documented: 02/11/25 2134	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Tran, Andy, RN Scanned Package: 63323-262-03
Performed 02/11/25 0913 Documented: 02/11/25 0915	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bennett, Theodore, RN Scanned Package: 63323-262-03
Performed 02/10/25 2006 Documented: 02/10/25 2008	Not Given Other	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Comments: Last dose given 4 hrs ago
Performed 02/10/25 1642 Documented: 02/10/25 1648	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Reese, Megahn Marilyn, RN
Performed 02/10/25 1405 Documented: 02/10/25 1406	Unchart Contraindicated	—	Subcutaneous —	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 2155 Documented: 02/09/25 2206	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 63323-262-03
Performed 02/09/25 0938 Documented: 02/09/25 0942	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Sano, Naomi, RN Scanned Package: 63323-262-03
Performed 02/08/25 2221 Documented: 02/08/25 2223	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Comments: grouped med pass Scanned Package: 63323-262-03
Performed 02/08/25 1241 Documented: 02/08/25 1241	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Scanned Package: 63323-262-03
Performed 02/07/25 2228 Documented: 02/07/25 2228	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kit, Ellen, RN Scanned Package: 63323-262-03
Performed 02/07/25 1000 Documented: 02/07/25 1022	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Puleo, Rosalie, RN Scanned Package: 63323-262-03
Performed 02/06/25 2113 Documented: 02/06/25 2113	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wu, Lesly, RN Scanned Package: 63323-262-03
Performed 02/05/25 2000 Documented: 02/05/25 2006	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-262-03
Performed 02/05/25 0934 Documented: 02/05/25 0934	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wu, Lesly, RN Scanned Package: 63323-262-03
Performed 02/04/25 2106 Documented: 02/04/25 2107	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Avila, Nicole C, RN Scanned Package: 63323-262-03
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Flaherty, Katherine R, RN Scanned Package: 63323-262-03
Performed 02/03/25 2131 Documented: 02/03/25 2131	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Harrell, Mackenzie, RN Scanned Package: 63323-262-03
Performed 02/03/25 1020 Documented: 02/03/25 1021	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Clark, Rachael E, RN Comments: Pt orientation waxing and waning. Scanned Package: 63323-262-03
Performed 02/02/25 2200 Documented: 02/02/25 2244	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Obanla, Taiwo O, RN Scanned Package: 63323-262-03
Performed 02/02/25 0918 Documented: 02/02/25 0918	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gelgla, Letera D, RN Scanned Package: 63323-262-03
Performed 02/01/25 2048 Documented: 02/01/25 2049	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 63323-262-03
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	5,000 units	Subcutaneous Left Upper Abdomen	Performed by: Walsh, Julia McKeon, RN Scanned Package: 63323-262-03
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	5,000 units	Subcutaneous —	Performed by: Lyons, Julio Cesar Salazar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gelgla, Letera D, RN Scanned Package: 63323-262-03
Performed 01/30/25 2054 Documented: 01/30/25 2054	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/30/25 0956 Documented: 01/30/25 0957	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Liu, Kayla W, RN Scanned Package: 63323-262-03
Performed 01/29/25 2054 Documented: 01/29/25 2056	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 63323-262-03
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Smith, Melody J, RN Scanned Package: 63323-262-03
Performed 01/28/25 2107 Documented: 01/28/25 2108	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-262-03
Performed 01/28/25 0904 Documented: 01/28/25 0904	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 63323-262-03
Performed 01/27/25 2110 Documented: 01/27/25 2110	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Paras, Michael, RN Scanned Package: 63323-262-03
Performed 01/27/25 0937 Documented: 01/27/25 0938	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 63323-262-03
Performed 01/26/25 2039 Documented: 01/26/25 2151	Refused	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Dickinson, Zoe E, RN
Performed 01/26/25 0908 Documented: 01/26/25 0908	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/25/25 2108 Documented: 01/25/25 2109	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Soto, Kalea G, RN Scanned Package: 63323-262-03
Performed 01/25/25 0900 Documented: 01/25/25 1459	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2147 Documented: 01/24/25 2147	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 63323-262-03
Performed 01/24/25 0822 Documented: 01/24/25 0823	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 63323-262-03
Performed 01/23/25 2237 Documented: 01/23/25 2237	Not Given Patient/family refused	5,000 units	Subcutaneous —	Performed by: Kit, Ellen, RN
Performed 01/23/25 1000 Documented: 01/23/25 1005	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 63323-262-03
Performed 01/22/25 2103 Documented: 01/22/25 2104	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 63323-262-03
Performed 01/22/25 0955 Documented: 01/22/25 1048	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2131 Documented: 01/21/25 2132	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Limyukok, Mysha, RN Scanned Package: 63323-262-03
Performed 01/21/25 0905 Documented: 01/21/25 0906	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kaur, Rupinderjit, RN Scanned Package: 63323-262-03
Performed 01/20/25 2134 Documented: 01/20/25 2134	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Soto, Kalea G, RN Scanned Package: 63323-262-03
Performed 01/20/25 0932 Documented: 01/20/25 0932	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 63323-262-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/19/25 2106 Documented: 01/19/25 2107	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 63323-262-03
Performed 01/19/25 0822 Documented: 01/19/25 0822	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Gordon, Carrie, RN Scanned Package: 63323-262-03
Performed 01/18/25 2028 Documented: 01/18/25 2030	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Jallow, Yusupha, RN Scanned Package: 63323-262-03
Performed 01/18/25 0857 Documented: 01/18/25 0857	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Scanned Package: 63323-262-03
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-262-03
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/16/25 2058 Documented: 01/16/25 2101	Given	5,000 units	Subcutaneous Right Lower Abdomen	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-262-03
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-262-03
Performed 01/15/25 2052 Documented: 01/15/25 2053	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Howey, Alice J, RN Scanned Package: 63323-262-03
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Nacol, Lani Kusu, RN Scanned Package: 63323-262-03
Performed 01/14/25 2026 Documented: 01/14/25 2029	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Johnston, Christopher L, RN Scanned Package: 63323-262-03
Performed 01/14/25 1127 Documented: 01/14/25 1127	Unheld by provider	—	—	Performed by: McKinstry, Mia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0900 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/13/25 2100 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/13/25 0900 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 2100 Documented: 01/12/25 1112	Automatically Held	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 1112 Documented: 01/12/25 1112	Held By Provider Procedure	—	—	Performed by: Mahdi, Elaa, MD
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Walks, Tristan H, RN Scanned Package: 63323-262-03
Performed 01/11/25 2144 Documented: 01/11/25 2144	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Salick, Dominic J, RN Scanned Package: 63323-262-03
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Walks, Tristan H, RN Scanned Package: 63323-262-03
Performed 01/10/25 2026 Documented: 01/10/25 2026	Given	5,000 units	Subcutaneous Abdominal Tissue	Performed by: Bertram, Olivia T, RN Scanned Package: 63323-262-03
Performed 01/10/25 1007 Documented: 01/10/25 1007	Given	5,000 units	Subcutaneous Left Lower Abdomen	Performed by: Thomas, Tamlyn P, RN Scanned Package: 63323-262-03

hyaluronidase human (Hylenex) injection 150-300 units [360636746]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0559
Ordered Dose (Remaining/Total): 1-2 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 0630 - 01/11/25 0632
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Admin Instructions: Use 5-10 injections of 0.1-0.2 mL each subcutaneous around site of infiltration.

Timestamps	Action	Dose	Route / Site	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 0632 Documented: 01/11/25 0633	Given	150 units	Subcutaneous Left Arm	Performed by: Bertram, Olivia T, RN Scanned Package: 18657-117-01

HYDROmorphone (Dilaudid) injection 0.05 mg [360650551]

Ordering Provider: Barbour, Mohammed Fadel, MBBS
Ordered On: 01/11/25 0937
Ordered Dose (Remaining/Total): 0.05 mg (—/—)
Frequency: Every 2 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0936 - 01/12/25 0924
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/11/25 1022 by Walks, Tristan H, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/12/25 0835 Documented: 01/12/25 0835	Given	0.05 mg	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0409-1283-03
Performed 01/12/25 0557 Documented: 01/12/25 0559	Not Given Contraindicated	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0009 Documented: 01/12/25 0009	Given	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0409-1283-03
Performed 01/11/25 2114 Documented: 01/11/25 2114	Given	0.05 mg	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 0409-1283-03
Performed 01/11/25 1022 Documented: 01/11/25 1022	Given	0.05 mg	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2 mg [362293092]

Ordering Provider: Rosiene, Joel, MD
Ordered On: 01/19/25 0629
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 0700 - 01/19/25 0637
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 0637 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 0637 Documented: 01/19/25 0637	Given	0.2 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

HYDROmorphone (Dilaudid) injection 0.2 mg [362319938]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1218
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 1249 - 01/19/25 1227
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1227 by Gordon, Carrie, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 1227 Documented: 01/19/25 1228	Given	0.2 mg	Intravenous	Performed by: Gordon, Carrie, RN Comments: accidentally discarded the dilaudid barcode. But drew up med with 2nd Rn observing for waste

HYDROmorphone (Dilaudid) injection 0.2 mg [362322697]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1241
Ordered Dose (Remaining/Total): 0.2 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1241 - 01/28/25 1150
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 2121 by Johnson, Marita F, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1258 by Kim, Christine Yuhyun, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/23/25 0047 by Patino Castro, Jennifer A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/25/25 0552 Documented: 01/25/25 0553	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 01/24/25 1651 Documented: 01/24/25 1651	Given	0.2 mg	Intravenous	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03
Performed 01/24/25 1045 Documented: 01/24/25 1045	Given	0.2 mg	Intravenous	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03
Performed 01/23/25 1749 Documented: 01/23/25 1750	Given	0.2 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1283-03
Performed 01/23/25 1005 Documented: 01/23/25 1005	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0047 Documented: 01/23/25 0049	Given	0.2 mg	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1283-03
Performed 01/22/25 1635 Documented: 01/22/25 1635	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03
Performed 01/22/25 0922 Documented: 01/22/25 0922	Given	0.2 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0409-1283-03
Performed 01/21/25 1321 Documented: 01/21/25 1321	Given	0.2 mg	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0409-1283-03
Performed 01/20/25 1258 Documented: 01/20/25 1258	Given	0.2 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1283-03
Performed 01/20/25 0255 Documented: 01/20/25 0255	Given	0.2 mg	Intravenous	Performed by: Lyons, Julio Cesar Salazar, RN Scanned Package: 0409-1283-03
Performed 01/19/25 2121 Documented: 01/19/25 2121	Given	0.2 mg	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2 mg [362391876]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0754
Ordered Dose (Remaining/Total): 0.2 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/20/25 0825 - 01/20/25 0802
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 0802 by Kim, Christine Yuhyun, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/20/25 0802 Documented: 01/20/25 0803	Given	0.2 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [363318946]

Ordering Provider: Shepherd, Amanda Kay, MD
Ordered On: 01/23/25 1758
Ordered Dose (Remaining/Total): 0.2-0.4 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/23/25 1829 - 01/23/25 1918
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	0.4 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369694093]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1409
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/23/25 1408 - 02/24/25 1213
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1725 by Porter, Allen, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0932 Documented: 02/24/25 0932	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0851 Documented: 02/24/25 0959	Not Given Loss of IV access	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Comments: Wasted w/ RN
Performed 02/24/25 0618 Documented: 02/24/25 0619	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0325 Documented: 02/24/25 0326	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 2155 Documented: 02/23/25 2156	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 2119 Documented: 02/23/25 2120	Given	0.2 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/23/25 1846 Documented: 02/23/25 1847	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 1725 Documented: 02/23/25 1725	Given	0.2 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369694094]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1409
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/23/25 1408 - 02/24/25 1213
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0932 Documented: 02/24/25 0932	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 0851 Documented: 02/24/25 0959	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0618 Documented: 02/24/25 0619	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 0325 Documented: 02/24/25 0326	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 2155 Documented: 02/23/25 2156	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 2119 Documented: 02/23/25 2120	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1846 Documented: 02/23/25 1847	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 1725 Documented: 02/23/25 1725	See Alternative	—	—	Performed by: Porter, Allen, RN

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369870150]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 1 hour PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1212 - 03/07/25 1031
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0201 Documented: 03/07/25 0201	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 03/07/25 0050 Documented: 03/07/25 0050	See Alternative	—	—	Performed by: Moroye, Jessica, RN
Performed 03/06/25 1948 Documented: 03/06/25 1948	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 03/06/25 1841 Documented: 03/06/25 1843	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 1509 Documented: 03/06/25 1511	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 1202 Documented: 03/06/25 1206	See Alternative	—	—	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0259 Documented: 03/06/25 0300	Given	0.2 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 03/06/25 0210 Documented: 03/06/25 0212	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 03/01/25 1217 Documented: 03/01/25 1218	See Alternative	—	—	Performed by: Johnson, Marita F, RN
Performed 02/28/25 1936 Documented: 02/28/25 1937	See Alternative	—	—	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 02/28/25 0509 Documented: 02/28/25 0509	Not Given See Comments	—	Intravenous	Performed by: Mikulikova, Julia, RN Comments: given subcutaneous dose; see MAR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 0445 Documented: 02/28/25 0446	See Alternative	—	Performed by: Mikulikova, Julia, RN
Performed 02/27/25 2207 Documented: 02/27/25 2207	See Alternative	—	Performed by: Bennett, Theodore, RN
Performed 02/27/25 2041 Documented: 02/27/25 2043	See Alternative	—	Performed by: Bennett, Theodore, RN
Performed 02/27/25 0155 Documented: 02/27/25 0156	See Alternative	—	Performed by: Harman, Kendall M, RN
Performed 02/26/25 0100 Documented: 02/26/25 0101	See Alternative	—	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 1743 Documented: 02/25/25 1743	See Alternative	—	Performed by: Drammeh, Saihou, RN
Performed 02/25/25 0753 Documented: 02/25/25 0754	See Alternative	—	Performed by: Drammeh, Saihou, RN
Performed 02/25/25 0451 Documented: 02/25/25 0452	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 2123 Documented: 02/24/25 2124	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 2025 Documented: 02/24/25 2026	See Alternative	—	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 1628 Documented: 02/24/25 1629	See Alternative	—	Performed by: Porter, Allen, RN
Performed 02/24/25 1406 Documented: 02/24/25 1407	See Alternative	—	Performed by: Porter, Allen, RN

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg [369870151]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.2-0.4 mg (—/—)
Frequency: Every 1 hour PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 1212 - 03/07/25 1031
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/07/25 0201 Documented: 03/07/25 0201	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Omo, Reese, RN Scanned Package: 0409-1283-03
Performed 03/07/25 0050 Documented: 03/07/25 0050	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Moroye, Jessica, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1948 Documented: 03/06/25 1948	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Omo, Reese, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1841 Documented: 03/06/25 1843	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Comments: pt screaming in pain Scanned Package: 0409-1283-03
Performed 03/06/25 1509 Documented: 03/06/25 1511	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 0409-1283-03
Performed 03/06/25 1202 Documented: 03/06/25 1206	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 0409-1283-03
Performed 03/06/25 0259 Documented: 03/06/25 0300	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 03/06/25 0210 Documented: 03/06/25 0212	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 03/01/25 1217 Documented: 03/01/25 1218	Refused	—	Subcutaneous —	Performed by: Johnson, Marita F, RN
Performed 02/28/25 1936 Documented: 02/28/25 1937	Given	0.2 mg	Subcutaneous Abdominal Tissue	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0409-1283-03
Performed 02/28/25 0509 Documented: 02/28/25 0509	See Alternative	—	—	Performed by: Mikulikova, Julia, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 0445 Documented: 02/28/25 0446	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0409-1283-03
Performed 02/27/25 2207 Documented: 02/27/25 2207	Given	0.2 mg	Subcutaneous Right Shoulder	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 02/27/25 2041 Documented: 02/27/25 2043	Given	0.2 mg	Subcutaneous Left Shoulder	Performed by: Bennett, Theodore, RN Scanned Package: 0409-1283-03
Performed 02/27/25 0155 Documented: 02/27/25 0156	Given	0.2 mg	Subcutaneous Left Arm	Performed by: Harman, Kendall M, RN Scanned Package: 0409-1283-03
Performed 02/26/25 0100 Documented: 02/26/25 0101	Given	0.2 mg	Subcutaneous Right Arm	Performed by: Yohannes, Mayda, RN Scanned Package: 0409-1283-03
Performed 02/25/25 1743 Documented: 02/25/25 1743	Given	0.2 mg	Subcutaneous Left Shoulder	Performed by: Drammeh, Saihou, RN Scanned Package: 0409-1283-03
Performed 02/25/25 0753 Documented: 02/25/25 0754	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Drammeh, Saihou, RN Scanned Package: 0409-1283-03
Performed 02/25/25 0451 Documented: 02/25/25 0452	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 2123 Documented: 02/24/25 2124	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 2025 Documented: 02/24/25 2026	Given	0.4 mg	Subcutaneous Abdominal Tissue	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1283-03
Performed 02/24/25 1628 Documented: 02/24/25 1629	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/24/25 1406 Documented: 02/24/25 1407	Given	0.4 mg	Subcutaneous Left Arm	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [368471321]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/17/25 1946
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/17/25 1946 - 02/21/25 1239
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/21/25 0307 Documented: 02/21/25 0308	Given	0.5 mg	Subcutaneous Right Arm	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03
Performed 02/20/25 1626 Documented: 02/20/25 1848	Given	0.5 mg	Subcutaneous Right Anterior Thigh	Performed by: Kangleon, Judith Esther J, RN
Performed 02/20/25 1019 Documented: 02/20/25 1849	Given	0.5 mg	Subcutaneous Right Anterior Thigh	Performed by: Kangleon, Judith Esther J, RN
Performed 02/19/25 1722 Documented: 02/19/25 1722	Given	0.5 mg	Subcutaneous Abdominal Tissue	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1283-03
Performed 02/19/25 1110 Documented: 02/19/25 1113	Given	0.5 mg	Subcutaneous Right Arm	Performed by: Fajarillo, Irene M, RN Scanned Package: 0409-1283-03
Performed 02/18/25 2131 Documented: 02/18/25 2132	Given	0.5 mg	Subcutaneous Left Lower Abdomen	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1283-03
Performed 02/17/25 2245 Documented: 02/17/25 2245	Given	0.5 mg	Subcutaneous Left Arm	Performed by: Gawat, Maria C, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [369503046]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1614
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1610 - 02/23/25 1409
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/21/25 2236 by Gindi, Jeanna A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/23/25 1018 Documented: 02/23/25 1018	Given	0.5 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 0638 Documented: 02/23/25 0638	Given	0.5 mg	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0409-1283-03
Performed 02/23/25 0303 Documented: 02/23/25 0306	Given	0.5 mg	Intravenous	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 0409-1283-03
Performed 02/22/25 1733 Documented: 02/22/25 1734	Given	0.5 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1283-03
Performed 02/22/25 1550 Documented: 02/22/25 1550	Refused	0.5 mg	Intravenous	Performed by: Moffett, Laura, RN
Performed 02/22/25 0608 Documented: 02/22/25 0608	Given	0.5 mg	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03
Performed 02/21/25 2236 Documented: 02/21/25 2237	Given	0.5 mg	Intravenous	Performed by: Gindi, Jeanna A, RN Scanned Package: 0409-1283-03

HYDROmorphone (Dilaudid) injection 0.5 mg [369503049]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1614
Ordered Dose (Remaining/Total): 0.5 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1610 - 02/23/25 1409
Route: Subcutaneous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 02/23/25 1018 Documented: 02/23/25 1018	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0638 Documented: 02/23/25 0638	See Alternative	—	—	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/23/25 0303 Documented: 02/23/25 0306	See Alternative	—	—	Performed by: Dela Cruz, Catherine B, RN
Performed 02/22/25 1733 Documented: 02/22/25 1734	See Alternative	—	—	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/22/25 1550 Documented: 02/22/25 1550	See Alternative	—	Performed by: Moffett, Laura, RN
Performed 02/22/25 0608 Documented: 02/22/25 0608	See Alternative	—	Performed by: Gindi, Jeanna A, RN
Performed 02/21/25 2236 Documented: 02/21/25 2237	See Alternative	—	Performed by: Gindi, Jeanna A, RN

insulin LISPRO injection 0-4 units [360358573]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1954
Ordered Dose (Remaining/Total): 0-4 units (—/—)
Frequency: Nightly
Admin Instructions: BEDTIME **LOW** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 4 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2100 - 01/11/25 1410
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 3 units

For BG > 500, send venous blood glucose STAT.
1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
3. CHECK BG at 3AM if bedtime correction insulin dose given.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 2015 Documented: 01/10/25 2015	Not Given Order parameters not met	—	Subcutaneous	Performed by: Bertram, Olivia T, RN
Performed 01/09/25 2053 Documented: 01/09/25 2054	Not Given Order parameters not met	—	Subcutaneous	Performed by: Sande, Nathan R, RN

insulin LISPRO injection 0-5 units [360358572]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/09/25 1954
Ordered Dose (Remaining/Total): 0-5 units (—/—)
Frequency: 3 times daily before meals
Admin Instructions: DAYTIME **LOW** Dose CORRECTION Insulin
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
300-349 = 4 units

For BG > 500, send venous blood glucose STAT.
1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0800 - 01/11/25 1410
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

151-199 = 1 unit (2 units if no nutritional insulin given)
250-299 = 3 units
>349 = recheck blood sugar once now, then give 5 units.
For BG > 349, call PROVIDER and recheck BG in 1-2 hours

2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 01/11/25 1156 Documented: 01/11/25 1156	Given	3 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05
Performed 01/11/25 0842 Documented: 01/11/25 0842	Not Given Contraindicated	—	Subcutaneous —	Performed by: Walks, Tristan H, RN Comments: Post food intake
Performed 01/10/25 1744 Documented: 01/10/25 1744	Not Given Procedure	—	Subcutaneous —	Performed by: Tatum, Krista N, RN
Performed 01/10/25 1339 Documented: 01/10/25 1339	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 1006 Documented: 01/10/25 1007	Given	2 units	Subcutaneous Right Arm	Performed by: Thomas, Tamlyn P, RN Scanned Package: 0024-5926-05

insulin LISPRO injection 0-5 units [369588045]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/22/25 1033
Ordered Dose (Remaining/Total): 0-5 units (—/—)
Frequency: Every 6 hours scheduled
Admin Instructions: Q6 HOUR **LOW** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 5 units.
For BG > 349, call Provider and recheck BG in 1-2 hours

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/22/25 1200 - 02/24/25 0827
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 4 units

For BG > 500, send venous blood glucose STAT.
1. Even if NPO, okay to give correction insulin, IF indicated per Correction insulin scale.

2. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 02/24/25 0634 Documented: 02/24/25 0635	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Aidoo, Nana S, RN
Performed 02/24/25 0036 Documented: 02/24/25 0037	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1906 Documented: 02/23/25 1906	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 1320 Documented: 02/23/25 1321	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Porter, Allen, RN Comments: BG146
Performed 02/23/25 0606 Documented: 02/23/25 0606	Given	2 units	Subcutaneous Left Arm	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0024-5926-05
Performed 02/23/25 0022 Documented: 02/23/25 0022	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/22/25 1741 Documented: 02/22/25 1742	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Porter, Allen, RN
Performed 02/22/25 1217 Documented: 02/22/25 1218	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Porter, Allen, RN Comments: BG214 Scanned Package: 0024-5926-05

insulin LISPRO injection 0-7 units [360673421]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1410
Ordered Dose (Remaining/Total): 0-7 units (—/—)
Frequency: Nightly
Admin Instructions: BEDTIME **MED** Dose CORRECTION Insulin
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
250-299 = 3 units
>349 = recheck blood sugar once now, then give 7 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2100 - 01/26/25 0845
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

200-249 = 2 units
300-349 = 5 units

For BG > 500, send venous blood glucose STAT.
1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
3. CHECK BG at 3AM if bedtime correction insulin dose given.

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 2056 Documented: 01/25/25 2057	Not Given See Comments	—	Subcutaneous	Performed by: Soto, Kalea G, RN Comments: BG 112
Performed 01/24/25 2200 Documented: 01/24/25 2201	Not Given Order parameters not met	—	Subcutaneous	Performed by: Porter, Allen, RN Comments: BG125
Performed 01/23/25 1950 Documented: 01/23/25 1950	Not Given Order parameters not met	—	Subcutaneous	Performed by: Kit, Ellen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 2110 Documented: 01/22/25 2110	Not Given Order parameters not met	—	Subcutaneous	Performed by: Lefler, Chelsea Lynne, RN
Performed 01/21/25 2247 Documented: 01/21/25 2247	Not Given Order parameters not met	—	Subcutaneous	Performed by: Limyukok, Mysha, RN
Performed 01/20/25 2152 Documented: 01/20/25 2153	Not Given See Comments	—	Subcutaneous	Performed by: Soto, Kalea G, RN Comments: bg 87
Performed 01/19/25 2113 Documented: 01/19/25 2114	Not Given Order parameters not met	—	Subcutaneous	Performed by: Johnson, Marita F, RN Comments: BG 114
Performed 01/18/25 2040 Documented: 01/18/25 2041	Not Given Order parameters not met	—	Subcutaneous	Performed by: Jallow, Yusupha, RN Comments: CBG 158
Performed 01/17/25 2045 Documented: 01/17/25 2046	Not Given Order parameters not met	—	Subcutaneous	Performed by: Sirichana, Geraldine N, RN
Performed 01/16/25 2122 Documented: 01/16/25 2122	Not Given Order parameters not met	—	Subcutaneous	Performed by: Mazariegos, Oscar, RN Comments: bg160
Performed 01/15/25 2100 Documented: 01/15/25 2100	Not Given Order parameters not met	—	Subcutaneous	Performed by: Howey, Alice J, RN Comments: 176
Performed 01/14/25 2015 Documented: 01/14/25 2016	Not Given Order parameters not met	—	Subcutaneous	Performed by: Johnston, Christopher L, RN
Performed 01/13/25 2252 Documented: 01/13/25 2252	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2024 Documented: 01/12/25 2024	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2011 Documented: 01/11/25 2011	Not Given Order parameters not met	—	Subcutaneous	Performed by: Salick, Dominic J, RN Comments: bg 92

insulin LISPRO injection 0-8 units [360673419]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1410
Ordered Dose (Remaining/Total): 0-8 units (—/—)
Frequency: 3 times daily before meals
Admin Instructions: DAYTIME **MED** Dose CORRECTION Insulin
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 3 units
300-349 = 7 units

For BG > 500, send venous blood glucose STAT.
1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 1600 - 01/26/25 0845
Route: Subcutaneous
Ordered Rate/Order Duration: — / —
Blood sugar = Dose

151-199 = 2 units
250-299 = 5 units
>349 = recheck blood sugar once now, then give 8 units.
For BG > 349, call Provider and recheck BG in 1-2 hours.

2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.

Timestamps	Action / Reason	Dose	Route / Site	Other Information
Performed 01/26/25 0901 Documented: 01/26/25 0901	Not Given See Comments	—	Subcutaneous —	Performed by: Smith, Meagan Q, RN Comments: order DC'd
Performed 01/25/25 1901 Documented: 01/25/25 1901	Not Given See Comments	—	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: BG 125
Performed 01/25/25 1330 Documented: 01/25/25 1330	Not Given See Comments	—	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: Bg 111
Performed 01/25/25 1012 Documented: 01/25/25 1013	Not Given See Comments	0 units	Subcutaneous —	Performed by: Hollingsworth, Louise C, RN Comments: BG 103
Performed 01/24/25 1654 Documented: 01/24/25 1654	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Gawat, Maria C, RN
Performed 01/24/25 1214 Documented: 01/24/25 1215	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Gawat, Maria C, RN
Performed 01/24/25 0850 Documented: 01/24/25 0850	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Gawat, Maria C, RN Scanned Package: 0024-5926-05
Performed 01/23/25 1946 Documented: 01/23/25 1946	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Kit, Ellen, RN
Performed 01/23/25 1153 Documented: 01/23/25 1153	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0949 Documented: 01/23/25 0950	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 1842 Documented: 01/22/25 1843	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 1326 Documented: 01/22/25 1327	Given	2 units 2 units	Subcutaneous Abdominal Tissue	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 0024-5926-05
Performed 01/22/25 0911 Documented: 01/22/25 0911	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 1752 Documented: 01/21/25 1753	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 1238 Documented: 01/21/25 1239	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 0904 Documented: 01/21/25 0905	Given	2 units 2 units	Subcutaneous Abdominal Tissue	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0024-5926-05
Performed 01/20/25 1834 Documented: 01/20/25 1838	Given	2 units 2 units	Subcutaneous Left Arm	Performed by: Kim, Christine Yuhyun, RN Comments: BG 158 Scanned Package: 0024-5926-05
Performed 01/20/25 1309 Documented: 01/20/25 1310	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Kim, Christine Yuhyun, RN Comments: BG 133
Performed 01/20/25 1026 Documented: 01/20/25 1027	Not Given See Comments	— —	Subcutaneous —	Performed by: Kim, Christine Yuhyun, RN Comments: Son already feeding patient breakfast, BG was 132 with morning labs this morning.
Performed 01/19/25 1737 Documented: 01/19/25 1737	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Johnson, Marita F, RN Comments: BG 95
Performed 01/19/25 1126 Documented: 01/19/25 1126	Not Given Order parameters not met	— —	Subcutaneous —	Performed by: Bustamante Campusano, Diana, RN Comments: bg 114

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/19/25 0843 Documented: 01/19/25 0843	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Gordon, Carrie, RN Comments: bg 192 Scanned Package: 0024-5926-05
Performed 01/18/25 1744 Documented: 01/18/25 1744	Not Given See Comments	—	Subcutaneous —	Performed by: Burke, Ashley P, RN Comments: BS 149
Performed 01/18/25 1218 Documented: 01/18/25 1218	Given	2 units	Subcutaneous Abdominal Tissue	Performed by: Hwee, Carla, RN Comments: BG 153 Scanned Package: 0024-5926-05
Performed 01/18/25 0856 Documented: 01/18/25 0856	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Hwee, Carla, RN Comments: BG 171 post PO intake
Performed 01/17/25 1705 Documented: 01/17/25 1705	Given	2 units	Subcutaneous Right Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0024-5926-05
Performed 01/17/25 1136 Documented: 01/17/25 1136	Given	2 units	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Scanned Package: 0024-5926-05
Performed 01/17/25 0837 Documented: 01/17/25 0837	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 1611 Documented: 01/16/25 1612	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Mikulikova, Julia, RN Comments: bg 144
Performed 01/16/25 1235 Documented: 01/16/25 1239	Given	3 units	Subcutaneous Right Arm	Performed by: Mikulikova, Julia, RN Comments: bg 217 Scanned Package: 0024-5926-05
Performed 01/16/25 0856 Documented: 01/16/25 0857	Given	2 units	Subcutaneous Left Arm	Performed by: Mikulikova, Julia, RN Comments: bg 164 Scanned Package: 0024-5926-05
Performed 01/15/25 1708 Documented: 01/15/25 1708	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Howey, Alice J, RN Comments: 143

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 1211 Documented: 01/15/25 1211	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Nacol, Lani Kusu, RN Comments: BG 182 post food intake
Performed 01/15/25 0930 Documented: 01/15/25 0930	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Nacol, Lani Kusu, RN
Performed 01/14/25 1832 Documented: 01/14/25 1833	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1309 Documented: 01/14/25 1309	Given	5 units	Subcutaneous Abdominal Tissue	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0024-5926-05
Performed 01/14/25 0811 Documented: 01/14/25 0811	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Santos, Frances Kate Kate, RN
Performed 01/13/25 1828 Documented: 01/13/25 1829	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1236 Documented: 01/13/25 1236	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0740 Documented: 01/13/25 0740	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1626 Documented: 01/12/25 1626	Not Given Order parameters not met	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1154 Documented: 01/12/25 1154	Not Given Contraindicated	—	Subcutaneous —	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0845 Documented: 01/12/25 0845	Given	2 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05
Performed 01/11/25 1651 Documented: 01/11/25 1651	Given	2 units	Subcutaneous Left Arm	Performed by: Walks, Tristan H, RN Scanned Package: 0024-5926-05

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) [360325646]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Czarnecki, Maciej, MD
Ordered On: 01/09/25 1626
Ordered Dose (Remaining/Total): 0-19 Units/hr (—/—)
Frequency: Continuous
Admin Instructions: Patients with T1DM should never have the insulin infusion turned off for > 1 hour.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1657 - 01/09/25 1954
Route: Intravenous
Ordered Rate/Order Duration: 0-19 mL/hr / —
When transitioning off insulin infusion, administer a dose of subcutaneous basal insulin (if ordered), continue titrating infusion for 2 hrs, then discontinue infusion.
Insulin Infusion STANDARD Protocol - start at Algoirthm 1.

Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.

Question	Answer	Comment
Insulin Protocol::	Standard	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1813 by Forsyth, Kevin K, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/09/25 2000 Documented: 01/09/25 2036	Stopped	0 Units/hr 0 mL/hr	Intravenous	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1813 Documented: 01/09/25 1814	New Bag/Syringe	0.8 Units/hr 0.8 mL/hr	Intravenous	Performed by: Forsyth, Kevin K, RN Comments: algo 1 BS 126 Scanned Package: 0338-0126-12

iohexol (Omnipaque) 350 MG/ML contrast 80 mL [360233480]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1217
Ordered Dose (Remaining/Total): 80 mL (0/1)
Frequency: Once as needed

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1217 - 01/09/25 1217
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1217 by Bailey, Cairo, RT	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/09/25 1217 Documented: 01/09/25 1217	Contrast Given	80 mL	Intravenous	Performed by: Bailey, Cairo, RT

ipratropium-albuterol (Duoneb) 0.5-2.5 (3) MG/3ML nebulizer solution 3 mL [368306503]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/16/25 0603
Ordered Dose (Remaining/Total): 3 mL (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: (Albuterol base 2.5mg-ipratropium 0.5mg/3mL inhalation soln). Store in original foil pouch. Protect from light.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/16/25 0602 - 02/24/25 1141
Route: Nebulization
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/21/25 1258 Documented: 02/21/25 1258	Given	3 mL	Nebulization	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0487-0201-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/16/25 0620 Documented: 02/16/25 0620	Given	3 mL	Nebulization	Performed by: Angeles, Jessie J, RRT Scanned Package: 0487-0201-01

isoproterenol 1 mg in dextrose 5 % 250 mL (0.004 mg/mL) infusion [360655463]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1033
Ordered Dose (Remaining/Total): 0-0.1 mcg/kg/min (Dosing Weight) (—/—)
Frequency: Continuous
Admin Instructions: Titrate to keep HR > 60
Titration: 0.005 mcg/kg/min every 5 min

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 1104 - 01/11/25 1425
Route: Intravenous

Ordered Rate/Order Duration: 0-68.25 mL/hr / —
Starting dose: 0.01 mcg/kg/min
If patient transferred from another area/level of care, the RN may continue at the prior dose.

STANDARD Concentration. (For Peripheral or Central line use)

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 1109 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 1401 Documented: 01/11/25 1424	Stopped	0 mcg/kg/min 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1400 Documented: 01/11/25 1341	Rate Verified	0.04 mcg/kg/min 27.3 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1340 Documented: 01/11/25 1340	Dose/Rate Changed	0.04 mcg/kg/min 27.3 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1315 Documented: 01/11/25 1340	Dose/Rate Changed	0.035 mcg/kg/min 23.9 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1302 Documented: 01/11/25 1340	Dose/Rate Changed	0.03 mcg/kg/min 20.5 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1300 Documented: 01/11/25 1340	Rate Verified	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1200 Documented: 01/11/25 1339	Rate Verified	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 1155 Documented: 01/11/25 1156	Dose/Rate Changed	0.025 mcg/kg/min 17.06 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1109 Documented: 01/11/25 1110	New Bag/Syringe	0.01 mcg/kg/min 6.83 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-0017-02, 0548-9502-00

lactated ringers infusion [360632011]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0239
Ordered Dose (Remaining/Total): 35 mL/hr (—/—)
Frequency: Continuous
Status: Verified (Past End Date/Time)
Starts/Ends: 01/11/25 0310 - 01/11/25 0700
Route: Intravenous
Ordered Rate/Order Duration: 35 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/11/25 0248 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 0917 Documented: 01/11/25 0917	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0700 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0600 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0500 Documented: 01/11/25 0654	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN
Performed 01/11/25 0400 Documented: 01/11/25 0421	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0300 Documented: 01/11/25 0305	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/11/25 0248 Documented: 01/11/25 0248	New Bag/Syringe	35 mL/hr 35 mL/hr	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 0338-0117-04

lactated ringers infusion [360644107]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 0818
Ordered Dose (Remaining/Total): 35 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0849 - 01/11/25 1042
Route: Intravenous
Ordered Rate/Order Duration: 35 mL/hr / —

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 0836 by Walks, Tristan H, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/11/25 1111 Documented: 01/11/25 1111	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0900 Documented: 01/11/25 0917	Rate Verified	35 mL/hr 35 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0836 Documented: 01/11/25 0836	Continued from OR	35 mL/hr 35 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers infusion [360745194]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 1051
Ordered Dose (Remaining/Total): 60 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 1122 - 01/23/25 1553
Route: Intravenous
Ordered Rate/Order Duration: 60 mL/hr / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1928 by Howey, Alice J, RN	—
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/18/25 1520 by Burke, Ashley P, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1618 by Kim, Christine Yuhyun, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/22/25 0642 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose / Rate	Route	Other Information
Performed 01/23/25 0200 Documented: 01/23/25 0239	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/23/25 0047 Documented: 01/23/25 0049	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0338-0117-04
Performed 01/23/25 0000 Documented: 01/23/25 0239	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/22/25 2300 Documented: 01/23/25 0238	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Patino Castro, Jennifer A, RN
Performed 01/22/25 0642 Documented: 01/22/25 0642	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 0200 Documented: 01/22/25 0318	Stopped	0 mL/hr 0 mL/hr	Intravenous	Performed by: Tran, Andy, RN Comments: Leaky PIV
Performed 01/21/25 0931 Documented: 01/21/25 0932	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0338-0117-04
Performed 01/21/25 0918 Documented: 01/21/25 0918	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kaur, Rupinderjit, RN
Performed 01/20/25 1618 Documented: 01/20/25 1618	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0338-0117-04
Performed 01/19/25 2126 Documented: 01/19/25 2126	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0338-0117-04
Performed 01/18/25 1520 Documented: 01/18/25 1620	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Burke, Ashley P, RN
Performed 01/18/25 1502 Documented: 01/18/25 1502	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0338-0117-04
Performed 01/17/25 2129 Documented: 01/17/25 2129	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0338-0117-04
Performed 01/16/25 1047 Documented: 01/16/25 1047	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Smith, Melody J, RN Scanned Package: 0338-0117-04
Performed 01/15/25 1928 Documented: 01/15/25 1928	New Bag/Syringe	60 mL/hr 60 mL/hr	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 0338-0117-04
Performed 01/15/25 1300 Documented: 01/15/25 1948	Paused	0 mL/hr 0 mL/hr	Intravenous	Performed by: Howey, Alice J, RN Comments: IV access loss
Performed 01/15/25 0800 Documented: 01/15/25 1000	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Nacol, Lani Kusu, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 2100 Documented: 01/14/25 2324	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Johnston, Christopher L, RN
Performed 01/14/25 1800 Documented: 01/14/25 1837	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1700 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1600 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1500 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1400 Documented: 01/14/25 1836	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1300 Documented: 01/14/25 1400	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1200 Documented: 01/14/25 1400	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1100 Documented: 01/14/25 1108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 1000 Documented: 01/14/25 1108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0900 Documented: 01/14/25 1107	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0800 Documented: 01/14/25 1057	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/14/25 0700 Documented: 01/14/25 0704	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0600 Documented: 01/14/25 0611	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0500 Documented: 01/14/25 0531	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0400 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0300 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0200 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0100 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/14/25 0000 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2300 Documented: 01/14/25 0451	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2200 Documented: 01/13/25 2247	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2100 Documented: 01/13/25 2117	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 2000 Documented: 01/13/25 2017	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1900 Documented: 01/13/25 1904	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1800 Documented: 01/13/25 1814	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1720 Documented: 01/13/25 1813	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1515 Documented: 01/13/25 1813	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1800 Documented: 01/12/25 1823	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1112 Documented: 01/12/25 1112	Restarted	60 mL/hr 60 mL/hr	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers IV Bolus 1,000 mL [363643353]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/25/25 1201
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 1232 - 01/25/25 1421
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1321 by Hollingsworth, Louise C, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 1321 Documented: 01/25/25 1321	New Bag/Syringe	1,000 mL 1,000 mL/hr 60 Minutes	Intravenous	Performed by: Hollingsworth, Louise C, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 1,000 mL [363723818]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 0933
Ordered Dose (Remaining/Total): 1,000 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/26/25 1004 - 01/26/25 1146
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/26/25 1046 Documented: 01/26/25 1050	New Bag/Syringe	1,000 mL 1,000 mL/hr 60 Minutes	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0338-0117-04

lactated ringers IV Bolus 250 mL [360374523]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0008
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/10/25 0039 - 01/10/25 0027
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0012 Documented: 01/10/25 0012	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 250 mL [360746554]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 1109
Ordered Dose (Remaining/Total): 250 mL (1/1)
Frequency: Once
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 1140 - 01/13/25 1133
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1112 by Walks, Tristan H, RN	—

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 1128 Documented: 01/12/25 1128	Not Given Other	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1112 Documented: 01/12/25 1113	Restarted	— 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

lactated ringers IV Bolus 500 mL [360365577]

Ordering Provider: Gripshover, Bailey L, PA-C
Ordered On: 01/09/25 2134
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 2205 - 01/09/25 2242
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 2142 Documented: 01/09/25 2142	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 0338-0117-04

lactated ringers IV Bolus 500 mL [360671284]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1344
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 1415 - 01/11/25 1416
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 30 Minutes

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 1346 Documented: 01/11/25 1347	Bolus	500 mL 1,000 mL/hr 30 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

lactated ringers IV Bolus 500 mL [360731430]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 0742
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/12/25 0813 - 01/12/25 0819
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/10/25 20 G Anterior;Proximal;Right Forearm	01/12/25 0749 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 0749 Documented: 01/12/25 0749	New Bag/Syringe	500 mL 1,000 mL/hr 30 Minutes	Intravenous	Performed by: Walks, Tristan H, RN Scanned Package: 0338-0117-04

lidocaine (Glydo) 2 % jelly 2-5 mL [368683995]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/18/25 1452
Ordered Dose (Remaining/Total): 2-5 mL (0/1)
Frequency: Once
Admin Instructions: For NG tube placement
Status: Completed (Past End Date/Time)
Starts/Ends: 02/18/25 1522 - 02/18/25 1458
Route: Nasal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/18/25 1458 Documented: 02/18/25 1458	Given	5 mL	Nasal	Performed by: Barker, Codie L, RN Comments: Left Nostril Scanned Package: 25021-673-77

lidocaine (Glydo) 2 % jelly 2-5 mL [368821889]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/19/25 0908
Ordered Dose (Remaining/Total): 2-5 mL (0/1)
Frequency: Once
Admin Instructions: For NG tube placement
Status: Completed (Past End Date/Time)
Starts/Ends: 02/19/25 0939 - 02/19/25 0934
Route: Nasal
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/19/25 0934 Documented: 02/19/25 0934	Given	2 mL	Nasal	Performed by: Fajarillo, Irene M, RN Scanned Package: 25021-673-77

lidocaine 2 % injection [361043605]

Ordering Provider: Akoum, Nazem Walid, MD
Ordered On: 01/13/25 1626
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/13/25 1624 Documented: 01/13/25 1626	Given	5 mL	Subcutaneous Chest	Performed by: Bevan, Graham Howard, MD Documented by: Singsaas, Julie M, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1619 Documented: 01/13/25 1626	Given	10 mL	Subcutaneous Chest	Performed by: Bevan, Graham Howard, MD Documented by: Singsaas, Julie M, RN

lidocaine 4 % per patch 1 patch [362177933]

Ordering Provider: Rosiene, Joel, MD
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 01/17/25 2116
Starts/Ends: 01/17/25 2200 - 03/08/25 1537
Ordered Dose (Remaining/Total): 1 patch (—/—)
Route: Topical
Frequency: Every 24 hours
Ordered Rate/Order Duration: — / 12 Hours
Admin Instructions: Apply to leg at site of pain. Remove after 12 hours (max 12 hrs per 24 hrs)

Timestamps	Action / Reason	Dose / Duration	Route / Site	Other Information
Due 03/08/25 1135 Scheduled: 03/08/25 1537	Due (Medication Removed)	—	—	—
Performed 03/08/25 0217 Documented: 03/08/25 0219	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Gaerlan, Nisha, RN Scanned Package: 0536-1202-15
Performed 03/06/25 2119 Documented: 03/06/25 2120	Not Given Patient sleeping	1 patch 12 Hours	Topical —	Performed by: Omo, Reese, RN Comments: CMO pain comfortable and sleeping
Performed 03/06/25 1505 Documented: 03/06/25 1505	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0215 Documented: 03/06/25 0215	Medication Applied	1 patch 12 Hours	Topical Right Leg	Performed by: Bennett, Theodore, RN Scanned Package: 0536-1202-15
Performed 03/05/25 0951 Documented: 03/05/25 0951	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Negrete Maldonado V, Karla, RN
Performed 03/04/25 2042 Documented: 03/04/25 2045	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Kit, Ellen, RN
Performed 03/04/25 0947 Documented: 03/04/25 0947	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Melody J, RN Comments: not present upon assessment
Performed 03/03/25 2246 Documented: 03/03/25 2251	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/03/25 0940 Documented: 03/03/25 0940	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gelgla, Letera D, RN
Performed 03/02/25 2202 Documented: 03/02/25 2203	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Ireland, Rashell, RN Scanned Package: 0536-1202-15
Performed 03/02/25 0938 Documented: 03/02/25 0938	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Tadesse, Caleb S, RN
Performed 03/01/25 2148 Documented: 03/01/25 2149	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Johnson, Marita F, RN Scanned Package: 0536-1202-15
Performed 03/01/25 0853 Documented: 03/01/25 0853	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gill, Loveleen S, RN
Performed 02/28/25 2124 Documented: 02/28/25 2124	Medication Applied	1 patch 12 Hours	Topical Chest	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 0536-1202-15
Performed 02/28/25 0919 Documented: 02/28/25 0919	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Dimitrov, Alexey T, RN
Performed 02/27/25 2007 Documented: 02/27/25 2009	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bennett, Theodore, RN Scanned Package: 0536-1202-15
Performed 02/27/25 1200 Documented: 02/27/25 1346	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Long, Lijie, RN
Performed 02/27/25 0041 Documented: 02/27/25 0041	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Harman, Kendall M, RN Comments: comfort care, pt sleeping Scanned Package: 0536-1202-15
Performed 02/26/25 0917 Documented: 02/26/25 0917	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Fresnoza, Frances F, RN
Performed 02/25/25 2109 Documented: 02/25/25 2111	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/25/25 1017 Documented: 02/25/25 1017	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Drammeh, Saihou, RN
Performed 02/24/25 2124 Documented: 02/24/25 2124	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Aidoo, Nana S, RN Scanned Package: 0536-1202-15
Performed 02/24/25 1003 Documented: 02/24/25 1003	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/23/25 2122 Documented: 02/23/25 2123	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Aidoo, Nana S, RN Comments: L AKA stump Scanned Package: 0536-1202-15
Performed 02/23/25 0811 Documented: 02/23/25 0811	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/22/25 2000 Documented: 02/22/25 1954	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Jallow, Yusupha, RN Comments: Family requested Scanned Package: 0536-1202-15
Performed 02/22/25 0953 Documented: 02/22/25 0953	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/21/25 2133 Documented: 02/21/25 2133	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/21/25 0946 Documented: 02/21/25 0946	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Moffett, Laura, RN
Performed 02/20/25 2200 Documented: 02/20/25 2201	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/20/25 0858 Documented: 02/20/25 0858	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kangleon, Judith Esther J, RN
Performed 02/19/25 2108 Documented: 02/19/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 46581-830-06

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/19/25 0926 Documented: 02/19/25 0926	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Fajarillo, Irene M, RN
Performed 02/18/25 2057 Documented: 02/18/25 2058	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 46581-830-06
Performed 02/18/25 0809 Documented: 02/18/25 0809	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Porter, Allen, RN
Performed 02/17/25 2032 Documented: 02/17/25 2032	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Gawat, Maria C, RN Comments: previous patch removed early Scanned Package: 46581-830-06
Performed 02/17/25 0920 Documented: 02/17/25 0920	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Bounthong, Vanh K, RN
Performed 02/16/25 2132 Documented: 02/16/25 2132	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Moroye, Jessica, RN Scanned Package: 46581-830-06
Performed 02/16/25 0950 Documented: 02/16/25 0950	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Ndiaye, Djenaba L, RN
Performed 02/15/25 2129 Documented: 02/15/25 2130	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Sauder, Jessica, RN Scanned Package: 0536-1202-15
Performed 02/15/25 1042 Documented: 02/15/25 1042	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/15/25 1041 Documented: 02/15/25 1041	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN
Performed 02/14/25 2137 Documented: 02/14/25 2137	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 46581-830-06
Performed 02/14/25 1055 Documented: 02/14/25 1055	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gill, Loveleen S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/13/25 2331 Documented: 02/13/25 2331	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 46581-830-06
Performed 02/13/25 0855 Documented: 02/13/25 0855	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Escalante, Steve, RN
Performed 02/12/25 2014 Documented: 02/12/25 2014	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Gindi, Jeanna A, RN Scanned Package: 0536-1202-15
Performed 02/12/25 0941 Documented: 02/12/25 0941	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 02/11/25 2130 Documented: 02/11/25 2134	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Tran, Andy, RN Scanned Package: 46581-830-06
Performed 02/11/25 0915 Documented: 02/11/25 0915	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2100 Documented: 02/10/25 2018	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Jallow, Yusupha, RN Comments: L thigh Scanned Package: 46581-830-06
Performed 02/10/25 1356 Documented: 02/10/25 1356	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Reese, Megahn Marilyn, RN Comments: not on pt
Performed 02/09/25 2154 Documented: 02/09/25 2206	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0536-1202-15
Performed 02/09/25 1051 Documented: 02/09/25 1052	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Sano, Naomi, RN Comments: Patch already fell off.
Performed 02/08/25 2223 Documented: 02/08/25 2223	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Stanikzy, Ameenjohn A, RN
Performed 02/07/25 2228 Documented: 02/07/25 2229	Refused	1 patch 12 Hours	Topical —	Performed by: Kit, Ellen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 1025 Documented: 02/07/25 1025	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Puleo, Rosalie, RN
Performed 02/06/25 2113 Documented: 02/06/25 2113	Medication Applied	1 patch 12 Hours	Topical Abdominal Tissue	Performed by: Yohannes, Mayda, RN Scanned Package: 0536-1202-15
Performed 02/06/25 0932 Documented: 02/06/25 0932	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wu, Lesly, RN
Performed 02/05/25 2122 Documented: 02/05/25 2122	Medication Applied	1 patch 12 Hours	Topical Other	Performed by: Sirichana, Geraldine N, RN Comments: abdomen Scanned Package: 0536-1202-15
Performed 02/05/25 0934 Documented: 02/05/25 0934	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2107	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Avila, Nicole C, RN Scanned Package: 0536-1202-15
Performed 02/04/25 0951 Documented: 02/04/25 0951	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 2129 Documented: 02/03/25 2131	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Harrell, Mackenzie, RN Scanned Package: 0536-1202-15
Performed 02/03/25 0845 Documented: 02/03/25 0956	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Clark, Rachael E, RN Comments: Soiled w/ urine
Performed 02/02/25 2214 Documented: 02/02/25 2236	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Obanla, Taiwo O, RN Scanned Package: 0536-1202-15
Performed 02/01/25 2048 Documented: 02/01/25 2053	Refused	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Johnson, Marita F, RN Comments: care cluster
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	1 patch 12 Hours	Topical —	Performed by: Lyons, Julio Cesar Salazar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 1155 Documented: 01/31/25 1155	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gelgla, Letera D, RN
Performed 01/30/25 2300 Documented: 01/30/25 2305	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Mikulikova, Julia, RN Scanned Package: 0536-1202-15
Performed 01/30/25 0955 Documented: 01/30/25 0955	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Liu, Kayla W, RN
Performed 01/29/25 2110 Documented: 01/29/25 2110	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0536-1202-15
Performed 01/29/25 0858 Documented: 01/29/25 0859	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Melody J, RN
Performed 01/28/25 2107 Documented: 01/28/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Aidoo, Nana S, RN Scanned Package: 0536-1202-15
Performed 01/28/25 1014 Documented: 01/28/25 1014	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gawat, Maria C, RN
Performed 01/27/25 2231 Documented: 01/27/25 2234	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Paras, Michael, RN Scanned Package: 0536-1202-15
Performed 01/27/25 0939 Documented: 01/27/25 0946	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047
Performed 01/26/25 2039 Documented: 01/26/25 2039	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Dickinson, Zoe E, RN Comments: cluster care, sleep promotion/delirum prevention protocol Scanned Package: 0536-1202-15
Performed 01/26/25 0908 Documented: 01/26/25 1006	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Smith, Meagan Q, RN
Performed 01/25/25 2107 Documented: 01/25/25 2109	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Soto, Kalea G, RN Scanned Package: 0536-1202-15

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/25/25 1007 Documented: 01/25/25 1007	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2205 Documented: 01/24/25 2205	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Porter, Allen, RN Scanned Package: 0536-1202-15
Performed 01/23/25 2036 Documented: 01/23/25 2036	Refused	1 patch 12 Hours	Topical —	Performed by: Kit, Ellen, RN Comments: pt asleep
Performed 01/23/25 1005 Documented: 01/23/25 1023	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/22/25 2107 Documented: 01/22/25 2108	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 46581-830-06
Performed 01/22/25 1000 Documented: 01/22/25 1320	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Jeanneret, Amber Marie, RN
Performed 01/21/25 2203 Documented: 01/21/25 2203	Medication Applied	1 patch 12 Hours	Topical Left Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 41167-05840
Performed 01/21/25 0918 Documented: 01/21/25 0919	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kaur, Rupinderjit, RN
Performed 01/20/25 2134 Documented: 01/20/25 2134	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Soto, Kalea G, RN Scanned Package: 41167-05840
Performed 01/20/25 0900 Documented: 01/20/25 1103	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Kim, Christine Yuhyun, RN
Performed 01/19/25 2107 Documented: 01/19/25 2107	Medication Applied	1 patch 12 Hours	Topical Left Anterior Thigh	Performed by: Johnson, Marita F, RN Scanned Package: 41167-05840
Performed 01/19/25 0830 Documented: 01/19/25 0830	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Gordon, Carrie, RN Comments: Pt's son says it was removed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 2100 Documented: 01/18/25 2030	Medication Applied	1 patch 12 Hours	Topical Left Vastus Lateralis	Performed by: Jallow, Yusupha, RN Scanned Package: 41167-05840
Performed 01/18/25 0925 Documented: 01/18/25 0925	Medication Removed	0 patch 12 Hours	Topical —	Performed by: Hwee, Carla, RN
Performed 01/17/25 2122 Documented: 01/17/25 2122	Medication Applied	1 patch 12 Hours	Topical Left Knee	Performed by: Sirichana, Geraldine N, RN Scanned Package: 41167-05840

lidocaine PF (Xylocaine-MPF) 1 % injection [360517338]

Ordering Provider: Ayyoub, Alaa Samih, MD
Ordered On: 01/10/25 1312
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/10/25 1312 Documented: 01/10/25 1312	Given	5 mL	Subcutaneous Right Neck	Performed by: Abera, Seifu Mengesha, MD Documented by: Jensen, Craig, Technologist

lidocaine PF (Xylocaine-MPF) 1 % injection [360588295]

Ordering Provider: Ayyoub, Alaa Samih, MD
Ordered On: 01/10/25 1700
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Frequency: As needed

Timestamps	Action	Dose	Route / Site	Other Information
Performed 01/10/25 1654 Documented: 01/10/25 1700	Given	1 mL	Subcutaneous Right Neck	Performed by: Ayyoub, Alaa Samih, MD Documented by: Bauer, Zoe Michelle, RN

LORazepam injection 0.25 mg [368490919]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/18/25 0051
Ordered Dose (Remaining/Total): 0.25 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/18/25 0122 - 02/18/25 0233
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/18/25 0233 Documented: 02/18/25 0233	Given	0.25 mg	Intramuscular Right Anterior Thigh	Performed by: Gawat, Maria C, RN Scanned Package: 0641-6044-01

LORazepam injection 0.25 mg [368626997]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/18/25 1228
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/18/25 1227 - 02/21/25 1239
Route: Intramuscular
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/21/25 1153 Documented: 02/21/25 1153	Given	0.25 mg	Intramuscular Left Deltoid	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0641-6001-01
Performed 02/20/25 2238 Documented: 02/20/25 2239	Given	0.25 mg	Intramuscular Right Anterior Thigh	Performed by: Gindi, Jeanna A, RN Scanned Package: 0641-6044-01
Performed 02/20/25 0133 Documented: 02/20/25 0134	Given	0.25 mg	Intramuscular Right Leg	Performed by: Limyukok, Mysha, RN Scanned Package: 0641-6044-01
Performed 02/19/25 0944 Documented: 02/19/25 0947	Given	0.25 mg	Intramuscular Right Arm	Performed by: Fajarillo, Irene M, RN Scanned Package: 0641-6044-01
Performed 02/19/25 0047 Documented: 02/19/25 0047	Given	0.25 mg	Intramuscular Left Arm	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0641-6001-01
Performed 02/18/25 1339 Documented: 02/18/25 1339	Given	0.25 mg	Intramuscular Left Deltoid	Performed by: Porter, Allen, RN Scanned Package: 0641-6044-01

LORazepam injection 0.25 mg [369501018]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1606
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1605 - 02/24/25 1213
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 0955 by Porter, Allen, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/24/25 0348 Documented: 02/24/25 0349	Given	0.25 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0641-6001-01
Performed 02/23/25 1740 Documented: 02/23/25 1740	See Alternative	—	—	Performed by: Porter, Allen, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 0811 Documented: 02/23/25 0813	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0809 Documented: 02/23/25 0810	Given	0.25 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/23/25 0018 Documented: 02/23/25 0018	Given	0.25 mg	Intravenous	Performed by: Macandile, Jan Kenneth Lantin, RN Scanned Package: 0641-6001-01
Performed 02/22/25 1546 Documented: 02/22/25 1548	Given	0.25 mg	Intravenous	Performed by: Moffett, Laura, RN Scanned Package: 0641-6001-01
Performed 02/22/25 0955 Documented: 02/22/25 0955	Given	0.25 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0641-6044-01
Performed 02/21/25 1804 Documented: 02/21/25 1804	Given	0.25 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0641-6001-01

LORazepam injection 0.25 mg [369501019]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1606
Ordered Dose (Remaining/Total): 0.25 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Subcutaneous

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1605 - 02/24/25 1213
Route: See Admin Instructions
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 1146 Documented: 02/24/25 1146	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/24/25 0348 Documented: 02/24/25 0349	See Alternative	—	—	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1740 Documented: 02/23/25 1740	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01
Performed 02/23/25 0811 Documented: 02/23/25 0813	Not Given See Comments	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Comments: duplicate on MAR

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/23/25 0809 Documented: 02/23/25 0810	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/23/25 0018 Documented: 02/23/25 0018	See Alternative	—	—	Performed by: Macandile, Jan Kenneth Lantin, RN
Performed 02/22/25 1546 Documented: 02/22/25 1548	See Alternative	—	—	Performed by: Moffett, Laura, RN
Performed 02/22/25 0955 Documented: 02/22/25 0955	See Alternative	—	—	Performed by: Porter, Allen, RN
Performed 02/21/25 1804 Documented: 02/21/25 1804	See Alternative	—	—	Performed by: Walsh, Julia McKeon, RN

LORazepam injection 0.25-0.5 mg [369870152]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.25-0.5 mg (—/—)
Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1212 - 03/08/25 1537
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
Performed 03/07/25 0146 Documented: 03/07/25 0146	See Alternative	—	—	Performed by: Omo, Reese, RN
Performed 02/28/25 1730 Documented: 02/28/25 1731	See Alternative	—	—	Performed by: Dimitrov, Alexey T, RN
Performed 02/27/25 2000 Documented: 02/27/25 2000	See Alternative	—	—	Performed by: Bennett, Theodore, RN
Performed 02/26/25 1957 Documented: 02/26/25 1957	See Alternative	—	—	Performed by: Harman, Kendall M, RN
Performed 02/24/25 2035 Documented: 02/24/25 2035	See Alternative	—	—	Performed by: Aidoo, Nana S, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 1406 Documented: 02/24/25 1407	See Alternative	—	—	Performed by: Porter, Allen, RN

LORazepam injection 0.25-0.5 mg [369870153]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1213
Ordered Dose (Remaining/Total): 0.25-0.5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Subcutaneous

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1212 - 03/08/25 1537
Route: See Admin Instructions
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0146 Documented: 03/07/25 0146	Given	0.5 mg	See Admin Instructions	Performed by: Omo, Reese, RN Scanned Package: 0641-6001-01
Performed 02/28/25 1730 Documented: 02/28/25 1731	Given	0.5 mg	See Admin Instructions	Performed by: Dimitrov, Alexey T, RN Scanned Package: 0641-6044-01
Performed 02/27/25 2000 Documented: 02/27/25 2000	Given	0.5 mg	See Admin Instructions	Performed by: Bennett, Theodore, RN Scanned Package: 0641-6001-01
Performed 02/26/25 1957 Documented: 02/26/25 1957	Given	0.5 mg	See Admin Instructions	Performed by: Harman, Kendall M, RN Comments: sub-q, no IV access Scanned Package: 0641-6001-01
Performed 02/24/25 2035 Documented: 02/24/25 2035	Given	0.5 mg	See Admin Instructions	Performed by: Aidoo, Nana S, RN Scanned Package: 0641-6001-01
Performed 02/24/25 1406 Documented: 02/24/25 1407	Given	0.25 mg	See Admin Instructions	Performed by: Porter, Allen, RN Scanned Package: 0641-6001-01

LORazepam injection 0.5 mg [369071668]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/20/25 0829
Ordered Dose (Remaining/Total): 0.5 mg (0/1)
Frequency: Once PRN Procedure

Status: Completed (Past End Date/Time)
Starts/Ends: 02/20/25 0824 - 02/20/25 1320
Route: Intramuscular
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 02/20/25 1320 Documented: 02/20/25 1321	Given	0.5 mg	Intramuscular Right Arm	Performed by: Kangleon, Judith Esther J, RN Scanned Package: 0641-6001-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL [371153510]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/01/25 1409
Ordered Dose (Remaining/Total): 30 mL (—/—)
Frequency: 2 times daily PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/01/25 1408 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 0937 Documented: 03/02/25 0937	Given	30 mL	Oral	Performed by: Tadesse, Caleb S, RN Scanned Package: 0121-0431-30
Performed 03/01/25 2148 Documented: 03/01/25 2149	Given	30 mL	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0121-0431-30
Performed 03/01/25 1436 Documented: 03/01/25 1436	Given	30 mL	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0121-0431-30

magnesium oxide (Mag-Ox) tablet 800 mg [365983522]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/05/25 1056
Ordered Dose (Remaining/Total): 800 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/05/25 1127 - 02/05/25 1222
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.

Timestamps	Action	Dose	Route	Other Information
Performed 02/05/25 1222 Documented: 02/05/25 1228	Given	800 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 64980-339-90, 64980-339-90

magnesium oxide (Mag-Ox) tablet 800 mg [366198377]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/06/25 0841
Ordered Dose (Remaining/Total): 800 mg (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/06/25 0912 - 02/06/25 0929
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.

Timestamps	Action	Dose	Route	Other Information
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	800 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 64980-339-90, 64980-339-90

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [360382578]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 2 g (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes
Admin Instructions: For Mg < 2 mg/dL, recheck Mg in 2-4 hours If Scr > 2 or patient is receiving dialysis check with Provider.

Medication Administrations (continued)

(2 grams = 16 mEq)

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/13/25 0542 Documented: 01/13/25 0542	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 83634-500-41
Performed 01/12/25 0545 Documented: 01/12/25 0545	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Salick, Dominic J, RN Scanned Package: 83634-500-41
Performed 01/10/25 0331 Documented: 01/10/25 0331	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Sande, Nathan R, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [361513847]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/15/25 1540
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1510 by Howey, Alice J, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/15/25 1510 Documented: 01/15/25 1510	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362299297]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 0823
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/19/25 0854 - 01/19/25 0912
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/19/25 0842 Documented: 01/19/25 0843	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Gordon, Carrie, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362394085]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0823
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/20/25 0854 - 01/20/25 1000
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 0930 by Kim, Christine Yuhyun, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/20/25 0930 Documented: 01/20/25 0930	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [362799167]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/22/25 0755
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/22/25 0826 - 01/22/25 0957
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/22/25 0927 Documented: 01/22/25 0927	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 83634-500-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [363835714]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/27/25 0843
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/27/25 0914 - 01/27/25 1007
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/27/25 0937 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/27/25 0937 Documented: 01/27/25 0938	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [366689626]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/08/25 0940
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 02/08/25 1011 - 02/08/25 1249
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 02/08/25 1219 Documented: 02/08/25 1219	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [369588206]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Status: Completed (Past End Date/Time)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered On: 02/22/25 1035
Ordered Dose (Remaining/Total): 2 g (0/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Starts/Ends: 02/22/25 1106 - 02/22/25 1248
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/22/25 1218 by Porter, Allen, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 02/22/25 1218 Documented: 02/22/25 1218	New Bag/Syringe	2 g 30 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 63323-106-02

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) [369775449]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 0827
Ordered Dose (Remaining/Total): 2 g (1/1)
Frequency: Once
Admin Instructions: (2 grams = 16 mEq)
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/24/25 0858 - 02/24/25 1141
Route: Intravenous
Ordered Rate/Order Duration: — / 30 Minutes

Timestamps	Action / Reason	Dose / Duration	Route	Other Information
Performed 02/24/25 0934 Documented: 02/24/25 0934	Not Given Loss of IV access	2 g 30 Minutes	Intravenous	Performed by: Porter, Allen, RN

magnesium sulfate 4 g in SWFI 50 mL IVPB (premix) [364881777]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 4 g (0/1)
Frequency: Once
Admin Instructions: (4 grams = 32 mEq)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/30/25 2003 - 01/30/25 2051
Route: Intravenous
Ordered Rate/Order Duration: — / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/30/25 1951 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose / Duration	Route	Other Information
Performed 01/30/25 1951 Documented: 01/30/25 1951	New Bag/Syringe	4 g 60 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0338-1719-40

melatonin tablet 3 mg [360628684]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 0037
Ordered Dose (Remaining/Total): 3 mg (—/—)
Frequency: Nightly PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0037 - 02/16/25 1212
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/31/25 2218 Documented: 01/31/25 2319	Given	3 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/30/25 0000 Documented: 01/30/25 0009	Given	3 mg	Oral	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 50268-524-11
Performed 01/24/25 2147 Documented: 01/25/25 0053	Not Given Patient/family refused	3 mg	Oral	Performed by: Porter, Allen, RN Comments: per son
Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	3 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 50268-524-11
Performed 01/18/25 2029 Documented: 01/18/25 2030	Given	3 mg	Oral	Performed by: Jallow, Yusupha, RN Scanned Package: 50268-524-11
Performed 01/17/25 2043 Documented: 01/17/25 2044	Given	3 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 50268-524-11
Performed 01/14/25 2025 Documented: 01/14/25 2025	Given	3 mg	Oral	Performed by: Johnston, Christopher L, RN Scanned Package: 50268-524-11
Performed 01/11/25 2316 Documented: 01/11/25 2316	Given	3 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 50268-524-11
Performed 01/11/25 0043 Documented: 01/11/25 0043	Given	3 mg	Oral	Performed by: Bertram, Olivia T, RN Scanned Package: 50268-524-11

morphine CONCENTRATED solution 5 mg [372364924]

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/06/25 1640
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: Start with lowest effective dose.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/06/25 1640 - 03/06/25 1805
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 1728 Documented: 03/06/25 1728	Given	5 mg	Oral	Performed by: Tran-Thien, Quynh Phuong, RN Scanned Package: 68094-045-01

morphine CONCENTRATED solution 5 mg [372382390]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/06/25 1805
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/06/25 1805 - 03/07/25 0927
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 0020 Documented: 03/07/25 0020	Given	5 mg	Oral	Performed by: Moroye, Jessica, RN Scanned Package: 68094-045-01
Performed 03/06/25 2007 Documented: 03/06/25 2008	Not Given Order parameters not met	5 mg	Oral	Performed by: Omo, Reese, RN Comments: too early to give - not given wasted

morphine PF injection 0.5-1 mg [369430743]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/21/25 1239
Ordered Dose (Remaining/Total): 0.5-1 mg (—/—)
Frequency: Every 3 hours PRN
Admin Instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/21/25 1238 - 02/21/25 1530
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/21/25 1412 by Walsh, Julia McKeon, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/21/25 1412 Documented: 02/21/25 1412	Given	0.5 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0409-1890-03
Performed 02/21/25 1258 Documented: 02/21/25 1258	Given	0.5 mg	Intravenous	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0409-1890-03

morphine solution 1 mg [368401072]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/17/25 0842
Ordered Dose (Remaining/Total): 1 mg (—/—)
Frequency: Every 2 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/17/25 0842 - 02/17/25 1054
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/17/25 0910 Documented: 02/17/25 0913	Given	1 mg	Oral	Performed by: McNeill, Kristin, RN Scanned Package: 0121-0904-05

moxifloxacin tablet 400 mg [371002136]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 02/28/25 1343
Ordered Dose (Remaining/Total): 400 mg (0/5)
Frequency: Daily
Status: Completed (Past End Date/Time)
Starts/Ends: 02/28/25 1414 - 03/04/25 0929
Route: Oral
Ordered Rate/Order Duration: — / —

Medication Administrations (continued)

Admin Instructions: Administer oral doses greater than 4 hours before or 8 hours after antacids containing magnesium or aluminum; sucralfate; iron products; multivitamins containing zinc; or didanosine.

Question	Answer	Comment
Suspected Source of Infection:	Pulmonary/ENT Infection	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0929 Documented: 03/04/25 0932	Given	400 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 65862-603-30
Performed 03/03/25 0939 Documented: 03/03/25 0939	Given	400 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 65862-603-30
Performed 03/02/25 0936 Documented: 03/02/25 0937	Given	400 mg	Oral	Performed by: Tadesse, Caleb S, RN Scanned Package: 65862-603-30
Performed 03/01/25 0831 Documented: 03/01/25 0839	Given	400 mg	Oral	Performed by: Gill, Loveleen S, RN Scanned Package: 65862-603-30
Performed 02/28/25 1526 Documented: 02/28/25 1527	Given	400 mg	Oral	Performed by: Dimitrov, Alexey T, RN Scanned Package: 65862-603-30

nalbuphine (Nubain) injection 1.2 mg [363723138]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/26/25 0928
Ordered Dose (Remaining/Total): 1.2 mg (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Please administer over 2-3 minutes
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/26/25 0927 - 01/29/25 1706
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/26/25 1850 by Wylie, Ariana, Nursing Student	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/28/25 0434 Documented: 01/28/25 0440	Given	1.2 mg	Intravenous	Performed by: Kirkendall, Katelyn D, RN Scanned Package: 0409-1467-61
Performed 01/27/25 1716 Documented: 01/27/25 1716	Given	1.2 mg	Intravenous	Performed by: Smith, Meagan Q, RN Scanned Package: 0409-1467-61
Performed 01/26/25 1850 Documented: 01/26/25 1851	Given	1.2 mg	Intravenous	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

nalbuphine (Nubain) injection 2.6 mg [361161015]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/14/25 0943
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 6 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/14/25 0943 - 01/14/25 1722
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/14/25 1414 Documented: 01/14/25 1414	Given	2.6 mg	Intravenous	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [361339809]

Ordering Provider: Hu, Xinwen, MD
Ordered On: 01/14/25 1722
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/14/25 1722 - 01/17/25 1013
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/16/25 1339 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/16/25 2315 Documented: 01/16/25 2316	Given	2.6 mg	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 0409-1467-61
Performed 01/16/25 1339 Documented: 01/16/25 1340	Given	2.6 mg	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0409-1467-61
Performed 01/14/25 2330 Documented: 01/14/25 2330	Given	2.6 mg	Intravenous	Performed by: Johnston, Christopher L, RN

nalbuphine (Nubain) injection 2.6 mg [362005003]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/17/25 1013
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/17/25 1005 - 01/18/25 1107
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 1705 by Mikulikova, Julia, RN	—
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/18/25 1004 by Hwee, Carla, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/18/25 1004 Documented: 01/18/25 1004	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/17/25 1705 Documented: 01/17/25 1705	Given	2.6 mg	Intravenous	Performed by: Mikulikova, Julia, RN

nalbuphine (Nubain) injection 2.6 mg [362221439]

Ordering Provider: Hu, Xinwen, MD
Ordered On: 01/18/25 1107
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/18/25 1107 - 01/19/25 1253
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/18/25 2028 by Jallow, Yusupha, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/19/25 1144 Documented: 01/19/25 1144	Given	2.6 mg	Intravenous	Performed by: Gordon, Carrie, RN Scanned Package: 0409-1467-61
Performed 01/19/25 0526 Documented: 01/19/25 0526	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 01/18/25 2028 Documented: 01/18/25 2030	Given	2.6 mg	Intravenous	Performed by: Jallow, Yusupha, RN Scanned Package: 0409-1467-61
Performed 01/18/25 1821 Documented: 01/18/25 1822	Not Given See Comments	2.6 mg	Intravenous	Performed by: Burke, Ashley P, RN Comments: Per MD at bedside, hold off on giving for now

nalbuphine (Nubain) injection 2.6 mg [362323509]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/19/25 1253
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every evening
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1700 - 01/20/25 0904
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1730 by Johnson, Marita F, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/19/25 1730 Documented: 01/19/25 1730	Given	2.6 mg	Intravenous	Performed by: Johnson, Marita F, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [362323510]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/19/25 1253
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: 2 times daily PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/19/25 1253 - 01/26/25 0928
Route: Intravenous
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Admin Instructions: Please administer over 2-3 minutes

Line	Med Link Info	Comment
Peripheral IV 01/18/25 22 G Anterior;Distal;Right Forearm	01/19/25 1329 by Gordon, Carrie, RN	—
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/21/25 1523 by Kaur, Rupinderjit, RN	—
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/23/25 0325 by Patino Castro, Jennifer A, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/23/25 1625 Documented: 01/23/25 1625	Given	2.6 mg	Intravenous	Performed by: Kit, Ellen, RN
Performed 01/23/25 0325 Documented: 01/23/25 0325	Given	2.6 mg	Intravenous	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 0409-1467-61
Performed 01/22/25 2103 Documented: 01/22/25 2104	Given	2.6 mg	Intravenous	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0409-1467-61
Performed 01/21/25 1523 Documented: 01/21/25 1524	Given	2.6 mg	Intravenous	Performed by: Kaur, Rupinderjit, RN Scanned Package: 0409-1467-61
Performed 01/21/25 0530 Documented: 01/21/25 0629	Given	2.6 mg	Intravenous	Performed by: Soto, Kalea G, RN Comments: charted on wrong nubain order. will change Scanned Package: 0409-1467-61
Performed 01/19/25 2219 Documented: 01/19/25 2223	Given	2.6 mg	Intravenous	Performed by: Dela Cruz, Catherine B, RN Scanned Package: 0409-1467-61
Performed 01/19/25 1329 Documented: 01/19/25 1329	Given	2.6 mg	Intravenous	Performed by: Gordon, Carrie, RN

nalbuphine (Nubain) injection 2.6 mg [362393838]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0822
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/20/25 0400 - 01/22/25 1219
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/22/25 0457 by Limyukok, Mysha, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/22/25 0457 Documented: 01/22/25 0457	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/21/25 0530 Documented: 01/21/25 0630	Given	2.6 mg	Intravenous	Performed by: Soto, Kalea G, RN Comments: charted on PRN nubain, instead of scheduled Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [363582736]

Ordering Provider: Chi, Frank, MD
Ordered On: 01/24/25 1841
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 24 hours
Admin Instructions: Please administer over 2-3 minutes
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/24/25 1912 - 01/30/25 1033
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/24/25 1955 by Porter, Allen, RN	—
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/25/25 1839 by Hollingsworth, Louise C, RN	—

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/29/25 2054 Documented: 01/29/25 2056	Given	2.6 mg	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1467-61
Performed 01/28/25 2109 Documented: 01/28/25 2110	Given	2.6 mg	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 0409-1467-61
Performed 01/27/25 2233 Documented: 01/27/25 2234	Given	2.6 mg	Intravenous	Performed by: Paras, Michael, RN Scanned Package: 0409-1467-61
Performed 01/26/25 2214 Documented: 01/26/25 2215	Given	2.6 mg	Intravenous	Performed by: Dickinson, Zoe E, RN Comments: Provider approved. Held earlier d/t pt report of no pain & over-sedation concern Scanned Package: 0409-1467-61
Performed 01/26/25 2037 Documented: 01/26/25 2048	Held Contraindicated	0 mg	Intravenous	Performed by: Dickinson, Zoe E, RN Comments: PRN dose @1850. Pt denies pain. Sedating effects, held for delirium prevention
Performed 01/25/25 1839 Documented: 01/25/25 1839	Given	2.6 mg	Intravenous	Performed by: Hollingsworth, Louise C, RN Scanned Package: 0409-1467-61
Performed 01/24/25 1955 Documented: 01/24/25 1956	Given	2.6 mg	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366519744]

Ordering Provider: Hunt, Susan Elizabeth, MD
Status: Completed (Past End Date/Time)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered On: 02/07/25 1131
Ordered Dose (Remaining/Total): 2.6 mg (0/1)
Frequency: Once
Starts/Ends: 02/07/25 1202 - 02/07/25 1217
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/07/25 1217 by Nganga, Mary M, Nursing Student	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/07/25 1217 Documented: 02/07/25 1218	Given	2.6 mg	Intravenous	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366540642]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/07/25 1235
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 6 hours PRN
Status: Dispensed (Past End Date/Time)
Starts/Ends: 02/07/25 1235 - 02/09/25 1234
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/08/25 0054 by Yohannes, Mayda, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 02/09/25 0327 Documented: 02/09/25 0332	Given	2.6 mg	Intravenous	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 0409-1467-61
Performed 02/08/25 1701 Documented: 02/08/25 1701	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61
Performed 02/08/25 1015 Documented: 02/08/25 1016	Given	2.6 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 0409-1467-61
Performed 02/08/25 0054 Documented: 02/08/25 0055	Given	2.6 mg	Intravenous	Performed by: Yohannes, Mayda, RN Scanned Package: 0409-1467-61
Performed 02/07/25 1839 Documented: 02/07/25 1839	Given	2.6 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 2.6 mg [366812424]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1458
Ordered Dose (Remaining/Total): 2.6 mg (0/4)
Frequency: Every 6 hours PRN
Status: Completed (Past End Date/Time)
Starts/Ends: 02/09/25 1458 - 02/15/25 0050
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/13/25 2051 by Limyukok, Mysha, RN	—
Peripheral IV 02/14/25 22 G	02/14/25 1640 by Bustamante	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Anterior;Left;Proximal Forearm — Campusano, Diana, RN

Timestamps	Action	Dose	Route	Other Information
Performed 02/15/25 0050 Documented: 02/15/25 0051	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 02/14/25 1640 Documented: 02/14/25 1641	Given	2.6 mg	Intravenous	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 0409-1467-61
Performed 02/14/25 0147 Documented: 02/14/25 0148	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Comments: ok to give early per MD. patient yelling and screaming in pain Scanned Package: 0409-1467-61
Performed 02/13/25 2051 Documented: 02/13/25 2052	Given	2.6 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 5 mg [360883882]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/13/25 1006
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/13/25 1000 - 01/14/25 0943
Route: Intravenous
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/14/25 0823 Documented: 01/14/25 0824	Given	5 mg	Intravenous	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 0409-1467-61
Performed 01/13/25 1745 Documented: 01/13/25 1746	Given	5 mg	Intravenous	Performed by: Woo, Taylor M, RN Scanned Package: 0409-1467-61

nalbuphine (Nubain) injection 5 mg [362397440]

Ordering Provider: Holmberg, Mackenzie Howard, MD
Ordered On: 01/20/25 0904
Ordered Dose (Remaining/Total): 5 mg (—/—)
Frequency: Every 24 hours
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/20/25 1900 - 01/24/25 1841
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 01/20/25 20 G Anterior;Distal;Left;Upper Arm	01/20/25 1834 by Kim, Christine Yuhyun, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/23/25 1918 Documented: 01/23/25 1918	Given	5 mg	Intravenous	Performed by: Kit, Ellen, RN Scanned Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 2133 Documented: 01/22/25 2135	Given	5 mg	Intravenous	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 0409-1467-61
Performed 01/21/25 1954 Documented: 01/21/25 1954	Given	5 mg	Intravenous	Performed by: Limyukok, Mysha, RN Scanned Package: 0409-1467-61
Performed 01/20/25 1834 Documented: 01/20/25 1838	Given	5 mg	Intravenous	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 0409-1467-61

OLANZapine (ZyPREXA Zydis) disintegrating tablet 2.5 mg [368186351]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 02/14/25 1936
Ordered Dose (Remaining/Total): 2.5 mg (—/—)
Frequency: Nightly
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/14/25 2100 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/15/25 2129 Documented: 02/15/25 2130	Given	2.5 mg	Oral	Performed by: Sauder, Jessica, RN
Performed 02/14/25 2027 Documented: 02/14/25 2027	Given	2.5 mg	Oral	Performed by: Bustamante Campusano, Diana, RN

omeprazole (PriLOSEC) DR capsule 20 mg [362041941]

Ordering Provider: Pillai, Sunita, MD
Ordered On: 01/17/25 1137
Ordered Dose (Remaining/Total): 20 mg (—/—)
Frequency: Daily empty stomach
Admin Instructions: Do not crush, chew, or split.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/18/25 0600 - 02/16/25 0848
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/16/25 0510 Documented: 02/16/25 0510	Given	20 mg	Oral	Performed by: Sauder, Jessica, RN Scanned Package: 0904-6917-61
Performed 02/15/25 1019 Documented: 02/15/25 1019	Unheld by provider	—	—	Performed by: Pillai, Sunita, MD
Performed 02/15/25 0600 Documented: 02/12/25 0020	Automatically Held	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/13/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/12/25 0600 Documented: 02/09/25 0021	Automatically Held	—	—	—
Performed 02/11/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/10/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/09/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/08/25 0600 Documented: 02/07/25 1131	Automatically Held	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/07/25 1131 Documented: 02/07/25 1131	Held By Provider Other	—	—	Performed by: Hunt, Susan Elizabeth, MD
Performed 02/07/25 0612 Documented: 02/07/25 0613	Refused	20 mg	Oral	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	20 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 0904-6917-61
Performed 02/05/25 0530 Documented: 02/05/25 0532	Given	20 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-6917-61
Performed 02/04/25 0808 Documented: 02/04/25 0808	Refused	20 mg	Oral	Performed by: Flaherty, Katherine R, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 0632 Documented: 02/03/25 0632	Given	20 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN
Performed 02/02/25 0630 Documented: 02/02/25 0630	Given	20 mg	Oral	Performed by: Johnston, Kristen L, RN Scanned Package: 0904-6917-61
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	20 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 0904-6917-61
Performed 02/01/25 0539 Documented: 02/01/25 0539	Not Given Patient sleeping	20 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0605 Documented: 01/31/25 0605	Given	20 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 0904-6917-61
Performed 01/30/25 0522 Documented: 01/30/25 0523	Not Given See Comments	20 mg	Oral	Performed by: Dela Cruz, Catherine B, RN Comments: pt unable to swallow. unable to follow command
Performed 01/29/25 0621 Documented: 01/29/25 0622	Not Given See Comments	20 mg	Oral	Performed by: Talmage, Jason M, RN Comments: Not safe for patient to safely swallow medication, unable to follow directions being given
Performed 01/28/25 0659 Documented: 01/28/25 0700	Not Given Not in room	20 mg	Oral	Performed by: Kirkendall, Katelyn D, RN Comments: patient unable to swallow
Performed 01/27/25 0503 Documented: 01/27/25 0503	Not Given NPO	20 mg	Oral	Performed by: Yohannes, Mayda, RN Comments: no PO meds at this time per care plan
Performed 01/26/25 0458 Documented: 01/26/25 0458	Not Given See Comments	20 mg	Oral	Performed by: Soto, Kalea G, RN Comments: pt NPO
Performed 01/25/25 0552 Documented: 01/25/25 0553	Given	20 mg	Oral	Performed by: Porter, Allen, RN Scanned Package: 0904-6917-61
Performed 01/24/25 0601 Documented: 01/24/25 0601	Given	20 mg	Oral	Performed by: Tesfasilassie, Roma T, RN Scanned Package: 0904-6917-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/23/25 0643 Documented: 01/23/25 0643	Not Given Other	20 mg	Oral	Performed by: Patino Castro, Jennifer A, RN Comments: patient very confused not following commands to take medication
Performed 01/22/25 0641 Documented: 01/22/25 0642	Refused	20 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-6917-61
Performed 01/21/25 0630 Documented: 01/21/25 0635	Refused	20 mg	Oral	Performed by: Soto, Kalea G, RN
Performed 01/20/25 0543 Documented: 01/20/25 0543	Not Given Patient/family refused	20 mg	Oral	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/19/25 0515 Documented: 01/19/25 0515	Given	20 mg	Oral	Performed by: Limyukok, Mysha, RN Scanned Package: 0904-6917-61
Performed 01/18/25 0532 Documented: 01/18/25 0532	Given	20 mg	Oral	Performed by: Sirichana, Geraldine N, RN Scanned Package: 0904-6917-61

ondansetron (Zofran) injection 4 mg [360348572]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 4 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1806 - 01/31/25 1029
Route: Intravenous
Ordered Rate/Order Duration: — / —
Admin Instructions: Give if unable to tolerate PO meds. If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/17/25 0934 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/17/25 0934 Documented: 01/17/25 0934	Given	4 mg	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 0641-6078-01

ondansetron (Zofran) injection 4 mg [367235137]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/11/25 1048
Ordered Dose (Remaining/Total): 4 mg (—/—)
Frequency: Every 8 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/11/25 1048 - 02/16/25 1212
Route: Intravenous
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/11/25 1142 by Bennett, Theodore, RN	—

Timestamps	Action	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/11/25 1142 Documented: 02/11/25 1143	Given	4 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 0641-6078-01

oxyCODONE CONCENTRATED solution 2.6 mg [372560241]

Ordering Provider: Barnes, James Irvin, MD
Ordered On: 03/07/25 1303
Ordered Dose (Remaining/Total): 2.6 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/07/25 1303 - 03/08/25 0510
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/08/25 0310 Documented: 03/08/25 0311	Given	2.6 mg	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 9999-0019-14
Performed 03/07/25 1827 Documented: 03/07/25 1827	Given	2.6 mg	Oral	Performed by: Puleo, Rosalie, RN Scanned Package: 9999-0019-14
Performed 03/07/25 1408 Documented: 03/07/25 1408	Given	2.6 mg	Oral	Performed by: Puleo, Rosalie, RN Scanned Package: 9999-0019-14

oxyCODONE CONCENTRATED solution 2.6-5 mg [372695431]

Ordering Provider: Abay, Rebecca Joyce Yared, MD
Ordered On: 03/08/25 0510
Ordered Dose (Remaining/Total): 2.6-5 mg (—/—)
Frequency: Every 4 hours PRN
Admin Instructions: Start with lowest effective dose

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/08/25 0510 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/08/25 0518 Documented: 03/08/25 0519	Given	2.6 mg	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 9999-0019-14

pantoprazole (Protonix) injection 40 mg [366519954]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/07/25 1131
Ordered Dose (Remaining/Total): 40 mg (—/—)
Frequency: Daily
Admin Instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection. Concentration=4mg/mL.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/07/25 1202 - 02/15/25 1019
Route: Intravenous
Ordered Rate/Order Duration: — / —
Administer IV over a period of at least 2 minutes.

Line	Med Link Info	Comment
Peripheral IV 02/07/25 22 G Left;Posterior Forearm	02/07/25 1217 by Nganga, Mary M, Nursing Student	—
Peripheral IV 02/10/25 22 G Anterior;Right Forearm	02/11/25 0907 by Bennett, Theodore, RN	—
Peripheral IV 02/12/25 22 G Anterior;Right Forearm	02/13/25 1210 by Escalante, Steve, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/15/25 1040 Documented: 02/15/25 1041	Not Given Other	40 mg	Intravenous	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Comments: Order changed to PO
Performed 02/14/25 0922 Documented: 02/14/25 0925	Given	40 mg	Intravenous	Performed by: Gill, Loveleen S, RN Scanned Package: 70095-024-01
Performed 02/13/25 1210 Documented: 02/13/25 1211	Given	40 mg	Intravenous	Performed by: Escalante, Steve, RN Comments: was in chair around the unit w/ son. Scanned Package: 70095-024-01
Performed 02/12/25 0931 Documented: 02/12/25 0942	Not Given See Comments	40 mg	Intravenous	Performed by: Jeanneret, Amber Marie, RN Comments: IV access lost
Performed 02/11/25 0907 Documented: 02/11/25 0910	Given	40 mg	Intravenous	Performed by: Bennett, Theodore, RN Scanned Package: 70095-024-01
Performed 02/10/25 1401 Documented: 02/10/25 1401	Not Given Contraindicated	40 mg	Intravenous	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration precautions
Performed 02/09/25 0938 Documented: 02/09/25 0942	Given	40 mg	Intravenous	Performed by: Sano, Naomi, RN Scanned Package: 70095-024-01
Performed 02/08/25 0925 Documented: 02/08/25 0925	Given	40 mg	Intravenous	Performed by: Hwee, Carla, RN Scanned Package: 70095-024-01
Performed 02/07/25 1217 Documented: 02/07/25 1217	Given	40 mg	Intravenous	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 70095-024-01

peripheral nerve clinician Bolus 4 mL [360644039]

Ordering Provider: Barbour, Mohammed Fadel, MBBS
Ordered On: 01/11/25 0817
Ordered Dose (Remaining/Total): 4 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/11/25 0848 - 01/11/25 0835
Route: Periph Nerve Cath
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Clinician Bolus Drug Name:	Ropivicaine 0.2% PNC	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25	01/11/25 0835 by Walks, Tristan H, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Femoral

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 0835 Documented: 01/11/25 0835	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN

peripheral nerve clinician Bolus 4 mL [360739462]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/12/25 0924
Ordered Dose (Remaining/Total): 4 mL (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0923 - 01/22/25 1224
Route: Periph Nerve Cath
Ordered Rate/Order Duration: — / —

Question	Answer	Comment
Clinician Bolus Drug Name:	Ropivicaine 0.2%	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/12/25 1129 by Walks, Tristan H, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 01/17/25 0029 Documented: 01/17/25 0029	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Mazariegos, Oscar, RN
Performed 01/13/25 0147 Documented: 01/13/25 0148	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1930 Documented: 01/12/25 2041	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1507 Documented: 01/12/25 1908	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1129 Documented: 01/12/25 1129	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0930 Documented: 01/12/25 1908	Clinician Bolus	4 mL	Periph Nerve Cath	Performed by: Walks, Tristan H, RN

pill crusher ADS Override Pull [361626628]

Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1828 - 01/15/25 1830
Route: —
Ordered Rate/Order Duration: — / —
Note to pharmacy: Created by cabinet override
Ordered On: 01/15/25 1828
Ordered Dose (Remaining/Total): — (0/1)
Frequency: —
Admin Instructions: Created by cabinet override

Timestamps	Action	Dose	Route / Site / Linked Line	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 1830 Documented: 01/15/25 1831	Given	1 each	—	Performed by: Howey, Alice J, RN Scanned Package: 79573-00916

pill crusher ADS Override Pull [363938182]

Status: Completed (Past End Date/Time)
Starts/Ends: 01/27/25 1244 - 01/27/25 1716
Route: —
Ordered Rate/Order Duration: — / —
Note to pharmacy: Created by cabinet override

Ordered On: 01/27/25 1244
Ordered Dose (Remaining/Total): — (0/1)
Frequency: —
Admin Instructions: Created by cabinet override

Timestamps	Action	Dose	Route / Site / Linked Line	Other Information
Performed 01/27/25 1716 Documented: 01/27/25 1716	Given	1 each	—	Performed by: Smith, Meagan Q, RN Scanned Package: 79573-00916

polyethylene glycol 3350 (Miralax) packet 17 g [360348586]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 17 g (—/—)
Frequency: Daily PRN
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1806 - 02/02/25 1229
Route: Oral
Ordered Rate/Order Duration: — / —
Dilute each 17g packet in 240 ml of fluid (water or juice).

Timestamps	Action	Dose	Route	Other Information
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	17 g	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-6931-86

polyethylene glycol 3350 (Miralax) packet 17 g [365295947]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1229
Ordered Dose (Remaining/Total): 17 g (—/—)
Frequency: Daily
Admin Instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 1300 - 02/16/25 1212
Route: Oral
Ordered Rate/Order Duration: — / —
Dilute each 17g packet in 240 ml of fluid (water or juice).

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/16/25 0945 Documented: 02/16/25 0945	Not Given Order parameters not met	17 g	Oral	Performed by: Ndiaye, Djenaba L, RN
Performed 02/15/25 1034 Documented: 02/15/25 1035	Given	17 g	Oral	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 0904-6931-86

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0911 Documented: 02/14/25 0912	Not Given Order parameters not met	17 g	Oral	Performed by: Gill, Loveleen S, RN Comments: having BMs
Performed 02/13/25 1021 Documented: 02/13/25 1021	Not Given See Comments	17 g	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2014 Documented: 02/12/25 2015	Not Given See Comments	17 g	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	17 g	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1401 Documented: 02/10/25 1401	Held Contraindicated	0 g	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	17 g	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	17 g	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1021 Documented: 02/07/25 1022	Not Given See Comments	17 g	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 0904-6931-86
Performed 02/06/25 0932 Documented: 02/06/25 0932	Not Given Order parameters not met	17 g	Oral	Performed by: Wu, Lesly, RN
Performed 02/05/25 0913 Documented: 02/05/25 0913	Not Given Order parameters not met	17 g	Oral	Performed by: Wu, Lesly, RN Comments: recent BM
Performed 02/04/25 0951 Documented: 02/04/25 0951	Refused	17 g	Oral	Performed by: Flaherty, Katherine R, RN
Performed 02/03/25 1607 Documented: 02/03/25 1607	Not Given See Comments	17 g	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/02/25 1336 Documented: 02/02/25 1336	Given	17 g	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-6931-86

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB [360382575]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 20 mEq (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For K 3.6 - 4 mEq/L with unstable cardiac rhythms or unable to tolerate oral
STANDARD Concentration. (For Peripheral or Central line use)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 55 mL/hr / 2 Hours
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.

Line	Med Link Info	Comment
Peripheral IV 01/10/25 22 G Anterior;Left;Proximal Forearm	01/11/25 0430 by Bertram, Olivia T, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/11/25 0546 Documented: 01/11/25 0547	Stopped	0 mEq 0 mL/hr 2 Hours	Intravenous	Performed by: Bertram, Olivia T, RN Comments: PIV site with infiltration, infusion stopped. Approximately 55cc infused
Performed 01/11/25 0430 Documented: 01/11/25 0431	New Bag/Syringe	20 mEq 55 mL/hr 2 Hours	Intravenous	Performed by: Bertram, Olivia T, RN Scanned Package: 63323-965-03, 0338-0049-38

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB [364881770]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 20 mEq (1/1)
Frequency: Once
Admin Instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/31/25 0002 - 01/31/25 1029
Route: Intravenous
Ordered Rate/Order Duration: 55 mL/hr / 2 Hours
STANDARD Concentration. (For Peripheral or Central line use)

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/30/25 2321 Documented: 01/30/25 2321	Not Given Loss of IV access	20 mEq 55 mL/hr 2 Hours	Intravenous	Performed by: Mikulikova, Julia, RN

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) [360382576]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/10/25 0255
Ordered Dose (Remaining/Total): 40 mEq (—/—)
Frequency: Every 6 hours PRN
Admin Instructions: For K < 3.6 mEq/L with unstable cardiac rhythms or unable to tolerate oral
STANDARD Concentration. (For Peripheral or Central line use)

Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/10/25 0255 - 01/14/25 1220
Route: Intravenous
Ordered Rate/Order Duration: 67.5 mL/hr / 4 Hours
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G	01/10/25 0402 by Sande, Nathan R, RN	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Anterior;Left;Proximal Forearm

Timestamps	Action / Reason	Dose / Rate / Duration	Route	Other Information
Performed 01/10/25 0402 Documented: 01/10/25 0524	Not Given Other	40 mEq 67.5 mL/hr 4 Hours	Intravenous	Performed by: Sande, Nathan R, RN Comments: BMP recheck sent

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) [364881769]

Ordering Provider: Zafar, Zaeema, DO
Ordered On: 01/30/25 1932
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Admin Instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
Status: Completed (Past End Date/Time)
Starts/Ends: 01/30/25 2003 - 01/30/25 2226
Route: Intravenous
Ordered Rate/Order Duration: 67.5 mL/hr / 4 Hours
STANDARD Concentration. (For Peripheral or Central line use)

Line	Med Link Info	Comment
Peripheral IV 01/25/25 Anterior;Left;Proximal Forearm	01/30/25 2053 by Mikulikova, Julia, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/30/25 2226 Documented: 01/30/25 2226	Stopped	0 mEq 0 mL/hr 4 Hours	Intravenous	Performed by: Mikulikova, Julia, RN Comments: IV infiltration
Performed 01/30/25 2053 Documented: 01/30/25 2054	New Bag/Syringe	40 mEq 67.5 mL/hr 4 Hours	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 9999-0001-41, 9999-0001-41

potassium chloride ER tablet 40 mEq [364983859]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 01/31/25 1029
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Status: Completed (Past End Date/Time)
Starts/Ends: 01/31/25 1100 - 01/31/25 1147
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/31/25 1147 Documented: 01/31/25 1147	Given	40 mEq	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0245-5319-89, 0245-5319-89

potassium chloride ER tablet 40 mEq [365188526]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/01/25 0929
Ordered Dose (Remaining/Total): 40 mEq (0/2)
Frequency: 2 times daily
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Status: Completed (Past End Date/Time)
Starts/Ends: 02/01/25 0959 - 02/01/25 2047
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 02/01/25 2047 Documented: 02/01/25 2049	Given	40 mEq	Oral	Performed by: Johnson, Marita F, RN Scanned Package: 0245-5319-89, 0245-5319-89
Performed 02/01/25 1404 Documented: 02/01/25 1405	Given	40 mEq	Oral	Performed by: Johnson, Marita F, RN Comments: pt out of room Scanned Package: 0245-5319-89, 0245-5319-89

potassium chloride ER tablet 40 mEq [365301811]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1335
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/02/25 1406 - 02/02/25 1712
Route: Oral
Ordered Rate/Order Duration: — / —
Admin Instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.

Timestamps	Action	Dose	Route	Other Information
Performed 02/02/25 1712 Documented: 02/02/25 1713	Given	40 mEq	Oral	Performed by: Gelgla, Letera D, RN Comments: pt swallowed 3/4 of the dose each pill splitin to half/ Scanned Package: 0245-5319-89, 0245-5319-89

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB [369677208]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/23/25 1048
Ordered Dose (Remaining/Total): 40 mEq (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/23/25 1119 - 02/23/25 1847
Route: Intravenous
Ordered Rate/Order Duration: 64.8 mL/hr / 4 Hours
Admin Instructions: STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.

Line	Med Link Info	Comment
Peripheral IV 02/21/25 22 G Anterior;Left Forearm	02/23/25 1447 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 02/23/25 1447 Documented: 02/23/25 1448	New Bag/Syringe	40 mEq 64.8 mL/hr 4 Hours	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0338-0049-02, 0409-7295-11

PRENATAL multivitamin w/folic acid 1 mg tablet [361513841]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 1 tablet (—/—)
Frequency: Daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	1 tablet	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1021 Documented: 02/13/25 1022	Not Given See Comments	1 tablet	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2015 Documented: 02/12/25 2015	Not Given See Comments	1 tablet	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	1 tablet	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 1401 Documented: 02/10/25 1405	Held Contraindicated	0 tablet	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration precautions
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	1 tablet	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	1 tablet	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	1 tablet	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 60258-19001
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	1 tablet	Oral	Performed by: Wu, Lesly, RN Scanned Package: 60258-19001
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	1 tablet	Oral	Performed by: Wu, Lesly, RN Scanned Package: 60258-19001
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	1 tablet	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 60258-19001
Performed 02/03/25 1431 Documented: 02/03/25 1432	Given	1 tablet	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 60258-19001

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	1 tablet	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 60258-19001
Performed 02/01/25 0857 Documented: 02/01/25 0859	Given	1 tablet	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 60258-19001
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	1 tablet	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 60258-19001
Performed 01/30/25 0922 Documented: 01/30/25 0922	Given	1 tablet	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 60258-19001
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	1 tablet	Oral	Performed by: Smith, Melody J, RN Scanned Package: 60258-19001
Performed 01/28/25 0904 Documented: 01/28/25 0905	Given	1 tablet	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 60258-19001
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	1 tablet	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	1 tablet	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1742	Not Given See Comments	1 tablet	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	1 tablet	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 60258-19001
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	1 tablet	Oral	Performed by: Kit, Ellen, RN Scanned Package: 60258-19001
Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	1 tablet	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 60258-19001

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	1 tablet	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 60258-19001
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	1 tablet	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 60258-19001
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	1 tablet	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 60258-19001
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	1 tablet	Oral	Performed by: Hwee, Carla, RN Scanned Package: 60258-19001
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	1 tablet	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 60258-19001
Performed 01/16/25 1014 Documented: 01/16/25 1014	Given	1 tablet	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 60258-19001
Performed 01/15/25 1306 Documented: 01/15/25 1306	Given	1 tablet	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 60258-19001

psyllium (Metamucil) packet 1 packet [371513171]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/03/25 1615
Ordered Dose (Remaining/Total): 1 packet (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Mix in 8 oz of water.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 03/03/25 1615 - 03/04/25 1328
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 2250 Documented: 03/03/25 2251	Given	1 packet	Oral	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 37000-024-04

psyllium (Metamucil) packet 1 packet [371733515]

Ordering Provider: Stenberg, Daniel Lloyd, DO
Ordered On: 03/04/25 1328
Ordered Dose (Remaining/Total): 1 packet (—/—)
Frequency: 2 times daily
Admin Instructions: Mix in 8 oz of water.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 03/04/25 2100 - 03/08/25 1537
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/08/25 0900 Documented: 03/08/25 1537	Unchart	—	—	Performed by: Discharge Provider, Automatic Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 2022 Documented: 03/07/25 2022	Refused	1 packet	Oral	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 1144 Documented: 03/07/25 1144	Not Given Other	1 packet	Oral	Performed by: Puleo, Rosalie, RN Comments: family refused
Performed 03/06/25 2047 Documented: 03/06/25 2048	Not Given Patient sleeping	1 packet	Oral	Performed by: Omo, Reese, RN Comments: CMO
Performed 03/06/25 0845 Documented: 03/06/25 0845	Given	1 packet	Oral	Performed by: Tran-Thien, Quynh Phuong, RN Comments: pt's son given package earlier this morning. Scanned Package: 37000-024-04
Performed 03/06/25 0218 Documented: 03/06/25 0218	Refused	1 packet	Oral	Performed by: Bennett, Theodore, RN
Performed 03/05/25 0950 Documented: 03/05/25 0950	Given	1 packet	Oral	Performed by: Negrete Maldonado V, Karla, RN Scanned Package: 37000-024-04
Performed 03/04/25 2035 Documented: 03/04/25 2048	Given	1 packet	Oral	Performed by: Kit, Ellen, RN Scanned Package: 37000-024-04

QUEtiapine (SEROquel) split tablet 12.5 mg [360628685]

Ordering Provider: Grabar, Christina, MD
Ordered On: 01/11/25 0037
Ordered Dose (Remaining/Total): 12.5 mg (—/—)
Frequency: Nightly PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0037 - 01/11/25 1040
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 0043 Documented: 01/11/25 0043	Given	12.5 mg	Oral	Performed by: Bertram, Olivia T, RN Scanned Package: 9999-0000-11

QUEtiapine (SEROquel) split tablet 12.5 mg [360656954]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/11/25 1052
Ordered Dose (Remaining/Total): 12.5 mg (—/—)
Frequency: Nightly
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 2000 - 01/12/25 0430
Route: Oral
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action	Dose	Route	Other Information
Performed 01/11/25 2051 Documented: 01/11/25 2101	Given	12.5 mg	Oral	Performed by: Salick, Dominic J, RN Scanned Package: 9999-0000-11

QUEtiapine (SEROquel) split tablet 12.5 mg [360725116]

Ordering Provider: Phan, Janet, MD
Ordered On: 01/12/25 0436
Ordered Dose (Remaining/Total): 12.5 mg (1/1)
Frequency: Once
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0507 - 01/12/25 1217
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/12/25 0615 Documented: 01/12/25 0615	Refused	12.5 mg	Oral	Performed by: Salick, Dominic J, RN

ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) [360324034]

Ordering Provider: Cutter, Erin Lyndsey, PharmD
Ordered On: 01/09/25 1620
Basal Rate: 6 mL/hr
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 1651 - 01/18/25 1012
Route: Periph Nerve Cath
Admin Instructions: PERIPHERAL NERVE INFUSION
Concentration = 0.2% (2 mg/mL) For Peripheral nerve infusion.

Question	Answer	Comment
Guidelines for antithrombotic therapy::	Low Risk PNC	—

Line	Med Link Info	Comment
Peripheral Nerve Catheter 01/09/25 Femoral	01/09/25 1835 by Forsyth, Kevin K, RN	—

Timestamps	Action / Reason	Dosing Parameters	Route	Other Information
Performed 01/18/25 1012 Documented: 01/18/25 1012	Unheld by provider	Basal Rate --	Periph Nerve Cath	Performed by: Smith, Grace, MD
Performed 01/17/25 0122 Documented: 01/17/25 0122	Stopped	Basal Rate 0 mL/hr	Periph Nerve Cath	Performed by: Mazariegos, Oscar, RN
Performed 01/17/25 0055 Documented: 01/17/25 0055	Held By Provider Other	Basal Rate --	Periph Nerve Cath	Performed by: Fritel, Laura, ARNP
Performed 01/16/25 1924 Documented: 01/16/25 1924	Rate Verified	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN Comments: verified w/ Oscar, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/16/25 1235 Documented: 01/16/25 1239	New Bag/Syringe	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN Dual Signoff by: Long, Lijie, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/16/25 1152 Documented: 01/16/25 1153	Dose/Rate Changed	Basal Rate 6 mL/hr	Periph Nerve Cath	Performed by: Mikulikova, Julia, RN
Performed 01/16/25 0721 Documented: 01/16/25 0721	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Aidoo, Nana S, RN
Performed 01/15/25 2335 Documented: 01/15/25 2336	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Aidoo, Nana S, RN
Performed 01/15/25 1823 Documented: 01/15/25 1824	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Howey, Alice J, RN Dual Signoff by: Bounthong, Vanh K, RN Scanned Package: 25021-671-82, 25021-671-82, 25021-671-82
Performed 01/15/25 1349 Documented: 01/15/25 1349	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Howey, Alice J, RN
Performed 01/14/25 2206 Documented: 01/14/25 2207	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Johnston, Christopher L, RN Dual Signoff by: Colbert, Jonathan Kendale, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/14/25 0800 Documented: 01/14/25 1058	Rate Verified	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Santos, Frances Kate Kate, RN
Performed 01/14/25 0403 Documented: 01/14/25 0407	New Bag/Syringe	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Salick, Dominic J, RN Dual Signoff by: Li, Haonan, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/13/25 0801 Documented: 01/13/25 0801	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 25021-671-87, 25021-671-87
Performed 01/12/25 1304 Documented: 01/12/25 1314	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 43066-154-01, 43066-154-01

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 1840 Documented: 01/11/25 1842	Bag/Syringe Refill	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN Scanned Package: 43066-154-01, 43066-154-01
Performed 01/11/25 0835 Documented: 01/11/25 0835	Dose/Rate Changed	Basal Rate 10 mL/hr	Periph Nerve Cath	Performed by: Walks, Tristan H, RN
Performed 01/11/25 0730 Documented: 01/11/25 0731	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 2000 Documented: 01/10/25 2202	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Bertram, Olivia T, RN
Performed 01/10/25 1937 Documented: 01/10/25 1938	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Tatum, Krista N, RN Dual Signoff by: Bertram, Olivia T, RN Scanned Package: 43066-154-01
Performed 01/10/25 1433 Documented: 01/10/25 1436	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN Dual Signoff by: Tran, Anna, RN Scanned Package: 43066-154-01, 43066-154-01
Performed 01/10/25 0823 Documented: 01/10/25 0823	Restarted	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN
Performed 01/10/25 0801 Documented: 01/10/25 0801	Stopped	Basal Rate 0 mL/hr	Periph Nerve Cath	Performed by: Thomas, Tamlyn P, RN
Performed 01/09/25 2000 Documented: 01/09/25 2242	Rate Verified	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Sande, Nathan R, RN
Performed 01/09/25 1835 Documented: 01/09/25 1843	New Bag/Syringe	Basal Rate 8 mL/hr	Periph Nerve Cath	Performed by: Forsyth, Kevin K, RN Dual Signoff by: Beck, Alana B, RN Scanned Package: 43066-154-01

saliva substitute (Biotene Dry Mouth) oral rinse 15 mL [367187174]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/11/25 0906
Ordered Dose (Remaining/Total): 15 mL (—/—)
Frequency: 3 times daily
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/11/25 1400 - 03/08/25 1537
Route: Swish & Spit
Ordered Rate/Order Duration: — / —

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/08/25 1400 Documented: 03/08/25 1537	Unchart	—	—	Performed by: Discharge Provider, Automatic Comments: Automatically canceled at discontinue of medication order
Performed 03/08/25 0555 Documented: 03/08/25 0555	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 2022 Documented: 03/07/25 2022	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 03/07/25 1400 Documented: 03/07/25 1826	Given	15 mL	Swish & Spit	Performed by: Puleo, Rosalie, RN
Performed 03/07/25 0502 Documented: 03/07/25 0502	Refused	15 mL	Swish & Spit	Performed by: Omo, Reese, RN
Performed 03/06/25 2120 Documented: 03/06/25 2121	Not Given See Comments	15 mL	Swish & Spit	Performed by: Omo, Reese, RN Comments: CMO pt sleeping and unable to swish and spit safely
Performed 03/06/25 1506 Documented: 03/06/25 1506	Refused	15 mL	Swish & Spit	Performed by: Tran-Thien, Quynh Phuong, RN
Performed 03/06/25 0525 Documented: 03/06/25 0525	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/06/25 0219 Documented: 03/06/25 0219	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/05/25 1430 Documented: 03/05/25 1431	Not Given Other	15 mL	Swish & Spit	Performed by: Negrete Maldonado V, Karla, RN Comments: High aspiration risk
Performed 03/05/25 0503 Documented: 03/05/25 0503	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 03/04/25 2043 Documented: 03/04/25 2043	Given	15 mL	Swish & Spit	Performed by: Kit, Ellen, RN Comments: family request, pt going to bed now

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 03/04/25 1331 Documented: 03/04/25 1332	Refused	15 mL	Swish & Spit	Performed by: Smith, Melody J, RN
Performed 03/04/25 0614 Documented: 03/04/25 0614	Given	15 mL	Swish & Spit	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 48582-80220
Performed 03/03/25 2250 Documented: 03/03/25 2251	Given	15 mL	Swish & Spit	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 48582-80220
Performed 03/03/25 1529 Documented: 03/03/25 1529	Refused	15 mL	Swish & Spit	Performed by: Gelgla, Letera D, RN
Performed 03/03/25 0939 Documented: 03/03/25 0939	Given	15 mL	Swish & Spit	Performed by: Gelgla, Letera D, RN Comments: retimed per Pts sons request
Performed 03/02/25 2203 Documented: 03/02/25 2206	Given	15 mL	Swish & Spit	Performed by: Ireland, Rashell, RN Scanned Package: 48582-80220
Performed 03/02/25 1738 Documented: 03/02/25 1738	Not Given See Comments	15 mL	Swish & Spit	Performed by: Ireland, Rashell, RN Comments: old med. clearing overdue
Performed 03/02/25 1435 Documented: 03/02/25 1435	Refused	15 mL	Swish & Spit	Performed by: Tadesse, Caleb S, RN
Performed 03/01/25 2148 Documented: 03/01/25 2149	Given	15 mL	Swish & Spit	Performed by: Johnson, Marita F, RN Scanned Package: 48582-80220
Performed 03/01/25 1436 Documented: 03/01/25 1436	Given	15 mL	Swish & Spit	Performed by: Johnson, Marita F, RN Scanned Package: 48582-80220
Performed 03/01/25 0515 Documented: 03/01/25 0515	Refused	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN
Performed 02/28/25 2124 Documented: 02/28/25 2124	Given	15 mL	Swish & Spit	Performed by: Quito, Daniel-Jayson Irabon, RN Scanned Package: 48582-80220

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/28/25 1527 Documented: 02/28/25 1527	Given	15 mL	Swish & Spit	Performed by: Dimitrov, Alexey T, RN
Performed 02/28/25 0517 Documented: 02/28/25 0517	Refused	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 02/27/25 2115 Documented: 02/27/25 2115	Given	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN
Performed 02/27/25 1535 Documented: 02/27/25 1535	Given	15 mL	Swish & Spit	Performed by: Long, Lijie, RN
Performed 02/27/25 0627 Documented: 02/27/25 0628	Not Given See Comments	15 mL	Swish & Spit	Performed by: Harman, Kendall M, RN Comments: comfort care, pt sleeping
Performed 02/26/25 2301 Documented: 02/26/25 2301	Given	15 mL	Swish & Spit	Performed by: Harman, Kendall M, RN Comments: cluster care Scanned Package: 48582-80220
Performed 02/26/25 1427 Documented: 02/26/25 1427	Not Given Other	15 mL	Swish & Spit	Performed by: Fresnoza, Frances F, RN
Performed 02/26/25 0459 Documented: 02/26/25 0500	Not Given See Comments	15 mL	Swish & Spit	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 2113 Documented: 02/25/25 2114	Not Given See Comments	15 mL	Swish & Spit	Performed by: Yohannes, Mayda, RN
Performed 02/25/25 1510 Documented: 02/25/25 1511	Refused	15 mL	Swish & Spit	Performed by: Drammeh, Saihou, RN Scanned Package: 48582-80220
Performed 02/25/25 0611 Documented: 02/25/25 0611	Not Given NPO	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: Mouth swabbed
Performed 02/24/25 2318 Documented: 02/24/25 2318	Not Given NPO	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: mouth swabbed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/24/25 1517 Documented: 02/24/25 1517	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Pt. mouth swabbed
Performed 02/24/25 0612 Documented: 02/24/25 0612	Not Given Other	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN Comments: mouth swab
Performed 02/23/25 2125 Documented: 02/23/25 2125	Not Given Other	15 mL	Swish & Spit	Performed by: Aidoo, Nana S, RN
Performed 02/23/25 1448 Documented: 02/23/25 1448	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth Swabbed
Performed 02/23/25 0603 Documented: 02/23/25 0603	Not Given NPO	15 mL	Swish & Spit	Performed by: Macandile, Jan Kenneth Lantin, RN Comments: high aspiration risk
Performed 02/22/25 2100 Documented: 02/22/25 1947	Refused	15 mL	Swish & Spit	Performed by: Jallow, Yusupha, RN Scanned Package: 48582-80220
Performed 02/22/25 1349 Documented: 02/22/25 1349	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth swabbed
Performed 02/22/25 0953 Documented: 02/22/25 0954	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN Comments: Mouth swabbed
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN Scanned Package: 48582-80220
Performed 02/21/25 1403 Documented: 02/21/25 1403	Given	15 mL	Swish & Spit	Performed by: Walsh, Julia McKeon, RN Scanned Package: 48582-80220
Performed 02/21/25 0800 Documented: 02/21/25 0951	Given	15 mL	Swish & Spit	Performed by: Moffett, Laura, RN
Performed 02/20/25 2207 Documented: 02/20/25 2207	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/20/25 1323 Documented: 02/20/25 1325	Not Given See Comments	15 mL	Swish & Spit	Performed by: Kangleon, Judith Esther J, RN Comments: aspiration risk
Performed 02/20/25 0537 Documented: 02/20/25 0537	Not Given See Comments	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN Comments: patient high aspiration risk
Performed 02/19/25 2100 Documented: 02/19/25 2101	Not Given Order parameters not met	15 mL	Swish & Spit	Performed by: Bustamante Campusano, Diana, RN Comments: pt high aspiration risk
Performed 02/19/25 1306 Documented: 02/19/25 1308	Not Given See Comments	15 mL	Swish & Spit	Performed by: Fajarillo, Irene M, RN Comments: use to swab
Performed 02/19/25 0452 Documented: 02/19/25 0452	Not Given Other	15 mL	Swish & Spit	Performed by: Patino Castro, Jennifer A, RN Comments: high aspiration risk
Performed 02/18/25 2116 Documented: 02/18/25 2116	Not Given Other	15 mL	Swish & Spit	Performed by: Patino Castro, Jennifer A, RN Comments: not following commands to swish and spit. high aspiration risk
Performed 02/18/25 1550 Documented: 02/18/25 1550	Not Given NPO	15 mL	Swish & Spit	Performed by: Porter, Allen, RN
Performed 02/18/25 0635 Documented: 02/18/25 0635	Refused	15 mL	Swish & Spit	Performed by: Gawat, Maria C, RN
Performed 02/17/25 2031 Documented: 02/17/25 2031	Given	15 mL	Swish & Spit	Performed by: Gawat, Maria C, RN
Performed 02/17/25 1401 Documented: 02/17/25 1402	Given	15 mL	Swish & Spit	Performed by: Bounthong, Vanh K, RN
Performed 02/17/25 0540 Documented: 02/17/25 0541	Not Given See Comments	15 mL	Swish & Spit	Performed by: Moroye, Jessica, RN Comments: pt unable to safely take medication
Performed 02/16/25 2143 Documented: 02/16/25 2144	Not Given See Comments	15 mL	Swish & Spit	Performed by: Moroye, Jessica, RN Comments: pt not able to safely use medication

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/16/25 1440 Documented: 02/16/25 1614	Given	15 mL	Swish & Spit	Performed by: Ndiaye, Djenaba L, RN Scanned Package: 48582-80220
Performed 02/16/25 0510 Documented: 02/16/25 0510	Given	15 mL	Swish & Spit	Performed by: Sauder, Jessica, RN
Performed 02/15/25 2130 Documented: 02/15/25 2130	Given	15 mL	Swish & Spit	Performed by: Sauder, Jessica, RN
Performed 02/15/25 1519 Documented: 02/15/25 1519	Given	15 mL	Swish & Spit	Performed by: Drammeh, Saihou, RN
Performed 02/15/25 0557 Documented: 02/15/25 0557	Refused	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN
Performed 02/14/25 2113 Documented: 02/14/25 2114	Not Given Order parameters not met	15 mL	Swish & Spit	Performed by: Bustamante Campusano, Diana, RN Comments: not given pt aspiration risk
Performed 02/14/25 1434 Documented: 02/14/25 1454	Not Given See Comments	15 mL	Swish & Spit	Performed by: Gill, Loveleen S, RN Comments: pt confused and high aspiration risk
Performed 02/14/25 0630 Documented: 02/14/25 0630	Refused	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN
Performed 02/13/25 2230 Documented: 02/13/25 2345	Not Given See Comments	15 mL	Swish & Spit	Performed by: Limyukok, Mysha, RN Comments: patient not redirectable
Performed 02/13/25 1602 Documented: 02/13/25 1603	Given	15 mL	Swish & Spit	Performed by: Escalante, Steve, RN
Performed 02/13/25 0551 Documented: 02/13/25 0551	Given	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN Scanned Package: 48582-80220
Performed 02/12/25 2216 Documented: 02/12/25 2216	Not Given Patient/family refused	15 mL	Swish & Spit	Performed by: Gindi, Jeanna A, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/12/25 1705 Documented: 02/12/25 1706	Given	15 mL	Swish & Spit	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 48582-80220
Performed 02/12/25 0850 Documented: 02/12/25 0850	Given	15 mL	Swish & Spit	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 48582-80220
Performed 02/12/25 0602 Documented: 02/12/25 0603	Given	15 mL	Swish & Spit	Performed by: Tran, Andy, RN Comments: Applied to tongue and mouth using swab and mixing a bit with water Scanned Package: 48582-80220
Performed 02/11/25 2128 Documented: 02/11/25 2128	Given	15 mL	Swish & Spit	Performed by: Tran, Andy, RN Scanned Package: 48582-80220
Performed 02/11/25 1034 Documented: 02/11/25 1039	Given	15 mL	Swish & Spit	Performed by: Bennett, Theodore, RN

scopolamine (Transderm-SCOP) 1 mg patch [369890708]

Ordering Provider: Fancher-Dominguez, Alexandria Paige, MD
Ordered On: 02/24/25 1306
Ordered Dose (Remaining/Total): 1 patch (—/—)
Frequency: Every 72 hours PRN
Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Starts/Ends: 02/24/25 1305 - 03/08/25 1537
Route: Transdermal
Ordered Rate/Order Duration: — / 72 Hours
Admin Instructions: NOTE: may take up to 12 hours to take effect. Apply to either mastoid area. Change every 3 days. Do NOT cut patch, to ensure efficacy.

Timestamps	Action	Dose / Duration	Route / Site	Other Information
Performed 03/07/25 1143 Documented: 03/07/25 1144	Medication Removed	0 patch 72 Hours	Transdermal —	Performed by: Puleo, Rosalie, RN
Performed 03/04/25 0929 Documented: 03/04/25 0932	Medication Applied	1 patch 72 Hours	Transdermal Behind Left Ear	Performed by: Smith, Melody J, RN Scanned Package: 50742-505-01

senna (Senokot) tablet 17.2 mg [360348569]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: 2 times daily PRN
Admin Instructions: Give if no BM x 24 hrs.
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/12/25 0000 - 02/02/25 1229
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	17.2 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 0904-7252-61, 0904-7252-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

senna (Senokot) tablet 17.2 mg [365295960]

Ordering Provider: Sokol-Hessner, Lauge, MD
Ordered On: 02/02/25 1229
Ordered Dose (Remaining/Total): 17.2 mg (—/—)
Frequency: 2 times daily
Admin Instructions: Give if no BM x 24 hrs.

Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/02/25 1300 - 02/09/25 2027
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	17.2 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 2342 Documented: 02/08/25 2343	Not Given See Comments	17.2 mg	Oral	Performed by: Stanikzy, Ameenjohn A, RN Comments: High aspiration risk pt, med held by this RN team notified and they agreed.
Performed 02/08/25 1118 Documented: 02/08/25 1118	Not Given See Comments	17.2 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 2139 Documented: 02/07/25 2139	Not Given Other	17.2 mg	Oral	Performed by: Kit, Ellen, RN Comments: unable to tolerate po
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	17.2 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 49483-080-10, 49483-080-10
Performed 02/06/25 2114 Documented: 02/06/25 2114	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0932 Documented: 02/06/25 0933	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/05/25 2043 Documented: 02/05/25 2044	Not Given See Comments	17.2 mg	Oral	Performed by: Sirichana, Geraldine N, RN Comments: multiple BMs
Performed 02/05/25 0914 Documented: 02/05/25 0914	Not Given Order parameters not met	17.2 mg	Oral	Performed by: Wu, Lesly, RN
Performed 02/04/25 2106 Documented: 02/04/25 2226	Refused	17.2 mg	Oral	Performed by: Avila, Nicole C, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	17.2 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 0904-7252-61, 0904-7252-61
Performed 02/03/25 2139 Documented: 02/03/25 2140	Not Given See Comments	17.2 mg	Oral	Performed by: Harrell, Mackenzie, RN Comments: pt unable to swallow
Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	17.2 mg	Oral	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 49483-080-10, 49483-080-10
Performed 02/02/25 2200 Documented: 02/02/25 2243	Given	17.2 mg	Oral	Performed by: Obanla, Taiwo O, RN Scanned Package: 49483-080-10
Performed 02/02/25 1336 Documented: 02/02/25 1336	Given	17.2 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 0904-7252-61, 0904-7252-61

sodium chloride 0.9 % infusion [360686454]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/11/25 1659
Ordered Dose (Remaining/Total): 10-50 mL/hr (—/—)
Frequency: Continuous
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/11/25 0700 - 01/23/25 1553
Route: Intravenous
Ordered Rate/Order Duration: 10-50 mL/hr / —

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/11/25 0700 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/13/25 1800 Documented: 01/13/25 1814	Stopped	0 mL/hr 0 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1703 Documented: 01/13/25 1725	Anesthesia Volume Adjustment	—	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1609 Documented: 01/13/25 1609	Unchart	—	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1608 Documented: 01/13/25 1609	Unchart	— — 0.01666666666666666667 Minutes	Intravenous	Performed by: Hong, Stephanie, MD Comments: Switch to gravity

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 1554 Documented: 01/13/25 1609	Restarted	— —	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1553 Documented: 01/13/25 1609	Paused	— — 0.01666666666666666667 Minutes	Intravenous	Performed by: Hong, Stephanie, MD Comments: Switch to gravity
Performed 01/13/25 1542 Documented: 01/13/25 1609	Continued by Anesthesia	— 10 mL/hr —	Intravenous	Performed by: Hong, Stephanie, MD
Performed 01/13/25 1515 Documented: 01/13/25 1813	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1500 Documented: 01/13/25 1517	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1400 Documented: 01/13/25 1413	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1200 Documented: 01/13/25 1228	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 1000 Documented: 01/13/25 1228	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0800 Documented: 01/13/25 0738	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/13/25 0700 Documented: 01/13/25 0703	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/13/25 0600 Documented: 01/13/25 0555	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0500 Documented: 01/13/25 0555	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0400 Documented: 01/13/25 0449	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0300 Documented: 01/13/25 0346	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0200 Documented: 01/13/25 0206	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0100 Documented: 01/13/25 0205	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0000 Documented: 01/13/25 0011	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2300 Documented: 01/12/25 2324	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2200 Documented: 01/12/25 2324	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 2100 Documented: 01/12/25 2108	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 2000 Documented: 01/12/25 2009	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 1900 Documented: 01/12/25 1923	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1800 Documented: 01/12/25 1823	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1600 Documented: 01/12/25 1635	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1500 Documented: 01/12/25 1522	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1400 Documented: 01/12/25 1522	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1300 Documented: 01/12/25 1316	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1100 Documented: 01/12/25 1132	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 1000 Documented: 01/12/25 0957	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0900 Documented: 01/12/25 0943	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/12/25 0700 Documented: 01/12/25 0658	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0600 Documented: 01/12/25 0647	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0500 Documented: 01/12/25 0548	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0400 Documented: 01/12/25 0407	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0300 Documented: 01/12/25 0319	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0200 Documented: 01/12/25 0212	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0100 Documented: 01/12/25 0106	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Kim, Saraphina S, RN
Performed 01/12/25 0000 Documented: 01/12/25 0014	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2300 Documented: 01/11/25 2301	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2200 Documented: 01/11/25 2213	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/11/25 2100 Documented: 01/11/25 2147	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 2000 Documented: 01/11/25 2004	Rate Verified	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Salick, Dominic J, RN
Performed 01/11/25 0700 Documented: 01/11/25 1659	Restarted	10 mL/hr 10 mL/hr —	Intravenous	Performed by: Walks, Tristan H, RN

sodium chloride 0.9 % IV Bolus 250 mL [360750858]

Ordering Provider: Mahdi, Elaa, MD
Ordered On: 01/12/25 1206
Ordered Dose (Remaining/Total): 250 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/12/25 1237 - 01/12/25 1236
Route: Intravenous
Ordered Rate/Order Duration: 1,000 mL/hr / 15 Minutes

Line	Med Link Info	Comment
Venous Sheath 01/10/25 Right Jugular	01/12/25 1221 by Walks, Tristan H, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/12/25 1221 Documented: 01/12/25 1222	New Bag/Syringe	250 mL 1,000 mL/hr 15 Minutes	Intravenous	Performed by: Walks, Tristan H, RN

sodium chloride 0.9 % IV Bolus 500 mL [360202286]

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1213
Route: Intravenous
Ordered Rate/Order Duration: 2,000 mL/hr / 15 Minutes
Admin Instructions: Due to IV fluid shortage, please consider replacing IV fluids with oral rehydration options if clinically appropriate

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Left;Proximal Forearm	01/09/25 1115 by Hendricksen, Kayla, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	Stopped	0 mL 0 mL/hr 15 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN
Performed 01/09/25 1115 Documented: 01/09/25 1119	New Bag/Syringe	500 mL 2,000 mL/hr 15 Minutes	Intravenous	Performed by: Hendricksen, Kayla, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

sodium chloride 0.9 % IV Bolus 500 mL [363611303]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/25/25 0336
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 01/25/25 0407 - 01/25/25 0446
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/22/25 22 G Anterior;Left Forearm	01/25/25 0346 by Porter, Allen, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/25/25 0346 Documented: 01/25/25 0347	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous	Performed by: Porter, Allen, RN Scanned Package: 0338-0049-04

sodium chloride 0.9 % IV Bolus 500 mL [366788849]

Ordering Provider: Hunt, Susan Elizabeth, MD
Ordered On: 02/09/25 1048
Ordered Dose (Remaining/Total): 500 mL (0/1)
Frequency: Once
Status: Completed (Past End Date/Time)
Starts/Ends: 02/09/25 1119 - 02/09/25 1202
Route: Intravenous
Ordered Rate/Order Duration: 500 mL/hr / 60 Minutes

Timestamps	Action	Dose / Rate / Duration	Route / Site	Other Information
Performed 02/09/25 1102 Documented: 02/09/25 1102	New Bag/Syringe	500 mL 500 mL/hr 60 Minutes	Intravenous Left Arm	Performed by: Sano, Naomi, RN Scanned Package: 0338-0049-04

sodium chloride 3 % nebulizer solution 4 mL [368306504]

Ordering Provider: Bhandari, Shiv, MD
Ordered On: 02/16/25 0603
Ordered Dose (Remaining/Total): 4 mL (—/—)
Frequency: Every 4 hours PRN
Status: Discontinued (Past End Date/Time)
Starts/Ends: 02/16/25 0603 - 02/24/25 1141
Route: Nebulization
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 02/16/25 0620 Documented: 02/16/25 0620	Given	4 mL	Nebulization	Performed by: Angeles, Jessie J, RRT Scanned Package: 0487-9003-60

thiamine (Vitamin B-1) 500 mg in sodium chloride 0.9 % 105 mL IVPB [361513840]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 500 mg (0/9)
Frequency: 3 times daily
Status: Completed (Past End Date/Time)
Starts/Ends: 01/15/25 1400 - 01/18/25 0602
Route: Intravenous
Ordered Rate/Order Duration: 210 mL/hr / 30 Minutes

Line	Med Link Info	Comment
Peripheral IV 01/15/25 22 G Anterior;Distal;Left Forearm	01/15/25 1653 by Howey, Alice J, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/18/25 0532 Documented: 01/18/25 0532	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/17/25 2122 Documented: 01/17/25 2122	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Sirichana, Geraldine N, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/17/25 1301 Documented: 01/17/25 1301	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 25021-500-02, 25021-500-02, 25021-500-02, 0338-0049-38
Performed 01/17/25 0557 Documented: 01/17/25 0557	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 2117 Documented: 01/16/25 2117	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mazariegos, Oscar, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 1339 Documented: 01/16/25 1340	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Mikulikova, Julia, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/16/25 0559 Documented: 01/16/25 0559	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Aidoo, Nana S, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/15/25 2101 Documented: 01/15/25 2101	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 63323-013-01, 63323-013-01, 63323-013-01, 0338-0049-38
Performed 01/15/25 1653 Documented: 01/15/25 1653	New Bag/Syringe	500 mg 210 mL/hr 30 Minutes	Intravenous	Performed by: Howey, Alice J, RN Scanned Package: 25021-500-02, 25021-500-02, 25021-500-02, 0338-0049-38

thiamine mononitrate (Vitamin B-1) tablet 100 mg [360514012]

Ordering Provider: Wilson, Julia, MD Status: Discontinued (Past End Date/Time)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordered On: 01/10/25 1304
Ordered Dose (Remaining/Total): 100 mg (—/—)
Frequency: Daily

Starts/Ends: 01/10/25 1335 - 02/14/25 1127
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/14/25 0913 Documented: 02/14/25 0914	Not Given See Comments	100 mg	Oral	Performed by: Gill, Loveleen S, RN Comments: high aspiration risk
Performed 02/13/25 1017 Documented: 02/13/25 1019	Held See Comments	0 mg	Oral	Performed by: Escalante, Steve, RN Comments: Pt. has high aspiration risk, PO meds are being held. Provider notified.
Performed 02/12/25 2015 Documented: 02/12/25 2016	Not Given See Comments	100 mg	Oral	Performed by: Gindi, Jeanna A, RN Comments: aspiration risk
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	100 mg	Oral	Performed by: Bennett, Theodore, RN
Performed 02/10/25 0958 Documented: 02/10/25 0958	Not Given See Comments	100 mg	Oral	Performed by: Reese, Megahn Marilyn, RN Comments: aspiration risk
Performed 02/09/25 1507 Documented: 02/09/25 1510	Not Given See Comments	100 mg	Oral	Performed by: Sano, Naomi, RN Comments: drowsy, not safe to give po meds. Aspiration risk, HO notifed.
Performed 02/08/25 1117 Documented: 02/08/25 1117	Not Given See Comments	100 mg	Oral	Performed by: Hwee, Carla, RN Comments: Pt not alert enough for PO
Performed 02/07/25 1020 Documented: 02/07/25 1022	Not Given See Comments	100 mg	Oral	Performed by: Puleo, Rosalie, RN Comments: patient unable to swallow, MD Hunt made aware Scanned Package: 50268-851-11
Performed 02/06/25 0929 Documented: 02/06/25 0932	Given	100 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 50268-851-11
Performed 02/05/25 0935 Documented: 02/05/25 0936	Given	100 mg	Oral	Performed by: Wu, Lesly, RN Scanned Package: 50268-851-11
Performed 02/04/25 0950 Documented: 02/04/25 0951	Given	100 mg	Oral	Performed by: Flaherty, Katherine R, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/03/25 1430 Documented: 02/03/25 1432	Given	100 mg	Oral	Performed by: Clark, Rachael E, RN Scanned Package: 50268-851-11
Performed 02/02/25 0917 Documented: 02/02/25 0917	Given	100 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50268-851-11
Performed 02/01/25 0859 Documented: 02/01/25 0859	Given	100 mg	Oral	Performed by: Walsh, Julia McKeon, RN Scanned Package: 50268-851-11
Performed 01/31/25 0840 Documented: 01/31/25 0840	Given	100 mg	Oral	Performed by: Gelgla, Letera D, RN Scanned Package: 50268-851-11
Performed 01/30/25 0917 Documented: 01/30/25 0917	Given	100 mg	Oral	Performed by: Liu, Kayla W, RN Scanned Package: 50268-851-11
Performed 01/29/25 0848 Documented: 01/29/25 0858	Refused	100 mg	Oral	Performed by: Smith, Melody J, RN Scanned Package: 50268-851-11
Performed 01/28/25 0905 Documented: 01/28/25 0905	Given	100 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 50268-851-11
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	100 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	100 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1742 Documented: 01/25/25 1743	Not Given See Comments	100 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	100 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 50268-851-11
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	100 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	100 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 50268-851-11
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	100 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 50268-851-11
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	100 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 50268-851-11
Performed 01/19/25 0823 Documented: 01/19/25 0823	Given	100 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 50268-851-11
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	100 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 50268-851-11
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	100 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50268-851-11
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	100 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 50268-851-11
Performed 01/15/25 0929 Documented: 01/15/25 0930	Given	100 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 50268-851-11
Performed 01/14/25 0824 Documented: 01/14/25 0824	Given	100 mg	Oral	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 50268-851-11
Performed 01/13/25 1502 Documented: 01/13/25 1503	Not Given Contraindicated	100 mg	Oral	Performed by: Walks, Tristan H, RN
Performed 01/12/25 0906 Documented: 01/12/25 0907	Given	100 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50268-851-11
Performed 01/11/25 0806 Documented: 01/11/25 0806	Given	100 mg	Oral	Performed by: Walks, Tristan H, RN Scanned Package: 50268-851-11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/10/25 1505 Documented: 01/10/25 1506	Not Given See Comments	100 mg	Oral	Performed by: Thomas, Tamlyn P, RN Comments: pt unstable, unable to sit up for oral meds

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop [360348551]

Ordering Provider: Wilson, Julia, MD
Ordered On: 01/09/25 1806
Ordered Dose (Remaining/Total): 1 drop (—/—)
Frequency: 2 times daily
Status: Discontinued (Past End Date/Time)
Starts/Ends: 01/09/25 2100 - 02/24/25 1141
Route: Both EYES
Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 02/24/25 0953 Documented: 02/24/25 0954	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN
Performed 02/23/25 2126 Documented: 02/23/25 2126	Not Given Other	1 drop	Both EYES	Performed by: Aidoo, Nana S, RN Comments: Pt unbable to open eyes
Performed 02/23/25 0810 Documented: 02/23/25 0810	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 02/22/25 2000 Documented: 02/22/25 1946	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 02/22/25 0955 Documented: 02/22/25 0955	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN
Performed 02/21/25 2133 Documented: 02/21/25 2133	Given	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN Scanned Package: 64980-514-05
Performed 02/21/25 0951 Documented: 02/21/25 0951	Not Given Other	1 drop	Both EYES	Performed by: Moffett, Laura, RN Comments: sleeping
Performed 02/20/25 2200 Documented: 02/20/25 2205	Given	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN
Performed 02/20/25 0857 Documented: 02/20/25 0857	Given	1 drop	Both EYES	Performed by: Kangleon, Judith Esther J, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/19/25 2108 Given Documented: 02/19/25 2108	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN
Performed 02/19/25 0923 Given Documented: 02/19/25 0924	1 drop	Both EYES	Performed by: Fajarillo, Irene M, RN Scanned Package: 64980-514-05
Performed 02/18/25 2103 Given Documented: 02/18/25 2103	1 drop	Both EYES	Performed by: Patino Castro, Jennifer A, RN Scanned Package: 64980-514-05
Performed 02/18/25 0809 Given Documented: 02/18/25 0809	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 02/17/25 2031 Given Documented: 02/17/25 2031	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 02/17/25 0917 Given Documented: 02/17/25 0917	1 drop	Both EYES	Performed by: Bounthong, Vanh K, RN
Performed 02/16/25 2132 Given Documented: 02/16/25 2132	1 drop	Both EYES	Performed by: Moroye, Jessica, RN Scanned Package: 64980-514-05
Performed 02/16/25 0951 Given Documented: 02/16/25 0952	1 drop	Both EYES	Performed by: Ndiaye, Djenaba L, RN Scanned Package: 64980-514-05
Performed 02/15/25 2131 Given Documented: 02/15/25 2131	1 drop	Both EYES	Performed by: Sauder, Jessica, RN Scanned Package: 64980-514-05
Performed 02/15/25 1036 Given Documented: 02/15/25 1037	1 drop	Both EYES	Performed by: Kinyua, Caroline, Nursing Student Cosign requested from: Drammeh, Saihou, RN Scanned Package: 64980-514-05
Performed 02/14/25 2028 Given Documented: 02/14/25 2028	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN
Performed 02/14/25 0922 Given Documented: 02/14/25 0922	1 drop	Both EYES	Performed by: Gill, Loveleen S, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/13/25 2008 Documented: 02/13/25 2008	Given	1 drop	Both EYES	Performed by: Limyukok, Mysha, RN Scanned Package: 64980-514-05
Performed 02/13/25 1220 Documented: 02/13/25 1221	Given	1 drop	Both EYES	Performed by: Escalante, Steve, RN Comments: Off unit w/ son in chair. Scanned Package: 64980-514-05
Performed 02/12/25 2020 Documented: 02/12/25 2025	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Gindi, Jeanna A, RN
Performed 02/12/25 0931 Documented: 02/12/25 0931	Given	1 drop	Both EYES	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 64980-514-05
Performed 02/11/25 2128 Documented: 02/11/25 2128	Given	1 drop	Both EYES	Performed by: Tran, Andy, RN
Performed 02/11/25 1734 Documented: 02/11/25 1734	Refused	1 drop	Both EYES	Performed by: Bennett, Theodore, RN
Performed 02/10/25 2008 Documented: 02/10/25 2008	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 02/10/25 1642 Documented: 02/10/25 1648	Given	1 drop	Both EYES	Performed by: Reese, Megahn Marilyn, RN Comments: pt not tolerating, then in palliative meeting Scanned Package: 64980-514-05
Performed 02/09/25 2155 Documented: 02/09/25 2206	Given	1 drop	Both EYES	Performed by: Stanikzy, Ameenjohn A, RN Scanned Package: 64980-514-05
Performed 02/09/25 0900 Documented: 02/09/25 1522	Not Given See Comments	1 drop	Both EYES	Performed by: Sano, Naomi, RN Comments: drowsy, asked opening eyes, but not following instructions.
Performed 02/08/25 2221 Documented: 02/08/25 2223	Given	1 drop	Both EYES	Performed by: Stanikzy, Ameenjohn A, RN Comments: grouped med pass Scanned Package: 64980-514-05
Performed 02/08/25 1151 Documented: 02/08/25 1153	Given	1 drop	Both EYES	Performed by: Hwee, Carla, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/07/25 2228 Documented: 02/07/25 2228	Given	1 drop	Both EYES	Performed by: Kit, Ellen, RN
Performed 02/07/25 1219 Documented: 02/07/25 1219	Given	1 drop	Both EYES	Performed by: Nganga, Mary M, Nursing Student Cosign requested from: Murakami, Valerie, RN Scanned Package: 64980-514-05
Performed 02/06/25 2114 Documented: 02/06/25 2114	Given	1 drop	Both EYES	Performed by: Yohannes, Mayda, RN
Performed 02/06/25 0930 Documented: 02/06/25 0932	Given	1 drop	Both EYES	Performed by: Wu, Lesly, RN
Performed 02/05/25 2000 Documented: 02/05/25 2006	Given	1 drop	Both EYES	Performed by: Sirichana, Geraldine N, RN Scanned Package: 64980-514-05
Performed 02/05/25 0939 Documented: 02/05/25 0939	Given	1 drop	Both EYES	Performed by: Wu, Lesly, RN Scanned Package: 64980-514-05
Performed 02/04/25 2106 Documented: 02/04/25 2107	Given	1 drop	Both EYES	Performed by: Avila, Nicole C, RN Scanned Package: 64980-514-05
Performed 02/04/25 0955 Documented: 02/04/25 0955	Given	1 drop	Both EYES	Performed by: Flaherty, Katherine R, RN Scanned Package: 64980-514-05
Performed 02/03/25 2140 Documented: 02/03/25 2140	Given	1 drop	Both EYES	Performed by: Harrell, Mackenzie, RN
Performed 02/03/25 1432 Documented: 02/03/25 1432	Given	1 drop	Both EYES	Performed by: Clark, Rachael E, RN Comments: Pt unable to take meds safely at this time due to decreased A&O - MD aware Scanned Package: 64980-514-05
Performed 02/02/25 2200 Documented: 02/02/25 2250	Given	1 drop	Both EYES	Performed by: Obanla, Taiwo O, RN Scanned Package: 64980-514-05
Performed 02/02/25 1337 Documented: 02/02/25 1338	Given	1 drop	Both EYES	Performed by: Gelgla, Letera D, RN Comments: pt fam req Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 02/01/25 2053 Documented: 02/01/25 2053	Refused	1 drop	Both EYES	Performed by: Johnson, Marita F, RN
Performed 02/01/25 0900 Documented: 02/01/25 0900	Given	1 drop	Both EYES	Performed by: Walsh, Julia McKeon, RN Scanned Package: 64980-514-05
Performed 01/31/25 2217 Documented: 01/31/25 2218	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Lyons, Julio Cesar Salazar, RN
Performed 01/31/25 0926 Documented: 01/31/25 0926	Given	1 drop	Both EYES	Performed by: Gelgla, Letera D, RN Scanned Package: 64980-514-05
Performed 01/30/25 2054 Documented: 01/30/25 2054	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/30/25 1000 Documented: 01/30/25 1002	Given	1 drop	Both EYES	Performed by: Liu, Kayla W, RN Scanned Package: 64980-514-05
Performed 01/29/25 2056 Documented: 01/29/25 2056	Given	1 drop	Both EYES	Performed by: Bustamante Campusano, Diana, RN Scanned Package: 64980-514-05
Performed 01/29/25 0859 Documented: 01/29/25 0859	Refused	1 drop	Both EYES	Performed by: Smith, Melody J, RN
Performed 01/28/25 2108 Documented: 01/28/25 2109	Given	1 drop	Both EYES	Performed by: Aidoo, Nana S, RN Scanned Package: 64980-514-05
Performed 01/28/25 0905 Documented: 01/28/25 0905	Given	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 01/27/25 2109 Documented: 01/27/25 2110	Given	1 drop	Both EYES	Performed by: Paras, Michael, RN Scanned Package: 64980-514-05
Performed 01/27/25 0937 Documented: 01/27/25 1040	Not Given Patient/family refused	1 drop	Both EYES	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: Son refused

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/26/25 2037 Documented: 01/26/25 2038	Given	1 drop	Both EYES	Performed by: Dickinson, Zoe E, RN Scanned Package: 64980-514-05
Performed 01/26/25 1053 Documented: 01/26/25 1053	Given	1 drop	Both EYES	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/26/25 1901 Comments: pt more alert now and can open eyes Scanned Package: 64980-514-05
Performed 01/25/25 2109 Documented: 01/25/25 2110	Not Given See Comments	1 drop	Both EYES	Performed by: Soto, Kalea G, RN Comments: pt not alert enough to give
Performed 01/25/25 1744 Documented: 01/25/25 1744	Refused	1 drop	Both EYES	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 2205 Documented: 01/24/25 2205	Given	1 drop	Both EYES	Performed by: Porter, Allen, RN Scanned Package: 64980-514-05
Performed 01/24/25 0838 Documented: 01/24/25 0838	Given	1 drop	Both EYES	Performed by: Gawat, Maria C, RN Scanned Package: 64980-514-05
Performed 01/23/25 2035 Documented: 01/23/25 2036	Not Given Other	1 drop	Both EYES	Performed by: Kit, Ellen, RN Comments: pt asleep
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	1 drop	Both EYES	Performed by: Kit, Ellen, RN Scanned Package: 64980-514-05
Performed 01/22/25 2110 Documented: 01/22/25 2110	Given	1 drop	Both EYES	Performed by: Lefler, Chelsea Lynne, RN Scanned Package: 64980-514-05
Performed 01/22/25 0922 Documented: 01/22/25 1320	Given	1 drop	Both EYES	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 64980-514-05
Performed 01/21/25 2130 Documented: 01/21/25 2339	Refused	1 drop	Both EYES	Performed by: Limyukok, Mysha, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/21/25 0907 Documented: 01/21/25 0908	Given	1 drop	Both EYES	Performed by: Kaur, Rupinderjit, RN
Performed 01/21/25 0149 Documented: 01/21/25 0152	Given	1 drop	Both EYES	Performed by: Soto, Kalea G, RN Comments: med not avail Scanned Package: 64980-514-05
Performed 01/20/25 0941 Documented: 01/20/25 0941	Given	1 drop	Both EYES	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 64980-514-05
Performed 01/19/25 2121 Documented: 01/19/25 2122	Not Given See Comments	1 drop	Both EYES	Performed by: Johnson, Marita F, RN Comments: pt unwilling to open eyes
Performed 01/19/25 0825 Documented: 01/19/25 0825	Given	1 drop	Both EYES	Performed by: Gordon, Carrie, RN Scanned Package: 64980-514-05
Performed 01/18/25 2041 Documented: 01/18/25 2041	Given	1 drop	Both EYES	Performed by: Jallow, Yusupha, RN Scanned Package: 64980-514-05
Performed 01/18/25 1006 Documented: 01/18/25 1006	Given	1 drop	Both EYES	Performed by: Hwee, Carla, RN Scanned Package: 64980-514-05
Performed 01/17/25 2045 Documented: 01/17/25 2045	Given	1 drop	Both EYES	Performed by: Sirichana, Geraldine N, RN Scanned Package: 64980-514-05
Performed 01/17/25 0920 Documented: 01/17/25 0920	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/16/25 2103 Documented: 01/16/25 2103	Refused	1 drop	Both EYES	Performed by: Mazariegos, Oscar, RN Scanned Package: 64980-514-05
Performed 01/16/25 1014 Documented: 01/16/25 1014	Given	1 drop	Both EYES	Performed by: Mikulikova, Julia, RN Scanned Package: 64980-514-05
Performed 01/15/25 2100 Documented: 01/15/25 2101	Given	1 drop	Both EYES	Performed by: Howey, Alice J, RN Scanned Package: 64980-514-05

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/15/25 0930 Documented: 01/15/25 0930	Given	1 drop	Both EYES	Performed by: Nacol, Lani Kusu, RN Scanned Package: 64980-514-05
Performed 01/14/25 2013 Documented: 01/14/25 2013	Given	1 drop	Both EYES	Performed by: Johnston, Christopher L, RN Scanned Package: 64980-514-05
Performed 01/14/25 0841 Documented: 01/14/25 0841	Given	1 drop	Both EYES	Performed by: Santos, Frances Kate Kate, RN Scanned Package: 64980-514-05
Performed 01/13/25 2252 Documented: 01/13/25 2252	Held Patient sleeping	0 drop	Both EYES	Performed by: Salick, Dominic J, RN
Performed 01/13/25 0800 Documented: 01/13/25 0730	Given	1 drop	Both EYES	Performed by: Walks, Tristan H, RN Scanned Package: 64980-514-05
Performed 01/13/25 0449 Documented: 01/13/25 0449	Held Patient sleeping	0 drop	Both EYES	Performed by: Salick, Dominic J, RN
Performed 01/12/25 0954 Documented: 01/12/25 0954	Refused	1 drop	Both EYES	Performed by: Walks, Tristan H, RN
Performed 01/11/25 2149 Documented: 01/11/25 2149	Given	1 drop	Both EYES	Performed by: Salick, Dominic J, RN Scanned Package: 64980-514-05
Performed 01/11/25 0807 Documented: 01/11/25 0807	Given	1 drop	Both EYES	Performed by: Walks, Tristan H, RN Scanned Package: 64980-514-05
Performed 01/10/25 2017 Documented: 01/10/25 2026	Given	1 drop	Both EYES	Performed by: Bertram, Olivia T, RN Scanned Package: 64980-514-05
Performed 01/10/25 0955 Documented: 01/10/25 0955	Given	1 drop	Both EYES	Performed by: Thomas, Tamlyn P, RN Scanned Package: 64980-514-05
Performed 01/09/25 2054 Documented: 01/09/25 2054	Given	1 drop	Both EYES	Performed by: Sande, Nathan R, RN

vancomycin 1 g in D5W 200 mL IVPB (premix) [360202287]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Ordering Provider: Vrablik, Marie Clougherty, MD
Ordered On: 01/09/25 1101
Ordered Dose (Remaining/Total): 1 g (0/1)
Frequency: Once
Admin Instructions: STANDARD Concentration. (For Peripheral or Central line use)

Status: Completed (Past End Date/Time)
Starts/Ends: 01/09/25 1105 - 01/09/25 1313
Route: Intravenous
Ordered Rate/Order Duration: 200 mL/hr / 60 Minutes

Question	Answer	Comment
Suspected Source of Infection:	Skin/Soft Tissue Infection	—

Line	Med Link Info	Comment
Peripheral IV 01/09/25 20 G Anterior;Proximal;Right Forearm	01/09/25 1213 by Sanders, Emily Carylon, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 01/09/25 1213 Documented: 01/09/25 1213	New Bag/Syringe	1 g 200 mL/hr 60 Minutes	Intravenous	Performed by: Sanders, Emily Carylon, RN Comments: CT Scanned Package: 0338-3552-48

zinc sulfate capsule 220 mg [361513843]

Ordering Provider: Segerson, Karen Elaine, MD
Ordered On: 01/15/25 1234
Ordered Dose (Remaining/Total): 220 mg (3/14)
Frequency: Daily
Admin Instructions: Give with food.

Status: Dispensed (Past End Date/Time)
Starts/Ends: 01/15/25 1305 - 01/29/25 0859
Route: Oral
Ordered Rate/Order Duration: — / —
Zinc sulfate 220 mg = Elemental Zinc 50 mg

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 01/28/25 0904 Documented: 01/28/25 0905	Given	220 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-983-25
Performed 01/27/25 0938 Documented: 01/27/25 0939	Not Given NPO	220 mg	Oral	Performed by: Wylie, Ariana, Nursing Student Cosign requested from: Smith, Meagan Q, RN Cosigned by: Smith, Meagan Q, RN 01/27/25 1047 Comments: MD aware
Performed 01/26/25 0923 Documented: 01/26/25 0923	Not Given See Comments	220 mg	Oral	Performed by: Smith, Meagan Q, RN Comments: pt NPO
Performed 01/25/25 1743 Documented: 01/25/25 1743	Not Given See Comments	220 mg	Oral	Performed by: Hollingsworth, Louise C, RN
Performed 01/24/25 0822 Documented: 01/24/25 0822	Given	220 mg	Oral	Performed by: Gawat, Maria C, RN Scanned Package: 77333-983-25
Performed 01/23/25 1626 Documented: 01/23/25 1626	Given	220 mg	Oral	Performed by: Kit, Ellen, RN Scanned Package: 77333-983-25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Medication Administrations (continued)

Performed 01/22/25 1319 Documented: 01/22/25 1320	Given	220 mg	Oral	Performed by: Jeanneret, Amber Marie, RN Scanned Package: 77333-983-25
Performed 01/21/25 0906 Documented: 01/21/25 0906	Given	220 mg	Oral	Performed by: Kaur, Rupinderjit, RN Scanned Package: 77333-983-25
Performed 01/20/25 0935 Documented: 01/20/25 0935	Given	220 mg	Oral	Performed by: Kim, Christine Yuhyun, RN Scanned Package: 77333-983-25
Performed 01/19/25 0822 Documented: 01/19/25 0823	Given	220 mg	Oral	Performed by: Gordon, Carrie, RN Scanned Package: 77333-983-25
Performed 01/18/25 0858 Documented: 01/18/25 0858	Given	220 mg	Oral	Performed by: Hwee, Carla, RN Scanned Package: 77333-983-25
Performed 01/17/25 0912 Documented: 01/17/25 0914	Given	220 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-983-25
Performed 01/16/25 0857 Documented: 01/16/25 0857	Given	220 mg	Oral	Performed by: Mikulikova, Julia, RN Scanned Package: 77333-983-25
Performed 01/15/25 1306 Documented: 01/15/25 1306	Given	220 mg	Oral	Performed by: Nacol, Lani Kusu, RN Scanned Package: 77333-983-25

Other Orders (group 1 of 15)

Admission

Admit to Inpatient (Completed)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Cosigning events
Electronically cosigned by Smith, Matthew C, MD 01/10/25 1735 for Ordering
Frequency: Routine Once 01/09/25 1755 - 1 occurrence Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Questionnaire

Question	Answer
Provider Care Team	U CARDIOTHORACIC SURGERY VASCULAR ICU
ADT SERVICE	CARDIOTHORACIC ICU
Are they the primary team?	Yes
Remove all existing teams?	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Updates

Attending provider: Smith, Matthew C, MD
Patient class: Inpatient
Diagnosis: Acute lower limb ischemia [I99.8]

Case Request

Case request operating room (Completed)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339**
Status: **Completed**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339
Ordering provider: Schwarz, Samuel, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1337 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 1:39 PM

Diagnoses
Acute lower limb ischemia [I99.8]

Questionnaire

Question	Answer
Case Classification	2. OR: <2 Hrs Emergent
Special Request	None
Level of Care	Intensive Care
Release Result to Patient	Immediate

Indications

Acute lower limb ischemia [I99.8 (ICD-10-CM)]

Case Request Cath Lab (Completed)

Electronically signed by: **Newton, Shauna, MD on 01/10/25 1235**
Status: **Completed**
Ordering user: Newton, Shauna, MD 01/10/25 1235
Ordering provider: Newton, Shauna, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1235 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Newton, Shauna, MD (auto-released) 1/10/2025 12:35 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Case Classification	CV: Routine Add-On - Inpatient
Additional Case Information	RHC
Release Result to Patient	Immediate

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Case Request Cath Lab (Completed)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1523**
Status: **Completed**
Ordering user: Phan, Janet, MD 01/10/25 1523
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1520 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 3:23 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Case Classification	CV: Emergent - Schedule within 1 hour

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Additional Case Information	Support Device
Post Procedure Destination	CT ICU
Release Result to Patient	Immediate

Indications

Bradycardia [R00.1 (ICD-10-CM)]

PPM INITIAL - Single (Completed)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Completed**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Kondamudi, Nitin, MD (auto-released) 1/12/2025 12:22 PM

Diagnoses
Bradycardia [R00.1]

Questionnaire

Question	Answer
Post-procedure disposition	Overnight
Follow up appointment?	UWMC-ML
Follow up Provider?	Order Provider
Medication Holds	Heparin
Procedure Type	Device
Device Vendor	Boston Scientific
Preop appointment?	UWMC-ML
Pre-Op Provider	EP APP

Indications

Bradycardia [R00.1 (ICD-10-CM)]

Consult

Inpatient Consult to Pain Management (Completed)

Electronically signed by: **Smith, Grace, MD on 01/09/25 1715** Status: **Completed**
Ordering user: Smith, Grace, MD 01/09/25 1715
Ordering provider: Smith, Grace, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1715 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Smith, Marie, MD (auto-released) 1/9/2025 5:15 PM

Questionnaire

Question	Answer
Provider Care Team	U ACUTE PAIN SERVICE
Reason for consult:	Management of peripheral nerve/epidural infusion

Inpatient Consult to Pain Management (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1807 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1808

Questionnaire

Question	Answer
Provider Care Team	U ACUTE PAIN SERVICE

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Reason for consult: Management of peripheral nerve/epidural infusion

Order comments: Fem PNC in s/o above knee amputation

Inpatient Consult to Cardiology (Completed)

Electronically signed by: **Sonderman, Mark Thomas, MD on 01/09/25 1959** Status: **Completed**
Ordering user: Sonderman, Mark Thomas, MD 01/09/25 1959
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2000 - 1 occurrence
Quantity: 1
Ordering provider: Sonderman, Mark Thomas, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sonderman, Mark Thomas, MD (auto-released) 1/9/2025 7:59 PM

Questionnaire

Question	Answer
Provider Care Team	U CARDIOLOGY CONSULT
Reason for Consult?	2:1 AV block

Inpatient consult to Nutrition (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2025** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2025
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2012 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 8:25 PM

Questionnaire

Question	Answer
Reason for Consult?	Nutritional assessment Other
Assess	Poor PO intake
Comment	Son reports recent loss of appetite with associated weight loss over past several months.

Inpatient Consult to Social Work (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2025** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2025
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2023 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 8:25 PM

Questionnaire

Question	Answer
Reason for consult:	Discharge planning

Order comments: Per son, patient lives in a tent (insistent on it being referred to as "homestead") after recently being removed from their housing by landlord in October.

Inpatient Consult to Wound Therapy (Completed)

Electronically signed by: **Sande, Nathan R, RN on 01/09/25 2349** Status: **Completed**
Ordering user: Sande, Nathan R, RN 01/09/25 2349
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/09/25 2349 - 1 occurrence
Quantity: 1
Ordering provider: Grabar, Christina, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Sande, Nathan R, RN (auto-released) 1/9/2025 11:49 PM

Questionnaire

Question	Answer
Reason for Consult?	Perineum IAD
Reason for Consult	Incontinence Associated Dermatitis
Location of Wound:	Perineum

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Palliative Care (Completed)

Electronically signed by: **Patterson, Kristopher T, MD on 01/10/25 0718** Status: **Completed**
Ordering user: Patterson, Kristopher T, MD 01/10/25 0718
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/10/25 0705 - 1 occurrence
Quantity: 1
Ordering provider: Patterson, Kristopher T, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Patterson, Kristopher T, MD (auto-released) 1/10/2025 7:18 AM

Questionnaire

Question	Answer
Provider Care Team	U PALLIATIVE CARE
Requestors Pager/Contact:	253-293-8118
Reason for Consult?	Advanced age, s/p AKA for acute limb ischemia, now bradycardic with 1st degree heart block
Psychosocial & Spiritual Support	Goals of Care Patient support Family support

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1111** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1111
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/12/25 1112 - 1 occurrence
Quantity: 1
Ordering provider: Mahdi, Elaa, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 11:11 AM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations Nutritional assessment
Assess	Poor PO intake

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1330** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1330
Authorized by: Smith, Matthew C, MD
Frequency: Routine Once 01/13/25 1331 - 1 occurrence
Quantity: 1
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 1:30 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

Order comments: We will place NGT, would appreciate TF recs

Consult to Nutritional Services (Completed)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1712** Status: **Completed**
Ordering user: McKinstry, Mia, MD 01/13/25 1712
Authorized by: Lombaard, Stefan Andre, MD
Frequency: Routine Once 01/13/25 1709 - 1 occurrence
Quantity: 1
Ordering provider: McKinstry, Mia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:12 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1236** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1236
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/15/25 1237 - 1 occurrence
Quantity: 1
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 12:36 PM

Questionnaire

Question	Answer
Reason for Consult?	Calorie count Nutritional assessment
Assess	Malnutrition

Inpatient Consult to Physical Medicine Rehab (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/16/25 1412** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/16/25 1412
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Once 01/16/25 1412 - 1 occurrence
Quantity: 1
Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/16/2025 2:12 PM

Questionnaire

Question	Answer
Reason for consult?	Other
Comment	s/p L AKA

Inpatient Consult to Prosthetics and Orthotics (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/29/25 1703** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/29/25 1703
Authorized by: Zafar, Zaeema, DO
Frequency: Routine Once 01/29/25 1704 - 1 occurrence
Quantity: 1
Ordering provider: Zafar, Zaeema, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Zafar, Zaeema, DO (auto-released) 1/29/2025 5:03 PM

Questionnaire

Question	Answer
Reason for Consult?	Supply/Device

Order comments: Hardshell protective boot

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1146** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1146
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Once 02/03/25 1146 - 1 occurrence
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 11:46 AM

Questionnaire

Question	Answer
Reason for Consult?	Food preferences/meal selection Nutritional assessment
Assess	Poor PO intake

Inpatient Consult to Palliative Care (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1200** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1200
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/10/25 1159 - 1 occurrence
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Quantity: 1

Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/10/2025 12:00 PM

Discontinued by: Schlenker, Kathryn Ann Vogelsang, DO 02/10/25 1709

Questionnaire

Question	Answer
Provider Care Team	U PALLIATIVE CARE
Requestors Pager/Contact:	Susan Hunt (use Epic chat)
Reason for Consult?	delirium and agitation, assess acheivable goals with family.
Symptoms	Delirium
Psychosocial & Spiritual Support	Goals of Care

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Jeanneret, Amber Marie, RN on 02/12/25 1007** Status: **Completed**
Ordering user: Jeanneret, Amber Marie, RN 02/12/25 1007
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/12/25 1007 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Jeanneret, Amber Marie, RN (auto-released) 2/12/2025 10:07 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Amber J
Contact Number:	89098
Patient Unit/Location:	7411

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Gill, Loveleen S, RN on 02/14/25 0956** Status: **Completed**
Ordering user: Gill, Loveleen S, RN 02/14/25 0956
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/14/25 0955 - 1 occurrence
Quantity: 1
Ordering provider: Gill, Loveleen S, RN
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Gill, Loveleen S, RN (auto-released) 2/14/2025 9:56 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Loveleen G., RN
Contact Number:	89032
Patient Unit/Location:	7SA Rm#11

Inpatient Consult to Vascular Access Team (Completed)

Electronically signed by: **Limyukok, Mysha, RN on 02/15/25 0647** Status: **Completed**
Ordering user: Limyukok, Mysha, RN 02/15/25 0647
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/15/25 0646 - 1 occurrence
Quantity: 1
Ordering provider: Alumbaugh, Allison Andreea, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Limyukok, Mysha, RN (auto-released) 2/15/2025 6:47 AM

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Mysha RN
Contact Number:	8-9035
Patient Unit/Location:	7SA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Inpatient Consult to Vascular Access Team (Discontinued)

Electronically signed by: **Porter, Allen, RN on 02/18/25 1313** Status: **Discontinued**
Ordering user: Porter, Allen, RN 02/18/25 1313
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/18/25 1314 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Porter, Allen, RN (auto-released) 2/18/2025 1:13 PM
Discontinued by: Swift, Anna, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult:	PIV Insertion
Requestor:	Allen P
Contact Number:	89032
Patient Unit/Location:	7SA 7411

Inpatient Consult to Nutrition (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1404** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/18/25 1404
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/18/25 1405 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:04 PM

Questionnaire

Question	Answer
Reason for Consult?	Tube feeding recommendations

Inpatient Consult to Otolaryngology (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1051** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1051
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/19/25 1051 - 1 occurrence
Quantity: 1
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/19/2025 10:51 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1353

Questionnaire

Question	Answer
Reason for Consult?	NGT placement. Having diffculty advancing NGT, concern anatomic difficulty.
Provider Care Team	U Otolaryngology Otology

Inpatient Consult to Spiritual Care (Completed)

Electronically signed by: **Porter, Allen, RN on 02/23/25 1147** Status: **Completed**
Ordering user: Porter, Allen, RN 02/23/25 1147
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Once 02/23/25 1144 - 1 occurrence
Quantity: 1
Ordering provider: Porter, Allen, RN
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Porter, Allen, RN (auto-released) 2/23/2025 11:47 AM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	End-of-life support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Order comments: Pt. At end of life, Pt. Son at bedside is having difficult time geiving. He has a lot of hope that pt. Will recover, or hopes to recover her enough to get her home to pass. He is struggling w/ the use of medication to keep her pain free and calm because she is then too sedated to talk with him.

Inpatient consult to Spiritual Care (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 1137 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	End-of-life support

Inpatient Consult to Wound Therapy (Cancel Pend)

Electronically signed by: **Ahmed, Kareem, DO on 03/03/25 0341** Status: **Cancel Pend**
Ordering user: Ahmed, Kareem, DO 03/03/25 0341
Ordering provider: Ahmed, Kareem, DO
Authorized by: Stenberg, Daniel Lloyd, DO
Frequency: Routine Once 03/03/25 0341 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Pended by: Ahmed, Kareem, DO 03/03/25 0341
Canceled by: Ahmed, Kareem, DO 03/06/25 0341 [Expired]

Questionnaire

Question	Answer
Reason for Consult?	Sacral wound, WC reccs
Reason for Consult	Other
Location of Wound:	Sacrum

Inpatient Consult to Spiritual Care (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1708** Status: **Completed**
Mode: Ordering in Per protocol: cosign required mode
Communicated by: Tran-Thien, Quynh Phuong, RN
Ordering user: Tran-Thien, Quynh Phuong, RN 03/06/25 1653
Ordering provider: Barnes, James Irvin, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Per protocol: cosign required
Frequency: Routine Once 03/06/25 1652 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Tran-Thien, Quynh Phuong, RN (auto-released) 3/6/2025 4:53 PM

Questionnaire

Question	Answer
Who is requesting consult?	Family/Friend
Reason for consult:	Emotional distress

Order comments: Pt's son having difficulty with pt's comfort care measures and overall goals of care, may benefit from having a session with spiritual care about current experience in the hospital.

Inpatient Consult to Prosthetics and Orthotics (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1326** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/07/25 1326
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/07/25 1322 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 1:26 PM
Order comments: hip-spica type of brace, Right hip. If can be done soon would be great, may be able to leave for SNF on 3/8/25

CORE MEASURES

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Sepsis Protocol Initiated (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Order comments: Initiate Sepsis Checklist

In-Hospital Transfer, continuing current VTE prophylaxis (make sure orders remain active) (Completed)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Completed**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1838 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Questionnaire

Question	Answer
Reason for no VTE Prophylaxis at Admission:	Other
Please Specify:	Continuing prior VTE PPx during in-hospital transfer

Comfort Measures Only (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 1137 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Comfort Measures Only (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/24/25 1307 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 1:06 PM

Comfort Measures Only (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1609** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/06/25 1609
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/06/25 1610 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 4:09 PM

Comfort Measures Only (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1640** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/06/25 1640
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Once 03/06/25 1637 - 1 occurrence
Class: Normal
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/6/2025 4:40 PM

Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Discharge Patient (Completed)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Completed**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Once 03/08/25 0909 - 1 occurrence
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Barnes, James Irvin, MD (auto-released) 3/8/2025 9:08 AM

Updates

Discharge date and time: 3/8/2025
Discharge disposition: 03 SNF-SKILLED NURSING FACILITY

IV

IV Line - Insert (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
IV Manage:	Insert

IV Line - Maintain IV access (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Smith, Matthew C, MD
Frequency: STAT Until discontinued 01/09/25 1039 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

Questionnaire

Question	Answer
IV Manage:	Maintain IV access

IV Line - Saline lock (Completed)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Completed**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Quantity: 1
Ordering provider: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM

Questionnaire

Question	Answer
IV Manage:	Saline lock

IV Line - Insert (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339
Authorized by: Vrablik, Marie Clougherty, MD
Frequency: Routine Once 01/09/25 1337 - 1 occurrence
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Questionnaire

Question	Answer
IV Manage:	Insert

IV Line - Maintain IV access (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1509

Questionnaire

Question	Answer
IV Manage:	Maintain IV access

IV Line - Insert, Other; Obtain IV access if needed (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1301 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004

Questionnaire

Question	Answer
IV Manage:	Insert Other
Specify:	Obtain IV access if needed

Order comments: RN to document the following: 1. Start date/time 2. IV site 3. Gauge

Discontinue IV at Completion of Study if IV Access is Not Needed for Maintenance (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/10/25 1301 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004
Order comments: RN to document the following: 1. IV DC date/time 2. Access note

IV Line - Saline lock (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1219 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
IV Manage:	Saline lock

Order comments: LEFT arm; 18-20 gauge if possible; flush per protocol.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 1 of 15) (continued)

Discontinue Vascular Access Device (Non-Tunneled) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1133** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1133
Authorized by: Wilson, Julia, MD
Frequency: Routine Once 01/13/25 1134 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 11:33 AM

Discontinued by: Mikulikova, Julia, RN 01/16/25 1308
Order comments: Discontinue arterial line

IV Line - OK no IV access (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1509** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1509
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Until discontinued 01/31/25 1509 - Until Specified
Quantity: 1
Ordering provider: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 1/31/2025 3:09 PM

Discontinued by: Pillai, Sunita, MD 02/18/25 1228

Questionnaire

Question	Answer
IV Manage:	OK no IV access

IV Line - OK no IV access (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1731** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1731
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Until discontinued 02/09/25 1731 - Until Specified
Quantity: 1
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Hunt, Susan Elizabeth, MD (auto-released) 2/9/2025 5:31 PM

Discontinued by: Pillai, Sunita, MD 02/18/25 1228

Questionnaire

Question	Answer
IV Manage:	OK no IV access

PICC Placement & Care per PICC RN (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1204** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/12/25 1204
Authorized by: Pillai, Sunita, MD
Frequency: Routine Once 02/12/25 1204 - 1 occurrence
Quantity: 1
Ordering provider: Pillai, Sunita, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Pillai, Sunita, MD (auto-released) 2/12/2025 12:04 PM

Questionnaire

Question	Answer
Reason for PICC:	Poor Peripheral Access

Order comments: OK for PICC RN to order CXR to confirm line tip placement post PICC insertion. May repeat to follow up the repositioning of a malpositioned tip, or tip extending to the RV. PICC RN to indicate OK to use PICC when placement is verified.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15)

Medications

fentaNYL PF 100 MCG/2ML ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1405** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1405 Ordering mode: Standard
Frequency: 01/09/25 1405 - Until Discontinued
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 0409-9094-22

rocuronium 50 MG/5ML injection ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1407** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1407 Ordering mode: Standard
Frequency: 01/09/25 1407 - Until Discontinued
Admin instructions: Created by cabinet override
WARNING, PARALYZING AGENT - CAUSES RESPIRATORY ARREST.
Medication comments: Created by cabinet override
Package: 0409-9558-05

norepinephrine in D5W 16-5 MG/250ML-% infusion ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1413** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1413 Ordering mode: Standard
Frequency: 01/09/25 1413 - Until Discontinued
Admin instructions: Created by cabinet override
Central line recommended. Protect from light.
Medication comments: Created by cabinet override
Package: 0338-0116-20

nitroGLYCERIN in D5W 200-5 MCG/ML-% infusion ADS Override Pull (Active)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1537** Status: **Active**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1537 Ordering mode: Standard
Frequency: 01/09/25 1537 - Until Discontinued
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 0338-1049-02

propofol (Diprivan) 500 MG/50ML infusion ADS Override Pull (Active)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1527** Status: **Active**
Ordering user: Hong, Stephanie, MD 01/13/25 1527 Ordering mode: Standard
Frequency: 01/13/25 1527 - Until Discontinued
Admin instructions: Created by cabinet override
Contraindicated in patients allergic to soybean or egg products. Change tubing Q12 Hours.
Medication comments: Created by cabinet override
Package: 0069-0234-20

ceFAZolin (Ancef) 1 g injection ADS Override Pull (Active)

Electronically signed by: **Hong, Stephanie, MD on 01/13/25 1602** Status: **Active**
Ordering user: Hong, Stephanie, MD 01/13/25 1602 Ordering mode: Standard
Frequency: 01/13/25 1602 - Until Discontinued
Admin instructions: Created by cabinet override
For IM administration: Reconstitute 2 gram vial with 5 mL SWFI or 1 gram vial with 2.5 mL SWFI. Shake well for a final concentration of 330 mg/mL.
Medication comments: Created by cabinet override
Package: 0143-9924-90

perflutren lipid microspheres (Definity) 6.52 MG/ML injectable suspension ADS Override Pull (Active)

Electronically signed by: **Parker, Sherry, RN on 03/04/25 1537** Status: **Active**
Ordering user: Parker, Sherry, RN 03/04/25 1537 Ordering mode: Standard
Frequency: 03/04/25 1537 - Until Discontinued
Admin instructions: Created by cabinet override

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

For endocardiografic definition. Vial must be activated then administered within 5 min or resuspended before administration. Once activated, product must be discarded within 12 hrs if not used
Medication comments: Created by cabinet override
Package: 11994-011-04

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order
Admin instructions: Due to IV fluid shortage, please consider replacing IV fluids with oral rehydration options if clinically appropriate
Package: 0338-0049-03

vancomycin 1 g in D5W 200 mL IVPB (premix) (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Admin instructions: STANDARD Concentration. (For Peripheral or Central line use)
Package: 0338-3552-48

cefePIME (Maxipime) 1 g in sodium chloride 0.9 % 50 mL IVPB (Completed)

Electronically signed by: **Vrablik, Marie Clougherty, MD on 01/09/25 1101** Status: **Completed**
Ordering user: Vrablik, Marie Clougherty, MD 01/09/25 1101 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: STAT Once 01/09/25 1105 - 1 occurrence Class: Normal
Acknowledged: Hendricksen, Kayla, RN 01/09/25 1102 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	Skin/Soft Tissue Infection

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
cefePIME (Maxipime)	1 g	1 g
sodium chloride 0.9 %	50 mL	50 mL

Package: 60505-6146-0, 0338-0049-31

iohexol (Omnipaque) 350 MG/ML contrast 80 mL (Completed)

Electronically signed by: **Bailey, Cairo, RT on 01/09/25 1217** Status: **Completed**
Ordering user: Bailey, Cairo, RT 01/09/25 1217 Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Per protocol: no cosign required
PRN reasons: procedure
Frequency: Routine Once PRN 01/09/25 1217 - 1 occurrence Class: Normal
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1223 for Placing Order
Package: 0407-1414-91

heparin 25,000 units in D5W 250 mL (100 units/mL) infusion (premix) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Song, Chris, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1240 - 01/09/25 1806 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1237 for Placing Order Hendricksen, Kayla, RN 01/09/25 1435 for Modifying Order Sande, Nathan R, RN 01/09/25 1938 for D/C Order

Questionnaire

Question	Answer
Protocol intensity:	Regular (Anti-Xa goal = 0.3-0.7 units/mL)

Admin instructions: Anti-Xa Regular Intensity Protocol (Goal 0.3-0.7)
Starting dose: 18 units/kg/hr
(if heparin infusion recently held for procedure, and is being resumed:
contact provider for dosing guidance with consideration of previous dose)
To adjust dose, use Anti-Xa REGULAR Intensity (Goal 0.3-0.7) Protocol
Package: 0264-9587-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1806	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD
01/09/25 1235	Song, Chris, MD	Song, Chris, MD	Song, Chris, MD

heparin Bolus from pump 3,640 units (Completed)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Song, Chris, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1240 - 1 occurrence Class: Normal
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1237 for Placing Order
Admin instructions: Loading Bolus.
Max dose: 10,000 units.
Package: 9999-0006-25

aspirin EC tablet 81 mg (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1243** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1243 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1245 - 01/13/25 1132 Class: Normal
Discontinued by: Troyer, Camille, PharmD 01/13/25 1132
Acknowledged: Sanders, Emily Carylon, RN 01/09/25 1245 for Placing Order Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1203 for D/C Order
Admin instructions: Give with food.
Do not crush, chew, or split.
Package: 63739-522-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1132	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD
01/09/25 1806	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD
01/09/25 1243	Song, Chris, MD	Song, Chris, MD	Song, Chris, MD

ceFAZolin (Ancef) injection 2 g (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Pre-Op 01/09/25 1340 - 1 occurrence Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis, No Infection Suspected Now

Admin instructions: Reconstitute each 2g vial with 10 mL sterile water for injection.
Slow IV Push: Administer over 3 minutes.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

peripheral nerve clinician Bolus 2 mL (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Houston, Nicklaus, MD
Authorized by: Houston, Nicklaus, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: For uncontrolled pain overnight related to the initial surgical block wearing off.
Frequency: Routine PRN 01/09/25 1620 - 24 hours Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2247
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2249 for D/C Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	ropi 0.2%

Admin instructions: For peripheral nerve catheter infusion ONLY.
May repeat x 1, at least 1 hour apart.
Package: 9999-0014-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2247	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1620	Houston, Nicklaus, MD	Houston, Nicklaus, MD	Houston, Nicklaus, MD

ROPivacaine 0.2% 200 mL peripheral nerve infusion (premix) (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1651 - 01/18/25 1012 Class: Normal
Discontinued by: Smith, Grace, MD 01/18/25 1012
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/11/25 0834 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Mikulikova, Julia, RN 01/16/25 1135 for Modifying Order Mazariegos, Oscar, RN 01/17/25 0057 for Modifying Order Hwee, Carla, RN 01/18/25 1027 for D/C Order

Questionnaire

Question	Answer
Guidelines for antithrombotic therapy:	Low Risk PNC

Admin instructions: PERIPHERAL NERVE INFUSION
Concentration = 0.2% (2 mg/mL) For Peripheral nerve infusion.
Package: 43066-154-01
Status
Barbour, Mohammed Fadel, MBBS 01/11/25 0817 (Basal Rate: 8 mL/hr to 10 mL/hr)
Cutter, Erin Lyndsey, PharmD 01/16/25 1035 (Basal Rate: 10 mL/hr to 6 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/18/25 1012	Smith, Grace, MD	Smith, Grace, MD	Smith, Grace, MD
01/16/25 1035	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 0817	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS
01/09/25 1620	Houston, Nicklaus, MD	Houston, Nicklaus, MD	Houston, Nicklaus, MD

dextrose 50 % injection 25 mL (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

dextrose 50 % injection 50 mL (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

glucagon injection 0.5 mg (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

glucagon injection 1 mg (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 01/09/25 1625 - 01/13/25 1859 Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1859
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/13/25 1900 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

01/13/25 1859	McKinstry, Mia, MD	Smith, Matthew C, MD	Walks, Tristan H, RN
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

insulin REGULAR 100 units in NS 100 mL (1 unit/mL) infusion (pkg premix) (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1657 - 01/09/25 1954 Class: Normal
Discontinued by: Grabar, Christina, MD 01/09/25 1954
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2003 for D/C Order

Questionnaire

Question	Answer
Insulin Protocol:	Standard

Admin instructions: Patients with T1DM should never have the insulin infusion turned off for > 1 hour.
When transitioning off insulin infusion, administer a dose of subcutaneous basal insulin (if ordered), continue titrating infusion for 2 hrs, then discontinue infusion.

Insulin Infusion STANDARD Protocol - start at Algoirthm 1.
Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.
Package: 9999-0001-46

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/09/25 1626	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD	Czarnecki, Maciej, MD

atorvastatin (Lipitor) tablet 10 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1837 - 02/14/25 1127 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 60505-2578-9
Reordered from: atorvastatin 10 MG tablet

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

cholecalciferol (Vitamin D-3) tablet 2,000 units (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Daily 01/10/25 0900 - 02/14/25 1127 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Nacol, Lani Kusu, RN 01/15/25 1244 for Modifying Order Kaur, Rupinderjit, RN 01/21/25 1328 for Modifying Order Kaur, Rupinderjit, RN 01/21/25 1328 for Modifying Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 0904-5824-60
Status
Vu, Yaling, PharmD 01/09/25 1903 (Start: 01/09/25 1837 to 01/10/25 0900)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Reordered from: Cholecalciferol 1000 units Oral Tab

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/21/25 1300	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

cyanocobalamin (Vitamin B-12) tablet 500 mcg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Daily 01/10/25 0900 - 02/13/25 0745 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/13/25 0745
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Escalante, Steve, RN 02/13/25 0747 for D/C Order
Package: 0536-3551-01
Status
Vu, Yaling, PharmD 01/09/25 1904 (Start: 01/09/25 1837 to 01/10/25 0900)
Reordered from: Cyanocobalamin (VITAMIN B-12 OR)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/13/25 0745	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

timolol maleate (Timoptic) 0.5 % ophthalmic solution 1 drop (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine BID 01/09/25 2100 - 02/24/25 1141 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 17478-288-10
Reordered from: timolol maleate 0.5 % ophthalmic solution

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

heparin injection 5,000 units (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: McKinstry, Mia, MD
Authorized by: McKinstry, Mia, MD Ordering mode: Standard
Frequency: Routine q12h SCH 01/10/25 0900 - 02/16/25 0848 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Walks, Tristan H, RN 01/12/25 1112 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1127 for Modifying Order Santos, Frances Kate Kate, RN 01/14/25 1127 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Package: 63323-262-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1127	McKinstry, Mia, MD	McKinstry, Mia, MD	McKinstry, Mia, MD
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

HYDROmorphone (Dilaudid) injection 0.1-0.2 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine Q2 Hours PRN 01/09/25 1806 - 01/09/25 1807 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Schwarz, Samuel, MD 01/09/25 1807
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 1938 for D/C Order
Admin instructions: Use post-extubation if unable to tolerate PO or if there is a specific need for rapid onset

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 01/12/25 - 02/02/25 1229 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1229
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
PRN Comment: constipation
Frequency: Routine Daily PRN 01/12/25 - 02/24/25 1141 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Give if unable to tolerate PO meds and senna ineffective (or not ordered).
Package: 0574-7050-50

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

ondansetron (Zofran) injection 4 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/09/25 1806 - 01/31/25 1029 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order
Admin instructions: Give if unable to tolerate PO meds. If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 0641-6078-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

polyethylene glycol 3350 (Miralax) packet 17 g (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 01/09/25 1806 - 02/02/25 1229 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1229
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Dilute each 17g packet in 240 ml of fluid (water or juice).
Package: 69784-180-10

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

ondansetron (Zofran) tablet 4 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/09/25 1806 - 01/31/25 1029 Class: Normal
Released by: Schwarz, Samuel, MD 01/09/25 1806 Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order
Admin instructions: If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 51079-524-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

			RN
01/09/25 1805	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

oxyCODONE tablet 2.5 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1807** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1807 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 01/09/25 1807 - 01/09/25 2237 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2237
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2239 for D/C Order
Package: 0406-0552-62

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2237	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1807	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

acetaminophen (Tylenol) tablet 325-650 mg (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1807** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1807 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine q6h SCH 01/09/25 1838 - 01/09/25 2221 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2221
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2239 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-600-02

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 2221	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP
01/09/25 1807	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

dextrose 5 % and lactated ringers infusion (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1817** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1817 Ordering provider: Schwarz, Samuel, MD
Authorized by: Schwarz, Samuel, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1848 - 01/09/25 1954 Class: Normal
Discontinued by: Grabar, Christina, MD 01/09/25 1954
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order Sande, Nathan R, RN 01/09/25 2003 for D/C Order
Admin instructions: For insulin gtt
Package: 0338-0125-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/09/25 1817	Schwarz, Samuel, MD	Schwarz, Samuel, MD	Schwarz, Samuel, MD

fentaNYL PF 12.5-25 mcg (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q5 min PRN 01/09/25 1819 - Until Discontinued Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002
Admin instructions: If rapid onset needed in immediate post-op period. Then, transition to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 2 of 15) (continued)

other opioids if ordered below.
Not to exceed maximum of 200 mcg. Call anesthesia provider for RR < 10.

ondansetron (Zofran) injection 4 mg (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Czarnecki, Maciej, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q10 min PRN 01/09/25 1819 - Until Discontinued Class: Normal
Discontinued by: Order Context Provider, Automatic 01/11/25 0002
Admin instructions: Order preference: 2
Not to exceed maximum of 8 mg including intra-operative dose
If pt has received 4 mg in OR recommend alternative first-line treatment for breakthrough Post-Op N/V

atropine emergency syringe 1 mg (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1915** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/09/25 1915 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1946 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 1938 for Placing Order
Package: 76329-3340-1

insulin LISPRO injection 0-5 units (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine TID before meals 01/10/25 0800 - 01/11/25 1410 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1410
Acknowledged: Sande, Nathan R, RN 01/09/25 2003 for Placing Order Walks, Tristan H, RN 01/11/25 1424 for D/C Order
Admin instructions: DAYTIME **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
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.

For BG > 349, call PROVIDER and recheck BG in 1-2 hours
For BG > 500, send venous blood glucose STAT.

1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15)

Medications

insulin LISPRO injection 0-4 units (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine q HS 01/09/25 2100 - 01/11/25 1410 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1410
Acknowledged: Sande, Nathan R, RN 01/09/25 2003 for Placing Order Walks, Tristan H, RN 01/11/25 1424 for D/C Order
Admin instructions: BEDTIME **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 3 units
>349 = recheck blood sugar once now, then give 4 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
3. CHECK BG at 3AM if bedtime correction insulin dose given.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 1954	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

atropine emergency syringe 1 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2004** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2004 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: bradycardia
PRN Comment: HR <25
Frequency: Routine q15 min PRN 01/09/25 2004 - 01/24/25 1732 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1732
Acknowledged: Sande, Nathan R, RN 01/09/25 2035 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gawat, Maria C, RN 01/24/25 1736 for D/C Order
Package: 0409-4911-34

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/24/25 1732	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/09/25 2004	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **Gripshover, Bailey L, PA-C on 01/09/25 2134** Status: **Completed**
Ordering user: Gripshover, Bailey L, PA-C 01/09/25 2134 Ordering provider: Gripshover, Bailey L, PA-C
Authorized by: Gripshover, Bailey L, PA-C Ordering mode: Standard
Frequency: Routine Once 01/09/25 2205 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 2135 for Placing Order
Package: 0338-0117-04

DOPamine 400 mg in D5W 250 mL (1.6 mg/mL) infusion (premix) (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2143** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2143 Ordering provider: McKinstry, Mia, MD
Authorized by: McKinstry, Mia, MD Ordering mode: Standard
Frequency: STAT Continuous 01/09/25 2214 - 01/13/25 1852 Class: Normal
Discontinued by: Grabar, Christina, MD 01/13/25 1852
Acknowledged: Sande, Nathan R, RN 01/09/25 2143 for Placing Order Bertram, Olivia T, RN 01/10/25 2225 for Modifying Order Walks, Tristan H, RN 01/11/25 0834 for Modifying Order Walks, Tristan H, RN 01/11/25 1010 for Modifying Order Walks, Tristan H, RN 01/11/25 1037 for Modifying Order Walks, Tristan H, RN 01/12/25 1111 for Modifying Order Walks, Tristan H, RN 01/12/25 1154 for Modifying Order Walks, Tristan H, RN 01/12/25 1523 for Modifying Order Walks, Tristan H, RN 01/12/25 1647 for Modifying Order Salick, Dominic J, RN 01/12/25 2108 for Modifying Order Walks, Tristan H, RN 01/13/25 1414 for Modifying Order Walks, Tristan H, RN 01/13/25 1856 for D/C Order
Admin instructions: Do not titrate
STANDARD Concentration. Central line recommended.
Package: 0338-1007-02
Status
Grabar, Christina, MD 01/10/25 2202 (Admin Instructions edited)
Mahdi, Elaa, MD 01/11/25 0818 (Rate: 0-34.13 mL/hr to 11.94 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/11/25 0821 (Rate: 11.94 mL/hr to 10.24 mL/hr)
Mahdi, Elaa, MD 01/11/25 0950 (Rate: 10.24 mL/hr to 8.53 mL/hr)
Mahdi, Elaa, MD 01/11/25 1033 (Rate: 8.53 mL/hr to 0-8.53 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/12/25 1110 (Rate: 0-8.53 mL/hr to 5.12 mL/hr, Admin Instructions edited)
Mahdi, Elaa, MD 01/12/25 1140 (Rate: 5.12 mL/hr to 8.53 mL/hr)
Mahdi, Elaa, MD 01/12/25 1519 (Rate: 8.53 mL/hr to 6.83 mL/hr)
Mahdi, Elaa, MD 01/12/25 1639 (Rate: 6.83 mL/hr to 5.12 mL/hr)
Phan, Janet, MD 01/12/25 2106 (Rate: 5.12 mL/hr to 5.97 mL/hr)
McKinstry, Mia, MD 01/13/25 1409 (Rate: 5.97 mL/hr to 3.41 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1852	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD
01/13/25 1409	McKinstry, Mia, MD	McKinstry, Mia, MD	McKinstry, Mia, MD
01/12/25 2106	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD
01/11/25 0818	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/09/25 2143	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

acetaminophen (Tylenol) tablet 500 mg (Discontinued)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2221** Status: **Discontinued**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2221 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
Frequency: Routine q6h SCH 01/10/25 - 01/09/25 2246 Class: Normal
Discontinued by: Gicheru, Florence W, ARNP 01/09/25 2246
Acknowledged: Sande, Nathan R, RN 01/09/25 2239 for Placing Order Sande, Nathan R, RN 01/09/25 2249 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-412-02
Modified from: acetaminophen (Tylenol) tablet 325-650 mg

acetaminophen (Ofirmev) IVPB 500 mg (Completed)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2248** Status: **Completed**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2248 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
Frequency: Routine q6h 01/10/25 - 2 days Class: Normal
Acknowledged: Sande, Nathan R, RN 01/09/25 2249 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

form to most patients who are NPO.	
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
acetaminophen (Ofirmev)	500 mg	500 mg
empty bag	1 each	1 each

Admin instructions: Do NOT refrigerate.
Package: 36000-306-60, 9999-0004-53
Status
Vu, Yaling, PharmD 01/09/25 2253 (Start: 01/09/25 2318 to 01/10/25 0000, End: 01/11/25 2318 to 01/11/25 1900)

HYDROmorphone (Dilaudid) injection 0.1 mg (Discontinued)

Electronically signed by: **Gicheru, Florence W, ARNP on 01/09/25 2249** Status: **Discontinued**
Ordering user: Gicheru, Florence W, ARNP 01/09/25 2249 Ordering provider: Gicheru, Florence W, ARNP
Authorized by: Gicheru, Florence W, ARNP Ordering mode: Standard
PRN reasons: moderate pain severe pain breakthrough pain
PRN Comment: Hold for sedation
Frequency: Routine Q2 Hours PRN 01/09/25 2249 - 01/11/25 0937 Class: Normal
Discontinued by: Barbour, Mohammed Fadel, MBBS 01/11/25 0937
Acknowledged: Sande, Nathan R, RN 01/09/25 2255 for Placing Order Walks, Tristan H, RN 01/11/25 0939 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 0937	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS
01/09/25 2249	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP	Gicheru, Florence W, ARNP

lactated ringers IV Bolus 250 mL (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0008** Status: **Completed**
Ordering user: Grabar, Christina, MD 01/10/25 0008 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
Frequency: Routine Once 01/10/25 0039 - 1 occurrence Class: Normal
Acknowledged: Sande, Nathan R, RN 01/10/25 0009 for Placing Order
Package: 0338-0117-04

potassium chloride ER tablet 20 mEq (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
PRN Comment: For K 3.6-4 mEq/L
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: Recheck K in 2-4 hours.
If SCr > 2 or patient is receiving dialysis check with Provider.
For ICU Use Only.
Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 66758-190-13

Ordering & Authorizing Provider Audit Trail

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride ER tablet 40 mEq (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
PRN Comment: For K < 3.6 mEq/L
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: Recheck K in 2-4 hours.
If SCr > 2 or patient is receiving dialysis check with Provider.
For ICU Use Only.
Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 66758-190-13

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium phosphate-sodium phosphate (Phospha 250 Neutral) tablet 3 tablet (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For Phosphate < 3 mg/dL and K > 3.5 mEq/L
Check phosphate 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Dosing is on mg phosphorus component. Each tablet contains 250 mg of phosphorus, 298 mg of sodium (13 mEq) and 45 mg of potassium (1.1 mEq).
Give with food. Avoid concurrent iron preparations.
Package: 64980-104-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium & sodium phosphates (PHOS-NaK) packet 3 packet (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For phosphate < 3 mg/dL and K < 3.5 mEq/L
Check K and phosphate level 6 hrs after oral replacement administered.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Call provider for replacement if SCr > 2.
(PHOS-NaK or equivalent). Na = 7mEq (160mg), K = 7mEq (280mg), Phosphorus = 14mEq (250mg).
Mix in at least 75mL of liquid. Give with food. Avoid concurrent iron preparations.
Package: 60258-006-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium carbonate suspension 500 mg of ELEMENTAL calcium (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized Ca < 1 mmol/L
Check ionized Ca 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Shake well. Calcium carbonate 1,250 mg = 500 mg elemental calcium.
Package: 0121-4766-05

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium carbonate (Tums) chewable tablet 1,000 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized Ca < 1 mmol/L
Check ionized Ca 6 hrs after oral replacement administered.
Call provider for replacement if SCr > 2.
Calcium carbonate 500 mg = 200 mg elemental calcium. Avoid concurrent iron preparations.
Package: 66553-004-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium chloride	20 mEq	20 mEq
sodium chloride 0.9 %	100 mL	100 mL

Admin instructions: For K 3.6 - 4 mEq/L with unstable cardiac rhythms or unable to tolerate oral
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.
STANDARD Concentration. (For Peripheral or Central line use)
Package: 0409-6651-06, 0338-0049-38

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypokalemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For K < 3.6 mEq/L with unstable cardiac rhythms or unable to tolerate oral
Check K 1 hr after IV replacement infused. Call provider for replacement if SCr > 2.
STANDARD Concentration. (For Peripheral or Central line use)
Package: 9999-0001-41

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

calcium gluconate 2 g in 0.67% NaCl 100 mL IVPB (premix) (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypocalcemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For ionized calcium < 1 mmol/L
Recheck ionized Ca in 4 hours.
(2 grams = 9.3 mEq)
Package: 44567-621-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypomagnesemia
Frequency: Routine q6h PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order
Admin instructions: For Mg < 2 mg/dL, recheck Mg in 2-4 hours
If Scr > 2 or patient is receiving dialysis check with Provider.
(2 grams = 16 mEq)
Package: 0409-6729-24

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

sodium phosphate 40 mEq in sodium chloride 0.9 % 260 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine PRN 01/10/25 0255 - 01/22/25 1225 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1225 [Med list cleanup]
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
sodium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: For phosphate <2 mg/dL and K > or = 4.5 mEq/L
Check phosphate 1 hour after replacement infused.
If Scr > 2 or patient is receiving dialysis check with Provider.
STANDARD Concentration. (For Peripheral or Central line use). Do NOT infuse with Calcium.
Package: 63323-170-15, 9999-0030-88

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1225	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 0255** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 0255 Ordering provider: Grabar, Christina, MD
Authorized by: Grabar, Christina, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine PRN 01/10/25 0255 - 01/14/25 1220 Class: Normal
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Acknowledged: Kim, Saraphina S, RN 01/10/25 0256 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: For phosphate < 2 mg/dL and K < 4.5 mEq/L
Check K and phosphate 2-4 hours after replacement infused.
If Scr > 2 or patient is receiving dialysis check with Provider.
STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.
Package: 0409-7295-01, 0264-7800-20

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 0255	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

perflutren lipid microspheres (Definity) 1.3 mL in sodium chloride (PF) 0.9 % 8.7 mL injection (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
PRN reasons: other (see Admin. Inst.)
Frequency: Routine Once PRN 01/10/25 1300 - 1 occurrence Class: Normal
Discontinued by: Phan, Janet, MD 01/11/25 2004
Acknowledged: Thomas, Tamlyn P, RN 01/10/25 1353 for Placing Order Salick, Dominic J, RN 01/11/25 2006 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
perflutren lipid microspheres (Definity)	1.3 mL	1.3 mL
sodium chloride (PF) 0.9 %	8.7 mL	8.7 mL

Admin instructions: For micro bubble echo contrast for endocardiographic definition, if requested by sonographer.
Mix 1.3 mL activated solution with 8.7 mL sodium chloride 0.9%.
Give 1-2 mL with each administration as needed, up to 10 mL total.
Hold for sudden onset of severe backpain and notify Provider.
PHARMACY DO NOT SEND UNLESS REQUESTED
For endocardiografic definition. Vial must be activated then administered within 5 min or resuspended before administration. Once activated, product must be discarded within 12 hrs if not used
Medication comments: Pharmacy - DO NOT SEND unless requested.
Package: 11994-011-04, 0409-4888-02

thiamine mononitrate (Vitamin B-1) tablet 100 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1304** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1304 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: STAT Daily 01/10/25 1335 - 02/14/25 1127 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Thomas, Tamlyn P, RN 01/10/25 1353 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 50268-851-15

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/10/25 1304	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

lidocaine PF (Xylocaine-MPF) 1 % injection (Discontinued)

Electronically signed by: **Ayyoub, Alaa Samih, MD on 01/10/25 1328** Status: **Discontinued**
Mode: Ordering in Standard mode Communicated by: Jensen, Craig, Technologist
Ordering user: Jensen, Craig, Technologist 01/10/25 1312 Ordering provider: Ayyoub, Alaa Samih, MD
Authorized by: Ayyoub, Alaa Samih, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Frequency: Routine PRN 01/10/25 1312 - 01/10/25 1335
Discontinued by: Jensen, Craig, Technologist 01/10/25 1335 [Patient discharge]
Class: Normal
Package: 63323-492-57

lidocaine PF (Xylocaine-MPF) 1 % injection (Discontinued)

Electronically signed by: **Ayyoub, Alaa Samih, MD on 01/10/25 1710**
Status: **Discontinued**
Mode: Ordering in Standard mode
Ordering user: Bauer, Zoe Michelle, RN 01/10/25 1700
Authorized by: Ayyoub, Alaa Samih, MD
Frequency: Routine PRN 01/10/25 1654 - 01/10/25 1719
Discontinued by: Bauer, Zoe Michelle, RN 01/10/25 1719 [Patient discharge]
Communicated by: Bauer, Zoe Michelle, RN
Ordering provider: Ayyoub, Alaa Samih, MD
Ordering mode: Standard
Class: Normal
Package: 63323-492-27

melatonin tablet 3 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0037**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0037
Authorized by: Wilson, Julia, MD
PRN reasons: sleep
Frequency: Routine q HS PRN 01/11/25 0037 - 02/16/25 1212
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Bertram, Olivia T, RN 01/11/25 0038 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Package: 50268-524-15
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 0037	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0037**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0037
Authorized by: Grabar, Christina, MD
PRN reasons: agitation delirium
Frequency: Routine q HS PRN 01/11/25 0037 - 01/11/25 1040
Discontinued by: Mahdi, Elaa, MD 01/11/25 1040
Acknowledged: Bertram, Olivia T, RN 01/11/25 0038 for Placing Order Walks, Tristan H, RN 01/11/25 1042 for D/C Order
Package: 9999-0000-11
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/11/25 1040	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/11/25 0037	Grabar, Christina, MD	Grabar, Christina, MD	Grabar, Christina, MD

lactated ringers infusion (Expired)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0239**
Status: **Expired**
Ordering user: Grabar, Christina, MD 01/11/25 0239
Authorized by: Grabar, Christina, MD
Frequency: Routine Continuous 01/11/25 0310 - 4 hours
Acknowledged: Bertram, Olivia T, RN 01/11/25 0248 for Placing Order Bertram, Olivia T, RN 01/11/25 0300 for Modifying Order
Package: 0338-0117-04
Status
Grabar, Christina, MD 01/11/25 0251 (End: Until discontinued to 01/11/25 0700)
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard
Class: Normal

hyaluronidase human (Hylenex) injection 150-300 units (Completed)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559**
Status: **Completed**
Ordering user: Grabar, Christina, MD 01/11/25 0559
Authorized by: Grabar, Christina, MD
Ordering provider: Grabar, Christina, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Frequency: Routine Once 01/11/25 0630 - 1 occurrence Class: Normal
Acknowledged: Bertram, Olivia T, RN 01/11/25 0643 for Placing Order
Admin instructions: Use 5-10 injections of 0.1-0.2 mL each subcutaneous around site of infiltration.
Package: 18657-117-01

peripheral nerve clinician Bolus 4 mL (Completed)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/11/25 0817** Status: **Completed**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/11/25 0817 Ordering provider: Barbour, Mohammed Fadel, MBBS
Authorized by: Barbour, Mohammed Fadel, MBBS Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 01/11/25 0848 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/11/25 0834 for Placing Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	Ropivicaine 0.2% PNC

Package: 9999-0014-11

lactated ringers infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 0818** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 0818 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 0849 - 4 hours Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1042
Acknowledged: Walks, Tristan H, RN 01/11/25 0834 for Placing Order Walks, Tristan H, RN 01/11/25 1042 for D/C Order
Package: 0338-0117-04
Status
Walks, Tristan H, RN 01/11/25 0836 (End: 01/11/25 1248 to 01/11/25 1042)
Reordered from: lactated ringers infusion

HYDROmorphone (Dilaudid) injection 0.05 mg (Discontinued)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/11/25 0937** Status: **Discontinued**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/11/25 0937 Ordering provider: Barbour, Mohammed Fadel, MBBS
Authorized by: Barbour, Mohammed Fadel, MBBS Ordering mode: Per protocol: no cosign required
PRN reasons: severe pain breakthrough pain
PRN Comment: Hold for sedation
Frequency: Routine Q2 Hours PRN 01/11/25 0936 - 01/12/25 0924 Class: Normal
Discontinued by: Barbour, Mohammed Fadel, MBBS 01/12/25 0924
Acknowledged: Walks, Tristan H, RN 01/11/25 0939 for Placing Order Walks, Tristan H, RN 01/12/25 0941 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.1 mg

isoproterenol 1 mg in dextrose 5 % 250 mL (0.004 mg/mL) infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1033** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1033 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 1104 - 01/11/25 1425 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1425
Acknowledged: Walks, Tristan H, RN 01/11/25 1037 for Placing Order Walks, Tristan H, RN 01/11/25 1528 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
isoproterenol	0.004 mg/mL	1 mg
dextrose 5 %	250 mL	250 mL

Admin instructions: Titrate to keep HR > 60
Starting dose: 0.01 mcg/kg/min
Titration: 0.005 mcg/kg/min every 5 min
If patient transferred from another area/level of care, the RN may continue at the prior dose.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

STANDARD Concentration. (For Peripheral or Central line use)
Package: 14789-015-05, 0264-7510-20

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1040** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1040 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2100 - 01/11/25 1052 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1052
Acknowledged: Walks, Tristan H, RN 01/11/25 1042 for Placing Order Walks, Tristan H, RN 01/11/25 1110 for D/C Order
Package: 9999-0000-11

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1043** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1043 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q8h SCH 01/11/25 1400 - 01/11/25 1043 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/11/25 1043
Acknowledged: Walks, Tristan H, RN 01/11/25 1043 for Placing Order Walks, Tristan H, RN 01/11/25 1110 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1043** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1043 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q8h SCH 01/11/25 2200 - 01/17/25 0029 Class: Normal
Discontinued by: Christy, Connor W, PharmD 01/17/25 0029
Acknowledged: Walks, Tristan H, RN 01/11/25 1110 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Mazariegos, Oscar, RN 01/17/25 0047 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-458-11
Status
Gibb, Kerina, PharmD 01/11/25 1047 (Start: 01/11/25 1830 to 01/11/25 2200)
Modified from: acetaminophen (Tylenol) tablet 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 0029	Rosiene, Joel, MD	Rosiene, Joel, MD	Christy, Connor W, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1043	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1052** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1052 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2000 - 01/12/25 0430 Class: Normal
Discontinued by: Phan, Janet, MD 01/12/25 0430
Acknowledged: Walks, Tristan H, RN 01/11/25 1110 for Placing Order Salick, Dominic J, RN 01/12/25 0434 for D/C Order
Package: 9999-0000-11
Modified from: QUEtiapine (SEROquel) split tablet 12.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD
01/11/25 1052	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

lactated ringers IV Bolus 500 mL (Completed)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1344** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/11/25 1344 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/11/25 1415 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/11/25 1347 for Placing Order
Package: 0338-0117-04

insulin LISPRO injection 0-8 units (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine TID before meals 01/11/25 1600 - 01/26/25 0845 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0845
Acknowledged: Walks, Tristan H, RN 01/11/25 1424 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Smith, Meagan Q, RN 01/26/25 0901 for D/C Order
Admin instructions: DAYTIME **MED** Dose CORRECTION Insulin
Blood sugar = Dose
< 151 = DO NOT GIVE CORRECTIONAL INSULIN
151-199 = 2 units
200-249 = 3 units
250-299 = 5 units
300-349 = 7 units
>349 = recheck blood sugar once now, then give 8 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG before scheduled mealtime. Even if patient is NPO or not eating, GIVE correction insulin IF indicated by correction scale.
2. If POC BG was obtained POST FOOD INTAKE, hold correction insulin dose. If POST FOOD INTAKE BG is GREATER than or equal to 300 mg/dL, call provider for instructions.
3. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/26/25 0845	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

insulin LISPRO injection 0-7 units (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q HS 01/11/25 2100 - 01/26/25 0845 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0845
Acknowledged: Walks, Tristan H, RN 01/11/25 1424 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Smith, Meagan Q, RN 01/26/25 0901 for D/C Order
Admin instructions: BEDTIME **MED** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 5 units
>349 = recheck blood sugar once now, then give 7 units.

For BG > 349, call Provider and recheck BG in 1-2 hours.
For BG > 500, send venous blood glucose STAT.

1. Check BG. Even if patient is NPO or not eating, GIVE correction insulin

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 3 of 15) (continued)

IF indicated by correction scale.
2. If BG is LESS than or equal to 90mg/dL, offer patient juice or a small snack if appropriate. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol.
3. CHECK BG at 3AM if bedtime correction insulin dose given.
Package: 0002-7510-17

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/26/25 0845	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1410	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % infusion (Discontinued)

Electronically signed by: **Walks, Tristan H, RN on 01/11/25 1659** Status: **Discontinued**
Ordering user: Walks, Tristan H, RN 01/11/25 1659 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Continuous 01/11/25 0700 - 01/23/25 1553 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 1553
Acknowledged: Walks, Tristan H, RN 01/11/25 1659 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Kit, Ellen, RN 01/23/25 1624 for D/C Order
Package: 0338-0049-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 1553	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/11/25 1659	Mahdi, Elaa, MD	Smith, Matthew C, MD	Walks, Tristan H, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15)

Medications

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 0501 - 01/12/25 0709 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 0709
Acknowledged: Salick, Dominic J, RN 01/12/25 0434 for Placing Order Salick, Dominic J, RN 01/12/25 0733 for D/C Order
Admin instructions: Starting dose: 0.5 mcg/kg/hr
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Call Provider if pt needs > 1.5 mcg/kg/hr.
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.2 mcg/kg/hr or less: turn off infusion.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.
Package: 0338-9557-12

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 0709	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

QUEtiapine (SEROquel) tablet 25 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine q HS 01/12/25 2000 - 01/12/25 1045 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1045
Acknowledged: Salick, Dominic J, RN 01/12/25 0434 for Placing Order Walks, Tristan H, RN 01/12/25 1049 for D/C Order
Package: 16714-452-01
Modified from: QUEtiapine (SEROquel) split tablet 12.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 1045	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0430	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

QUEtiapine (SEROquel) split tablet 12.5 mg (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0436** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0436 Ordering provider: Phan, Janet, MD
Authorized by: Phan, Janet, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 0507 - 1 occurrence Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1217
Acknowledged: Salick, Dominic J, RN 01/12/25 0615 for Placing Order Walks, Tristan H, RN 01/12/25 1221 for D/C Order
Package: 9999-0000-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/12/25 1217	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD
01/12/25 0436	Phan, Janet, MD	Phan, Janet, MD	Phan, Janet, MD

lactated ringers IV Bolus 500 mL (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0742** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 0742 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 0813 - 1 occurrence Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Acknowledged: Walks, Tristan H, RN 01/12/25 0749 for Placing Order
Package: 0338-0117-04

dexmedeTOMIDine (Precedex) 400 mcg in NS 100 mL (4 mcg/mL) infusion (premix) (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 0848 - 01/12/25 1110 Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1110
Acknowledged: Walks, Tristan H, RN 01/12/25 0845 for Placing Order Walks, Tristan H, RN 01/12/25 1111 for D/C Order
Admin instructions: Starting dose: 0.5 mcg/kg/hr
Titration: Increase dose by 0.1 mcg/kg/hr every 30 minutes
Call Provider if pt needs > 1.5 mcg/kg/hr.
Once pt stable at target RASS (or more deeply sedated) for 2 hours, start decreasing dose.
- If dose 0.2 mcg/kg/hr or less: turn off infusion.
- If dose 0.3-0.4 mcg/kg/hr, decrease dose by half for 30 min. If still at target RASS (or more deeply sedated) then turn off infusion.
- If dose > 0.4 mcg/kg/hr, decrease dose by half every 30 min x 2. If still at target RASS (or more deeply sedated) , then turn off infusion.
Package: 0338-9557-12

peripheral nerve clinician Bolus 4 mL (Discontinued)

Electronically signed by: **Barbour, Mohammed Fadel, MBBS on 01/12/25 0924** Status: **Discontinued**
Ordering user: Barbour, Mohammed Fadel, MBBS 01/12/25 0924 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q4h PRN 01/12/25 0923 - 01/22/25 1224 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1224
Acknowledged: Walks, Tristan H, RN 01/12/25 0941 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order

Questionnaire

Question	Answer
Clinician Bolus Drug Name	Ropivicaine 0.2%

Package: 9999-0014-11

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1224	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/12/25 0924	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS	Barbour, Mohammed Fadel, MBBS

guanFACINE (Tenex) tablet 1 mg (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1045** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1045 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine BID 01/12/25 2000 - 01/17/25 1137 Class: Normal
Discontinued by: Segerson, Karen Elaine, MD 01/17/25 1137
Acknowledged: Walks, Tristan H, RN 01/12/25 1049 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Nacol, Lani Kusu, RN 01/15/25 1256 for Modifying Order Mikulikova, Julia, RN 01/17/25 1147 for D/C Order
Package: 53746-711-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 1137	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

01/12/25 1045	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

lactated ringers infusion (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1051** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1051 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Continuous 01/12/25 1122 - 01/23/25 1553 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 1553
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Kit, Ellen, RN 01/23/25 1624 for D/C Order
Package: 0338-0117-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 1553	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/12/25 1051	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % IV Bolus 250 mL (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1109** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1109 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1140 - 1 occurrence Class: Normal
Discontinued by: Mahdi, Elaa, MD 01/12/25 1109
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Walks, Tristan H, RN 01/12/25 1111 for D/C Order

lactated ringers IV Bolus 250 mL (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1109** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1109 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1140 - 1 occurrence Class: Normal
Discontinued by: Troyer, Camille, PharmD 01/13/25 1133
Acknowledged: Walks, Tristan H, RN 01/12/25 1111 for Placing Order Walks, Tristan H, RN 01/13/25 1203 for D/C Order
Package: 0338-0117-04

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/13/25 1133	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD
01/12/25 1109	Mahdi, Elaa, MD	Mahdi, Elaa, MD	Mahdi, Elaa, MD

sodium chloride 0.9 % IV Bolus 250 mL (Completed)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1206** Status: **Completed**
Ordering user: Mahdi, Elaa, MD 01/12/25 1206 Ordering provider: Mahdi, Elaa, MD
Authorized by: Mahdi, Elaa, MD Ordering mode: Standard
Frequency: Routine Once 01/12/25 1237 - 1 occurrence Class: Normal
Acknowledged: Walks, Tristan H, RN 01/12/25 1207 for Placing Order
Package: 0338-0049-03

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222 Ordering provider: Kondamudi, Nitin, MD
Authorized by: Kondamudi, Nitin, MD Ordering mode: Standard
Frequency: Routine Pre-Op 01/12/25 1253 - 1 occurrence Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ceFAZolin (Ancef)	1 g	1 g
sodium chloride 0.9 %	500 mL	500 mL

Admin instructions: For wound irrigation (in bag). Send to EP Lab.
For irrigation only (bag)

ceFAZolin (Ancef) 2 g in Iso-Osmotic (dextrose 4%) 100 mL IVPB (premix) (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Authorized by: Kondamudi, Nitin, MD
Frequency: Routine Pre-Op 01/12/25 1253 - 1 occurrence
Ordering provider: Kondamudi, Nitin, MD
Ordering mode: Standard
Class: Normal
Discontinued by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Suspected Source of Infection	Prophylaxis

Admin instructions: Send to EP Lab.

nalbuphine (Nubain) injection 5 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/13/25 1006** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/13/25 1006
Authorized by: Cutter, Erin Lyndsey, PharmD
PRN reasons: severe pain
Frequency: Routine q4h PRN 01/13/25 1000 - 01/14/25 0943
Discontinued by: Cutter, Erin Lyndsey, PharmD 01/14/25 0943
Ordering provider: Cutter, Erin Lyndsey, PharmD
Ordering mode: Per protocol: no cosign required
Class: Normal
Acknowledged: Walks, Tristan H, RN 01/13/25 1203 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 0943 for D/C Order
Package: 0409-1467-61

aspirin chewable tablet 81 mg (Discontinued)

Electronically signed by: **Troyer, Camille, PharmD on 01/13/25 1132** Status: **Discontinued**
Ordering user: Troyer, Camille, PharmD 01/13/25 1132
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1132 - 02/16/25 0848
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Ordering provider: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Class: Normal
Acknowledged: Walks, Tristan H, RN 01/13/25 1203 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Give with food.
Package: 66553-002-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/13/25 1132	McKinstry, Mia, MD	McKinstry, Mia, MD	Troyer, Camille, PharmD

lidocaine 2 % injection (Discontinued)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/15/25 1822** Status: **Discontinued**
Mode: Ordering in Standard mode
Ordering user: Singsaas, Julie M, RN 01/13/25 1626
Authorized by: Akoum, Nazem Walid, MD
Frequency: Routine PRN 01/13/25 1619 - 01/13/25 1709
Discontinued by: Singsaas, Julie M, RN 01/13/25 1709 [Patient discharge]
Communicated by: Singsaas, Julie M, RN
Ordering provider: Akoum, Nazem Walid, MD
Ordering mode: Standard
Class: Normal
Package: 0409-4277-01

ceFAZolin (Ancef) 1 g in sodium chloride 0.9 % 500 mL irrigation (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Electronically signed by: **Akoum, Nazem Walid, MD on 01/15/25 1822** Status: **Discontinued**
Mode: Ordering in Standard mode
Communicated by: Singsaas, Julie M, RN
Ordering user: Singsaas, Julie M, RN 01/13/25 1645
Ordering provider: Akoum, Nazem Walid, MD
Authorized by: Akoum, Nazem Walid, MD
Ordering mode: Standard
Frequency: Routine PRN 01/13/25 1645 - 01/13/25 1709
Class: Normal
Discontinued by: Singsaas, Julie M, RN 01/13/25 1709 [Patient discharge]

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
ceFAZolin (Ancef)	1 g	1 g
sodium chloride 0.9 %	500 mL	500 mL

Package: 0143-9262-01, 0338-0049-03

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/14/25 0943** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/14/25 0943
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
PRN reasons: severe pain
Frequency: Routine q6h PRN 01/14/25 0943 - 01/14/25 1722
Class: Normal
Discontinued by: Hu, Xinwen, MD 01/14/25 1722
Acknowledged: Santos, Frances Kate Kate, RN 01/14/25 0943 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1220 for Placing Order Santos, Frances Kate Kate, RN 01/14/25 1722 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/14/25 1722	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD
01/14/25 1220	Wilson, Julia, MD	Wilson, Julia, MD	Santos, Frances Kate Kate, RN
01/14/25 0943	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Hu, Xinwen, MD on 01/14/25 1722** Status: **Discontinued**
Ordering user: Hu, Xinwen, MD 01/14/25 1722
Ordering provider: Hu, Xinwen, MD
Authorized by: Hu, Xinwen, MD
Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q8h PRN 01/14/25 1722 - 01/17/25 1013
Class: Normal
Discontinued by: Cutter, Erin Lyndsey, PharmD 01/17/25 1013
Acknowledged: Santos, Frances Kate Kate, RN 01/14/25 1722 for Placing Order Mikulikova, Julia, RN 01/17/25 1014 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD
01/14/25 1722	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD

thiamine (Vitamin B-1) 500 mg in sodium chloride 0.9 % 105 mL IVPB (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD
Ordering mode: Standard
Frequency: Routine TID 01/15/25 1400 - 3 days
Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
thiamine (Vitamin B-1)	500 mg	500 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

sodium chloride 0.9 %	100 mL	100 mL

Package: 63323-013-01, 0338-0049-38

PRENATAL multivitamin w/folic acid 1 mg tablet (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Daily 01/15/25 1305 - 02/14/25 1127 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/14/25 1127
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Gill, Loveleen S, RN 02/14/25 1140 for D/C Order
Package: 44946-1045-1

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/14/25 1127	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/15/25 1234	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

ascorbic acid (Vitamin C) tablet 500 mg (Expired)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Expired**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine BID 01/15/25 1305 - 14 days Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Package: 0904-0523-61

zinc sulfate capsule 220 mg (Expired)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Expired**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Daily 01/15/25 1305 - 14 days Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Admin instructions: Give with food.
Zinc sulfate 220 mg = Elemental Zinc 50 mg
Package: 77333-983-25

potassium & sodium phosphates (PHOS-NaK) packet 1 packet (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
PRN reasons: hypophosphatemia
Frequency: Routine q6h PRN 01/15/25 1232 - 01/22/25 1225 Class: Normal
Discontinued by: Vu, Yaling, PharmD 01/22/25 1225 [Med list cleanup]
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order
Admin instructions: (PHOS-NaK or equivalent). Na = 7mEq (160mg), K = 7mEq (280mg),
Phosphorus = 14mEq (250mg).
Mix in at least 75mL of liquid. Give with food. Avoid concurrent iron
preparations.
Package: 60258-006-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/22/25 1225	Vu, Yaling, PharmD	Holmberg, Mackenzie Howard, MD	Vu, Yaling, PharmD
01/15/25 1234	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Completed**
Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Frequency: Routine Once 01/15/25 1305 - 1 occurrence Class: Normal
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

lidocaine-prilocaine (EMLA) 2.5-2.5 % topical cream 1 application (Discontinued)

Electronically signed by: **Vo, Quang D, RN on 01/15/25 1244** Status: **Discontinued**
Ordering user: Vo, Quang D, RN 01/15/25 1244 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
PRN reasons: venipuncture
Frequency: Routine Once PRN 01/15/25 1243 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Nacol, Lani Kusu, RN 01/15/25 1244 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply to intact skin 1 hour prior to IV or venipuncture site.
Package: 0168-0357-56

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
01/15/25 1244	Segerson, Karen Elaine, MD	Pillai, Sunita, MD	Vo, Quang D, RN

pill crusher ADS Override Pull (Completed)

Electronically signed by: **Howey, Alice J, RN on 01/15/25 1828** Status: **Completed**
Ordering user: Howey, Alice J, RN 01/15/25 1828 Ordering mode: Standard
Frequency: 01/15/25 1828 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 79573-00916

calcium gluconate 1 g in 0.67% NaCl 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/16/25 0751** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/16/25 0751 Ordering provider: Segerson, Karen Elaine, MD
Authorized by: Segerson, Karen Elaine, MD Ordering mode: Standard
Frequency: Routine Once 01/16/25 0822 - 1 occurrence Class: Normal
Discontinued by: Segerson, Karen Elaine, MD 01/16/25 0752
Acknowledged: Mikulikova, Julia, RN 01/16/25 0752 for Placing Order Mikulikova, Julia, RN 01/16/25 0754 for D/C Order
Admin instructions: (1 gram = 4.65 mEq)
Package: 44567-620-24

acetaminophen (Tylenol) liquid 650 mg (Discontinued)

Electronically signed by: **Christy, Connor W, PharmD on 01/17/25 0029** Status: **Discontinued**
Ordering user: Christy, Connor W, PharmD 01/17/25 0029 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine q8h SCH 01/17/25 0100 - 01/29/25 1829 Class: Normal
Discontinued by: Tokuhisa, Makoto, PharmD 01/29/25 1829
Acknowledged: Mazariegos, Oscar, RN 01/17/25 0047 for Placing Order Bustamante Campusano, Diana, RN 01/29/25 1858 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: .
Package: 81033-002-30
Modified from: acetaminophen (Tylenol) tablet 650 mg

acetaminophen (Ofirmev) IVPB 650 mg (Completed)

Electronically signed by: **Fritel, Laura, ARNP on 01/17/25 0056** Status: **Completed**
Ordering user: Fritel, Laura, ARNP 01/17/25 0056 Ordering provider: Fritel, Laura, ARNP
Authorized by: Fritel, Laura, ARNP Ordering mode: Standard
Frequency: Routine Once 01/17/25 0127 - 1 occurrence Class: Normal
Acknowledged: Mazariegos, Oscar, RN 01/17/25 0057 for Placing Order

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Question	Answer
How does patient meet IV acetaminophen usage criteria?	Pt on surg. pathway approved by P&T and has NOT had 2 doses of IV acetaminophen in the perioperative period

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
acetaminophen (Ofirmev)	650 mg	650 mg
empty bag	1 each	1 each

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41, 9999-0004-53

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/17/25 1013** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/17/25 1013 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Per protocol: no cosign required
Frequency: Routine q7 days SCH 01/17/25 1044 - 01/23/25 2138 Class: Normal
Discontinued by: Alumbaugh, Allison Andreea, MD 01/23/25 2138
Acknowledged: Mikulikova, Julia, RN 01/17/25 1014 for Placing Order Tesfasilassie, Roma T, RN 01/23/25 2317 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 0093-3656-21

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/23/25 2138	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Cutter, Erin Lyndsey, PharmD on 01/17/25 1013** Status: **Discontinued**
Ordering user: Cutter, Erin Lyndsey, PharmD 01/17/25 1013 Ordering provider: Cutter, Erin Lyndsey, PharmD
Authorized by: Cutter, Erin Lyndsey, PharmD Ordering mode: Per protocol: no cosign required
PRN reasons: itching
Frequency: Routine q8h PRN 01/17/25 1005 - 01/18/25 1107 Class: Normal
Discontinued by: Hu, Xinwen, MD 01/18/25 1107
Acknowledged: Mikulikova, Julia, RN 01/17/25 1014 for Placing Order Hwee, Carla, RN 01/18/25 1109 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/18/25 1107	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD
01/17/25 1013	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD	Cutter, Erin Lyndsey, PharmD

omeprazole (PriLOSEC) DR capsule 20 mg (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/17/25 1137** Status: **Discontinued**
Ordering user: Segerson, Karen Elaine, MD 01/17/25 1137 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Daily empty stomach 01/18/25 0600 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Mikulikova, Julia, RN 01/17/25 1147 for Placing Order Kit, Ellen, RN 02/07/25 1232 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Do not crush, chew, or split.
Package: 63739-358-10

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/17/25 1137	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD	Segerson, Karen Elaine, MD

lidocaine 4 % per patch 1 patch (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/17/25 2116** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/17/25 2116 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
Frequency: Routine q24h 01/17/25 2200 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Sirichana, Geraldine N, RN 01/17/25 2122 for Placing Order
Admin instructions: Apply to leg at site of pain. Remove after 12 hours (max 12 hrs per 24 hrs)
Package: 0536-1202-15
Status
Masket, Jac, PharmD 01/17/25 2121 (Start: 01/17/25 2147 to 01/17/25 2200)

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Hu, Xinwen, MD on 01/18/25 1107** Status: **Discontinued**
Ordering user: Hu, Xinwen, MD 01/18/25 1107 Ordering provider: Hu, Xinwen, MD
Authorized by: Hu, Xinwen, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine q8h PRN 01/18/25 1107 - 01/19/25 1253 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/19/25 1253
Acknowledged: Hwee, Carla, RN 01/18/25 1109 for Placing Order Gordon, Carrie, RN 01/19/25 1256 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/19/25 1253	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD
01/18/25 1107	Hu, Xinwen, MD	Hu, Xinwen, MD	Hu, Xinwen, MD

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 0629** Status: **Completed**
Ordering user: Rosiene, Joel, MD 01/19/25 0629 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 0700 - 1 occurrence Class: Normal
Acknowledged: Limyukok, Mysha, RN 01/19/25 0641 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 0823** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 0823 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 0854 - 1 occurrence Class: Normal
Acknowledged: Gordon, Carrie, RN 01/19/25 0842 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1218** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1218 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/19/25 1249 - 1 occurrence Class: Normal
Acknowledged: Gordon, Carrie, RN 01/19/25 1218 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 4 of 15) (continued)

Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

HYDROmorphone (Dilaudid) injection 0.2 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1241** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1241 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
PRN reasons: breakthrough pain
Frequency: Routine q6h PRN 01/19/25 1241 - 01/28/25 1150 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/28/25 1150
Acknowledged: Gordon, Carrie, RN 01/19/25 1244 for Placing Order Gawat, Maria C, RN 01/28/25 1201 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Reordered from: HYDROmorphone (Dilaudid) injection 0.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/28/25 1150	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/19/25 1241	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1253** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1253 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q PM 01/19/25 1700 - 01/20/25 0904 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/20/25 0904
Acknowledged: Gordon, Carrie, RN 01/19/25 1256 for Placing Order Kim, Christine Yuhyun, RN 01/20/25 0905 for D/C Order
Package: 0409-1467-61

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15)

Medications

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/19/25 1253** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/19/25 1253 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine BID PRN 01/19/25 1253 - 01/26/25 0928 Class: Normal
Discontinued by: Chi, Frank, MD 01/26/25 0928
Acknowledged: Gordon, Carrie, RN 01/19/25 1256 for Placing Order Hollingsworth, Louise C, RN 01/25/25 1821 for Modifying Order Smith, Meagan Q, RN 01/26/25 0939 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Status
Chi, Frank, MD 01/25/25 1809 (Admin Instructions edited)
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/25/25 1809	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/19/25 1253	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 2332** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/19/25 2332 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain fever
Frequency: Routine q6h PRN 01/19/25 2332 - 02/01/25 1336 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/01/25 1336
Acknowledged: Lyons, Julio Cesar Salazar, RN 01/19/25 2351 for Placing Order Johnson, Marita F, RN 02/01/25 1340 for D/C Order
Package: 45802-730-30

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/19/25 2332	Rosiene, Joel, MD	Rosiene, Joel, MD	Rosiene, Joel, MD

HYDROmorphone (Dilaudid) injection 0.2 mg (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0754** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0754 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/20/25 0825 - 1 occurrence Class: Normal
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0757 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0822** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0822 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q24h 01/20/25 0400 - 01/22/25 1219 Class: Normal
Discontinued by: Holmberg, Mackenzie Howard, MD 01/22/25 1219
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0836 for Placing Order Jeanneret, Amber Marie, RN 01/22/25 1241 for D/C Order
Package: 0409-1467-61

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0823** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0823 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Frequency: Routine Once 01/20/25 0854 - 1 occurrence Class: Normal
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0836 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

nalbuphine (Nubain) injection 5 mg (Discontinued)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/20/25 0904** Status: **Discontinued**
Ordering user: Holmberg, Mackenzie Howard, MD 01/20/25 0904 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine q24h 01/20/25 1900 - 01/24/25 1841 Class: Normal
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1841
Acknowledged: Kim, Christine Yuhyun, RN 01/20/25 0905 for Placing Order Gawat, Maria C, RN 01/24/25 1842 for D/C Order
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/24/25 1841	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD
01/20/25 0904	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD	Holmberg, Mackenzie Howard, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Holmberg, Mackenzie Howard, MD on 01/22/25 0755** Status: **Completed**
Ordering user: Holmberg, Mackenzie Howard, MD 01/22/25 0755 Ordering provider: Holmberg, Mackenzie Howard, MD
Authorized by: Holmberg, Mackenzie Howard, MD Ordering mode: Standard
Frequency: Routine Once 01/22/25 0826 - 1 occurrence Class: Normal
Acknowledged: Jeanneret, Amber Marie, RN 01/22/25 0821 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 83634-500-41

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Completed)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/23/25 1758** Status: **Completed**
Ordering user: Shepherd, Amanda Kay, MD 01/23/25 1758 Ordering provider: Shepherd, Amanda Kay, MD
Authorized by: Shepherd, Amanda Kay, MD Ordering mode: Standard
Frequency: Routine Once 01/23/25 1829 - 1 occurrence Class: Normal
Acknowledged: Kit, Ellen, RN 01/23/25 1910 for Placing Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 01/23/25 2138** Status: **Discontinued**
Ordering user: Alumbaugh, Allison Andreea, MD 01/23/25 2138 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Alumbaugh, Allison Andreea, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 01/23/25 2209 - 02/10/25 1932 Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/10/25 1932
Acknowledged: Tesfasilassie, Roma T, RN 01/23/25 2317 for Placing Order Jallow, Yusupha, RN 02/10/25 2016 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of
the chest. Wait a minimum of 21 days before reapplying to the same skin
site.
Package: 0093-3656-21
Modified from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/10/25 1932	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD
01/23/25 2138	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD

nalbuphine (Nubain) injection 2.6 mg (Discontinued)

Electronically signed by: **Shepherd, Amanda Kay, MD on 01/24/25 1841** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Ordering user: Shepherd, Amanda Kay, MD 01/24/25 1841
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine q24h 01/24/25 1912 - 01/30/25 1033
Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/30/25 1033
Acknowledged: Gawat, Maria C, RN 01/24/25 1842 for Placing Order Hollingsworth, Louise C, RN 01/25/25 1821 for Modifying Order Liu, Kayla W, RN 01/30/25 1037 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Status
Chi, Frank, MD 01/25/25 1809 (Admin Instructions edited)
Modified from: nalbuphine (Nubain) injection 5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/30/25 1033	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/25/25 1809	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD
01/24/25 1841	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD	Shepherd, Amanda Kay, MD

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Wilson, Julia, MD on 01/25/25 0336**
Status: **Completed**
Ordering user: Wilson, Julia, MD 01/25/25 0336
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 0407 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 01/25/25 0343 for Placing Order
Package: 0338-0049-04

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Chi, Frank, MD on 01/25/25 1126**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/25/25 1126
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 1156 - 1 occurrence
Class: Normal
Acknowledged: Hollingsworth, Louise C, RN 01/25/25 1151 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

lactated ringers IV Bolus 1,000 mL (Completed)

Electronically signed by: **Chi, Frank, MD on 01/25/25 1201**
Status: **Completed**
Ordering user: Chi, Frank, MD 01/25/25 1201
Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD
Ordering mode: Standard
Frequency: Routine Once 01/25/25 1232 - 1 occurrence
Class: Normal
Acknowledged: Hollingsworth, Louise C, RN 01/25/25 1205 for Placing Order
Package: 0338-0117-04

nalbuphine (Nubain) injection 1.2 mg (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Electronically signed by: **Chi, Frank, MD on 01/26/25 0928** Status: **Discontinued**
Ordering user: Chi, Frank, MD 01/26/25 0928 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine BID PRN 01/26/25 0927 - 01/29/25 1706 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/29/25 1706
Acknowledged: Smith, Meagan Q, RN 01/26/25 0939 for Placing Order Bustamante Campusano, Diana, RN 01/29/25 1710 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 2.6 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/29/25 1706	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO
01/26/25 0928	Chi, Frank, MD	Chi, Frank, MD	Chi, Frank, MD

lactated ringers IV Bolus 1,000 mL (Completed)

Electronically signed by: **Chi, Frank, MD on 01/26/25 0933** Status: **Completed**
Ordering user: Chi, Frank, MD 01/26/25 0933 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Once 01/26/25 1004 - 1 occurrence Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/26/25 0939 for Placing Order
Package: 0338-0117-04
Reordered from: lactated ringers IV Bolus 1,000 mL

dextrose 5% and sodium chloride 0.45% infusion (Expired)

Electronically signed by: **Chi, Frank, MD on 01/26/25 1639** Status: **Expired**
Ordering user: Chi, Frank, MD 01/26/25 1639 Ordering provider: Chi, Frank, MD
Authorized by: Chi, Frank, MD Ordering mode: Standard
Frequency: Routine Continuous 01/26/25 1710 - 13 hours Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/26/25 1741 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Admin instructions: Please just give 1L of fluid total with this order
Medication comments: Please just give 1L of fluids (over 12.5 hours)
Package: 0338-0085-04
Status
Dickinson, Zoe E, RN 01/26/25 1953 (End: 01/27/25 0609 to 01/27/25 0851)

dextrose 5% and sodium chloride 0.45% infusion (Expired)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0843** Status: **Expired**
Ordering user: Zafar, Zaeema, DO 01/27/25 0843 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Continuous 01/27/25 0914 - 13 hours Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/27/25 0912 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Admin instructions: Please just give 1L of fluid total with this order
Medication comments: Please just give 1L of fluids (over 12.5 hours)
Package: 0338-0085-04
Status
Wylie, Ariana, Nursing Student 01/27/25 0938 (End: 01/27/25 2213 to 01/27/25 2237)
Reordered from: dextrose 5% and sodium chloride 0.45% infusion

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0843** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/27/25 0843 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/27/25 0914 - 1 occurrence Class: Normal
Acknowledged: Smith, Meagan Q, RN 01/27/25 0912 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02

guanFACINE (Tenex) tablet 1.5 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1048** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1048 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine q HS 01/27/25 2100 - 01/27/25 1051 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/27/25 1051
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for D/C Order Smith, Meagan Q, RN 01/27/25 1118 for Placing Order

guanFACINE (Tenex) tablet 1.5 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1051** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1051 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine BID 01/27/25 1122 - 01/27/25 1052 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/27/25 1052
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for Placing Order Smith, Meagan Q, RN 01/27/25 1118 for D/C Order
Modified from: guanFACINE (Tenex) tablet 1.5 mg

guanFACINE (Tenex) tablet 1 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 1052** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 1052 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine BID 01/27/25 1122 - 02/02/25 1228 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/02/25 1228
Acknowledged: Smith, Meagan Q, RN 01/27/25 1118 for Placing Order Smith, Meagan Q, RN 01/27/25 1232 for Modifying Order
Gelgla, Letera D, RN 02/02/25 1231 for D/C Order
Admin instructions: Hold for SBP <90
Package: 53746-711-01
Status
Zafar, Zaeema, DO 01/27/25 1213 (Admin Instructions edited)
Modified from: guanFACINE (Tenex) tablet 1.5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/02/25 1228	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/27/25 1052	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO

pill crusher ADS Override Pull (Completed)

Electronically signed by: **Wylie, Ariana, Nursing Student on 01/27/25 1244** Status: **Completed**
Ordering user: Wylie, Ariana, Nursing Student 01/27/25 1244 Ordering mode: Standard
Frequency: 01/27/25 1244 - 1 occurrence
Admin instructions: Created by cabinet override
Medication comments: Created by cabinet override
Package: 79573-00916

nalbuphine (Nubain) injection 1.2 mg (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/29/25 1706** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/29/25 1706 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
PRN reasons: itching moderate pain severe pain
Frequency: Routine Daily PRN 01/29/25 1706 - 01/30/25 1033 Class: Normal
Discontinued by: Zafar, Zaeema, DO 01/30/25 1033

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Acknowledged: Bustamante Campusano, Diana, RN 01/29/25 1710 for Placing Order Liu, Kayla W, RN 01/30/25 1037 for D/C Order
Admin instructions: Please administer over 2-3 minutes
Package: 0409-1467-61
Modified from: nalbuphine (Nubain) injection 1.2 mg

acetaminophen (Tylenol) tablet 650 mg (Discontinued)

Electronically signed by: **Tokuhisa, Makoto, PharmD on 01/29/25 1829** Status: **Discontinued**
Ordering user: Tokuhisa, Makoto, PharmD 01/29/25 1829 Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine q8h SCH 01/29/25 1900 - 02/01/25 1336 Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 02/01/25 1336
Acknowledged: Bustamante Campusano, Diana, RN 01/29/25 1858 for Placing Order Johnson, Marita F, RN 02/01/25 1340 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: ..
Package: 50580-458-11
Status
Tokuhisa, Makoto, PharmD 01/29/25 1829 (Start: 01/30/25 0100 to 01/30/25 1700)
Tokuhisa, Makoto, PharmD 01/29/25 1850 (Start: 01/30/25 1700 to 01/29/25 1900)
Modified from: acetaminophen (Tylenol) liquid 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/29/25 1829	Rosiene, Joel, MD	Rosiene, Joel, MD	Tokuhisa, Makoto, PharmD

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Completed**
Ordering user: Zafar, Zaeema, DO 01/30/25 1932 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/30/25 2003 - 1 occurrence Class: Normal
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order
Admin instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
STANDARD Concentration. (For Peripheral or Central line use)
Package: 63323-965-20, 0338-0049-02

potassium chloride 20 mEq in sodium chloride 0.9 % 110 mL IVPB (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/30/25 1932 Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO Ordering mode: Standard
Frequency: Routine Once 01/31/25 0002 - 1 occurrence Class: Normal
Discontinued by: Sokol-Hessner, Lauge, MD 01/31/25 1029
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order Gelgla, Letera D, RN 01/31/25 1033 for D/C Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium chloride	20 mEq	20 mEq
sodium chloride 0.9 %	100 mL	100 mL

Admin instructions: Total Dose = 60 mEq (40 mEq bag + 20 mEq bag run sequentially)
STANDARD Concentration. (For Peripheral or Central line use)
Package: 63323-965-10, 0264-1800-32

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD
01/30/25 1932	Zafar, Zaeema, DO	Zafar, Zaeema, DO	Zafar, Zaeema, DO

magnesium sulfate 4 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Zafar, Zaeema, DO on 01/30/25 1932** Status: **Completed**

Other Orders (group 5 of 15) (continued)

Ordering user: Zafar, Zaeema, DO 01/30/25 1932
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Once 01/30/25 2003 - 1 occurrence
Class: Normal
Acknowledged: Mikulikova, Julia, RN 01/30/25 1937 for Placing Order
Admin instructions: (4 grams = 32 mEq)
Package: 0338-1719-40

ondansetron (Zofran) tablet 4-8 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1029**
Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1029
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 01/31/25 1028 - 02/16/25 1213
Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1213
Acknowledged: Gelgla, Letera D, RN 01/31/25 1033 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Admin instructions: If ineffective in 30 min use metoclopramide or prochlorperazine in addition (if ordered).
Package: 51079-524-20
Modified from: ondansetron (Zofran) tablet 4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1213	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
01/31/25 1029	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 01/31/25 1029**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 01/31/25 1029
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Once 01/31/25 1100 - 1 occurrence
Class: Normal
Acknowledged: Gelgla, Letera D, RN 01/31/25 1033 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 0929**
Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 0929
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine BID 02/01/25 0959 - 2 occurrences
Class: Normal
Acknowledged: Walsh, Julia McKeon, RN 02/01/25 0937 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

acetaminophen (Tylenol) tablet 1,000 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 1336**
Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 1336
Ordering provider: Chen, Tiffany Chia-An, MD
Authorized by: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Frequency: Routine q8h 02/01/25 1600 - 02/08/25 2050
Class: Normal
Discontinued by: Naidoo, Neha, MD 02/08/25 2050
Acknowledged: Johnson, Marita F, RN 02/01/25 1340 for Placing Order Clark, Rachael E, RN 02/03/25 1733 for Modifying Order Avila, Nicole C, RN 02/04/25 1323 for Modifying Order Avila, Nicole C, RN 02/04/25 1323 for Modifying Order Stanikzy, Ameenjohn A, RN 02/08/25 2148 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Medication comments: ..
Package: 50580-412-02
Status
Reiter, Lauren A, PharmD 02/01/25 1338 (Start: 02/01/25 1407 to 02/01/25 1600)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Modified from: acetaminophen (Tylenol) tablet 650 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/08/25 2050	Naidoo, Neha, MD	Naidoo, Neha, MD	Naidoo, Neha, MD
02/04/25 1321	Chen, Tiffany Chia-An, MD	Chen, Tiffany Chia-An, MD	Chen, Tiffany Chia-An, MD
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

acetaminophen (Tylenol) tablet 500 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/01/25 1336** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/01/25 1336 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine Daily PRN 02/01/25 1335 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Johnson, Marita F, RN 02/01/25 1340 for Placing Order Clark, Rachael E, RN 02/03/25 1733 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Drammeh, Saihou, RN 02/15/25 1022 for Modifying Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: For mild pain if used alone or moderate to severe pain if used as part of a multimodal regimen.
Package: 50580-412-02

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/01/25 1336	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

guanFACINE (Tenex) tablet 0.5 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1228** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1228 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine BID 02/02/25 2100 - 02/05/25 1512 Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1512
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Wu, Lesly, RN 02/05/25 1611 for D/C Order
Admin instructions: Hold for SBP <90
Package: 53746-711-01
Modified from: guanFACINE (Tenex) tablet 1 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/05/25 1512	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD
02/02/25 1228	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

polyethylene glycol 3350 (Miralax) packet 17 g (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1229** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1229 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Daily 02/02/25 1300 - 02/16/25 1212 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Dilute each 17g packet in 240 ml of fluid (water or juice).
Package: 69784-180-10
Modified from: polyethylene glycol 3350 (Miralax) packet 17 g

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1229** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1229 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine BID 02/02/25 1300 - 02/09/25 2027 Class: Normal
Discontinued by: Alumbaugh, Allison Andreea, MD 02/09/25 2027
Acknowledged: Gelgla, Letera D, RN 02/02/25 1231 for Placing Order Stanikzy, Ameenjohn A, RN 02/09/25 2100 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80
Modified from: senna (Senokot) tablet 17.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/09/25 2027	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
02/02/25 1229	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

potassium chloride ER tablet 40 mEq (Completed)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/02/25 1335** Status: **Completed**
Ordering user: Sokol-Hessner, Lauge, MD 02/02/25 1335 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
Frequency: Routine Once 02/02/25 1406 - 1 occurrence Class: Normal
Acknowledged: Gelgla, Letera D, RN 02/02/25 1341 for Placing Order
Admin instructions: Do NOT chew or crush. May be divided in half. May disperse in 4 ounces of water. Contact pharmacy to switch to KCl powder packet if needed for patients with feeding tubes.
Package: 0245-5319-89

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1732** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1732 Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q4h PRN 02/03/25 1732 - 02/23/25 0738 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0738
Acknowledged: Clark, Rachael E, RN 02/03/25 1733 for Placing Order Porter, Allen, RN 02/23/25 0741 for D/C Order
Package: 45802-730-30

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/23/25 0738	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/03/25 1732	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD	Sokol-Hessner, Lauge, MD

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1056** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1056 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/05/25 1127 - 1 occurrence Class: Normal
Discontinued by: Hunt, Susan Elizabeth, MD 02/05/25 1056
Acknowledged: Wu, Lesly, RN 02/05/25 1059 for D/C Order Wu, Lesly, RN 02/05/25 1059 for Placing Order
Admin instructions: (2 grams = 16 mEq)

magnesium oxide (Mag-Ox) tablet 800 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/05/25 1056** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/05/25 1056 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/05/25 1127 - 1 occurrence Class: Normal
Acknowledged: Wu, Lesly, RN 02/05/25 1059 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 5 of 15) (continued)

Admin instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.
Package: 64980-339-90

magnesium oxide (Mag-Ox) tablet 800 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/06/25 0841** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/06/25 0841 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/06/25 0912 - 1 occurrence Class: Normal
Acknowledged: Wu, Lesly, RN 02/06/25 0844 for Placing Order
Admin instructions: Avoid concurrent iron preparations. Magnesium oxide 400 mg = approximately 240 mg of elemental magnesium.
Package: 64980-339-90
Reordered from: magnesium oxide (Mag-Ox) tablet 800 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15)

Medications

nalbuphine (Nubain) injection 2.6 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1131** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1131 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/07/25 1202 - 1 occurrence Class: Normal
Acknowledged: Kit, Ellen, RN 02/07/25 1232 for Placing Order
Package: 0409-1467-61

pantoprazole (Protonix) injection 40 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1131** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1131 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Daily 02/07/25 1202 - 02/15/25 1019 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/15/25 1019
Acknowledged: Kit, Ellen, RN 02/07/25 1232 for Placing Order Drammeh, Saihou, RN 02/15/25 1022 for D/C Order
Admin instructions: Reconstitute each vial with 10mL of 0.9% sodium chloride injection.
Concentration=4mg/mL.
Administer IV over a period of at least 2 minutes.
Package: 0008-0941-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/15/25 1019	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/07/25 1131	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

nalbuphine (Nubain) injection 2.6 mg (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/07/25 1235** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/07/25 1235 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/07/25 1235 - 2 days Class: Normal
Acknowledged: Kit, Ellen, RN 02/07/25 1301 for Placing Order Sano, Naomi, RN 02/09/25 1048 for Modifying Order
Package: 0409-1467-61
Reordered from: nalbuphine (Nubain) injection 2.6 mg

albumin human 5 % IV solution 12.5 g (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/08/25 1011 - 1 occurrence Class: Normal
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order
Admin instructions: Infuse over 5-10 mL/min (may be given faster in urgent situations)
Package: 0944-0495-06

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: STAT q24h 02/08/25 1011 - 3 occurrences Class: Normal
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order

Questionnaire

Question	Answer
Suspected Source of Infection	GU Infection

Package: 0338-5002-41

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/08/25 0940** Status: **Completed**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Ordering user: Hunt, Susan Elizabeth, MD 02/08/25 0940
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/08/25 1011 - 1 occurrence
Acknowledged: Hwee, Carla, RN 02/08/25 0951 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Naidoo, Neha, MD on 02/08/25 2032**
Status: **Completed**
Ordering user: Naidoo, Neha, MD 02/08/25 2032
Authorized by: Naidoo, Neha, MD
Frequency: Routine q8h 02/08/25 2103 - 24 hours
Acknowledged: Stanikzy, Ameenjohn A, RN 02/08/25 2148 for Placing Order
Ordering provider: Naidoo, Neha, MD
Ordering mode: Standard
Class: Normal

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41

sodium chloride 0.9 % IV Bolus 500 mL (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1048**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1048
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine Once 02/09/25 1119 - 1 occurrence
Acknowledged: Sano, Naomi, RN 02/09/25 1148 for Placing Order
Package: 0338-0049-04
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

guanFACINE (Tenex) tablet 0.5 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1129**
Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1129
Authorized by: Hunt, Susan Elizabeth, MD
Frequency: Routine BID 02/09/25 1200 - 02/16/25 0848
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sano, Naomi, RN 02/09/25 1149 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 53746-711-01
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/09/25 1129	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

nalbuphine (Nubain) injection 2.6 mg (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/09/25 1458**
Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/09/25 1458
Authorized by: Hunt, Susan Elizabeth, MD
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/09/25 1458 - 4 occurrences
Acknowledged: Sano, Naomi, RN 02/09/25 1502 for Placing Order
Ordering provider: Hunt, Susan Elizabeth, MD
Ordering mode: Standard
Class: Normal

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Package: 0409-1467-61
Reordered from: nalbuphine (Nubain) injection 2.6 mg

senna (Senokot) tablet 17.2 mg (Discontinued)

Electronically signed by: **Alumbaugh, Allison Andreea, MD on 02/09/25 2027** Status: **Discontinued**
Ordering user: Alumbaugh, Allison Andreea, MD 02/09/25 2027 Ordering provider: Alumbaugh, Allison Andreea, MD
Authorized by: Alumbaugh, Allison Andreea, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 02/09/25 2028 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Stanikzy, Ameenjohn A, RN 02/09/25 2100 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Admin instructions: Give if no BM x 24 hrs.
Package: 0904-6434-80
Modified from: senna (Senokot) tablet 17.2 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/09/25 2027	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD

dextrose 5 % and sodium chloride 0.9 % with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL (Completed)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1931** Status: **Completed**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1931 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Once 02/10/25 2002 - 1 occurrence Class: Normal
Acknowledged: Jallow, Yusupha, RN 02/10/25 2016 for Placing Order

Questionnaire

Question	Answer
FLUID CRITICALLY LOW - Does your patient require the ordered fluid?	Yes

Package: 0338-0803-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/10/25 1932** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/10/25 1932 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 02/10/25 2003 - 02/24/25 1146 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1146 [Discontinued by provider]
Acknowledged: Jallow, Yusupha, RN 02/10/25 2016 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Medication comments: Replace as patch fell off.
Package: 0093-3656-21
Modified from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1146	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/10/25 1932	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix) (Completed)

Electronically signed by: **Rink, David Edward, MD on 02/10/25 2331** Status: **Completed**
Ordering user: Rink, David Edward, MD 02/10/25 2331 Ordering provider: Rink, David Edward, MD
Authorized by: Rink, David Edward, MD Ordering mode: Standard
Frequency: Routine Once 02/11/25 0100 - 1 occurrence Class: Normal
Acknowledged: Nguyen, Deanna, RN 02/10/25 2337 for Placing Order

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Questionnaire

Question	Answer
Suspected Source of Infection	GU Infection

Package: 0338-5002-41
Reordered from: cefTRIAXone (Rocephin) 1 g in Iso-Osmotic (dextrose 3.8%) 50 mL IVPB (premix)

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Expired)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 0823** Status: **Expired**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 0823 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine Continuous 02/11/25 0853 - 10 hours Class: Normal
Acknowledged: Bennett, Theodore, RN 02/11/25 0906 for Placing Order
Package: 0338-0671-04
Status
Bennett, Theodore, RN 02/11/25 0912 (End: 02/11/25 1852 to 02/11/25 1909)

saliva substitute (Biotene Dry Mouth) oral rinse 15 mL (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 0906** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 0906 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
Frequency: Routine TID 02/11/25 1400 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Bennett, Theodore, RN 02/11/25 0923 for Placing Order
Package: 48582-80220

ondansetron (Zofran) injection 4 mg (Discontinued)

Electronically signed by: **Hunt, Susan Elizabeth, MD on 02/11/25 1048** Status: **Discontinued**
Ordering user: Hunt, Susan Elizabeth, MD 02/11/25 1048 Ordering provider: Hunt, Susan Elizabeth, MD
Authorized by: Hunt, Susan Elizabeth, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 02/11/25 1048 - 02/16/25 1212 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 1212
Acknowledged: Bennett, Theodore, RN 02/11/25 1150 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 1231 for D/C Order
Package: 0641-6078-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 1212	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/11/25 1048	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD	Hunt, Susan Elizabeth, MD

dextrose 5 % infusion (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/12/25 1612** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/12/25 1612 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Continuous 02/12/25 1643 - 02/19/25 1231 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1231
Acknowledged: Jeanneret, Amber Marie, RN 02/12/25 1637 for Placing Order Gindi, Jeanna A, RN 02/12/25 2107 for Modifying Order Gindi, Jeanna A, RN 02/12/25 2129 for Modifying Order Escalante, Steve, RN 02/13/25 1225 for Modifying Order Fajarillo, Irene M, RN 02/19/25 1300 for D/C Order
Package: 0338-0017-38
Status
Pillai, Sunita, MD 02/12/25 1850 (Rate: 75 mL/hr to 50 mL/hr)
Alumbaugh, Allison Andreea, MD 02/12/25 2120 (Rate: 50 mL/hr to 100 mL/hr)
Pillai, Sunita, MD 02/13/25 1223 (Rate: 100 mL/hr to 50 mL/hr)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/19/25 1231	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/13/25 1223	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

02/12/25 2120	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD	Alumbaugh, Allison Andreea, MD
02/12/25 1612	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L IV volume repletion (premix) 1,000 mL (Completed)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 0830** Status: **Completed**
Ordering user: Pillai, Sunita, MD 02/14/25 0830 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/14/25 0901 - 1 occurrence Class: Normal
Acknowledged: Gill, Loveleen S, RN 02/14/25 0901 for Placing Order
Package: 0990-7902-09

OLANZapine (ZyPREXA Zydis) disintegrating tablet 2.5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 1936** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/14/25 1936 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine q HS 02/14/25 2100 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Bustamante Campusano, Diana, RN 02/14/25 2008 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 0002-4453-85

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Expired)

Electronically signed by: **Pillai, Sunita, MD on 02/14/25 2121** Status: **Expired**
Ordering user: Pillai, Sunita, MD 02/14/25 2121 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Continuous 02/14/25 2152 - 24 hours Class: Normal
Acknowledged: Bustamante Campusano, Diana, RN 02/14/25 2132 for Placing Order
Package: 0990-7902-09
Status
Bustamante Campusano, Diana, RN 02/14/25 2136 (End: 02/15/25 2151 to 02/15/25 2135)

ipratropium-albuterol (Duoneb) 0.5-2.5 (3) MG/3ML nebulizer solution 3 mL (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0603** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0603 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN reasons: shortness of breath/wheezing
Frequency: Routine q4h PRN 02/16/25 0602 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: (Albuterol base 2.5mg-ipratropium 0.5mg/3mL inhalation soln). Store in original foil pouch. Protect from light.
Package: 0487-0201-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 0603	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

sodium chloride 3 % nebulizer solution 4 mL (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0603** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0603 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN Comment: secretion management
Frequency: Routine q4h PRN 02/16/25 0603 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 50190-142-63

Ordering & Authorizing Provider Audit Trail

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 0603	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

guaiFENesin (Robitussin) tablet 400 mg (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0608** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0608 Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD Ordering mode: Standard
PRN reasons: cough
Frequency: Routine q4h PRN 02/16/25 0608 - 02/16/25 0848 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/16/25 0848
Acknowledged: Sauder, Jessica, RN 02/16/25 0611 for Placing Order Ndiaye, Djenaba L, RN 02/16/25 0856 for D/C Order
Package: 0904-5154-60

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/16/25 0848	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD
02/16/25 0608	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD

ondansetron (Zofran ODT) disintegrating tablet 4-8 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/16/25 1213** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/16/25 1213 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: nausea/vomiting
Frequency: Routine q8h PRN 02/16/25 1213 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Ndiaye, Djenaba L, RN 02/16/25 1231 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Package: 65862-390-10

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/16/25 1213	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0833** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0833 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Once 02/17/25 0904 - 1 occurrence Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 0840
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0833 for Placing Order Bounthong, Vanh K, RN 02/17/25 0852 for D/C Order
Package: 66689-032-50

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0840** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0840 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine Q2 Hours PRN 02/17/25 0840 - 02/17/25 0842 Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 0842
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0852 for Placing Order Bounthong, Vanh K, RN 02/17/25 0852 for D/C Order
Package: 66689-032-50
Modified from: morphine solution 1 mg

morphine solution 1 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0842** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Ordering user: Pillai, Sunita, MD 02/17/25 0842
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: STAT Q2 Hours PRN 02/17/25 0842 - 02/17/25 1054
Class: Normal
Discontinued by: Pillai, Sunita, MD 02/17/25 1054
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0852 for Placing Order Bounthong, Vanh K, RN 02/17/25 1056 for D/C Order
Package: 0121-0904-05
Modified from: morphine solution 1 mg

morphine suppository 5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 0920**
Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 0920
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q6h PRN 02/17/25 1500 - 02/21/25 1239
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Bounthong, Vanh K, RN 02/17/25 0920 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Package: 0574-7110-12
Status
Woo, Emily Emiko, PharmD 02/17/25 1054 (Start: 02/17/25 0920 to 02/17/25 1500)

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/17/25 0920	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/17/25 1946**
Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/17/25 1946
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
PRN reasons: severe pain
Frequency: Routine q6h PRN 02/17/25 1946 - 02/21/25 1239
Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Gawat, Maria C, RN 02/17/25 1958 for Placing Order Porter, Allen, RN 02/18/25 1655 for Modifying Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/17/25 1946	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

LORazepam injection 0.25 mg (Completed)

Electronically signed by: **Bhandari, Shiv, MD on 02/18/25 0051**
Status: **Completed**
Ordering user: Bhandari, Shiv, MD 02/18/25 0051
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Once 02/18/25 0122 - 1 occurrence
Class: Normal
Released by: Bhandari, Shiv, MD 02/18/25 0051
Acknowledged: Gawat, Maria C, RN 02/18/25 0052 for Placing Order
Package: 0641-6044-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 0051	Bhandari, Shiv, MD	Bhandari, Shiv, MD	Bhandari, Shiv, MD
02/18/25 0046	Pillai, Sunita, MD	Pillai, Sunita, MD	Mironchuk, Olesya, Medical Student

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1228** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1228 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
PRN reasons: anxiety
Frequency: Routine q8h PRN 02/18/25 1227 - 02/21/25 1239 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239
Acknowledged: Porter, Allen, RN 02/18/25 1233 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1240 for D/C Order
Package: 0641-6001-01
Reordered from: LORazepam injection 0.25 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/21/25 1239	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD
02/18/25 1228	Pillai, Sunita, MD	Pillai, Sunita, MD	Pillai, Sunita, MD

phenol (Chloraseptic) mouth/throat spray 1 spray (Discontinued)

Electronically signed by: **Porter, Allen, RN on 02/18/25 1358** Status: **Discontinued**
Ordering user: Porter, Allen, RN 02/18/25 1358 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
PRN reasons: sore throat
Frequency: Routine Q2 Hours PRN 02/18/25 1357 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/18/25 1402 for Placing Order
Package: 0904-6305-21

lidocaine (Glydo) 2 % jelly 2-5 mL (Completed)

Electronically signed by: **Barker, Codie L, RN on 02/18/25 1452** Status: **Completed**
Ordering user: Barker, Codie L, RN 02/18/25 1452 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 02/18/25 1522 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/18/25 1511 for Placing Order
Admin instructions: For NG tube placement
Package: 25021-673-77

thiamine mononitrate (Vitamin B-1) tablet 100 mg (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519 Ordering provider: Barnhart, Shelley Lea, RD
Frequency: Routine Daily 02/18/25 1550 - 5 occurrences Class: Normal
Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519 Discontinued by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

lidocaine (Glydo) 2 % jelly 2-5 mL (Completed)

Electronically signed by: **Fajarillo, Irene M, RN on 02/19/25 0908** Status: **Completed**
Ordering user: Fajarillo, Irene M, RN 02/19/25 0908 Ordering provider: Pillai, Sunita, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Per protocol: no cosign required
Frequency: Routine Once 02/19/25 0939 - 1 occurrence Class: Normal
Acknowledged: Fajarillo, Irene M, RN 02/19/25 0909 for Placing Order
Admin instructions: For NG tube placement
Package: 25021-673-77

LORazepam injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/19/25 1459** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/19/25 1459 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 6 of 15) (continued)

Frequency: Routine Once PRN 02/19/25 1459 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0829
Acknowledged: Bustamante Campusano, Diana, RN 02/19/25 1652 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 0831 for D/C Order
Package: 0409-6778-02

LORazepam injection 0.5 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0829** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0829 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: For anxiety/agitation prior to NGT placement 2/20
Frequency: Routine Once PRN 02/20/25 0824 - 1 occurrence Class: Normal
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0831 for Placing Order
Package: 0409-6778-02

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0903** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0903 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q HS 02/20/25 2100 - 02/20/25 0913 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0913
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0906 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 0929 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 0548-5602-00

enoxaparin (Lovenox) injection 30 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 0913** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 0913 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q HS 02/20/25 2100 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 0929 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-559-21
Modified from: enoxaparin (Lovenox) injection 40 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15)

Medications

LORazepam injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1035** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1035 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: For anxiety and agitation if inadequate response to the initial dose for procedure
Frequency: Routine Once PRN 02/20/25 1035 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1250
Acknowledged: Kangleon, Judith Esther J, RN 02/20/25 1039 for Placing Order Kangleon, Judith Esther J, RN 02/20/25 1255 for D/C Order
Package: 0409-6778-02

potassium chloride 40 meq in NS 270 mL IVPB (pkg premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/20/25 1803** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/20/25 2100 - 1 occurrence Class: Normal
Released by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1803 Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/20/25 1916
Acknowledged: Gindi, Jeanna A, RN 02/20/25 1948 for Placing Order Gindi, Jeanna A, RN 02/20/25 1948 for D/C Order
Admin instructions: STANDARD Concentration. (For Peripheral or Central line use)
Package: 9999-0001-41

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 0925** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 0925 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Continuous 02/21/25 0956 - 24 hours Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739
Acknowledged: Moffett, Laura, RN 02/21/25 0938 for Placing Order Porter, Allen, RN 02/22/25 0803 for Modifying Order Porter, Allen, RN 02/23/25 1225 for Modifying Order Porter, Allen, RN 02/23/25 1743 for D/C Order
Package: 0338-0671-04
Status
Moffett, Laura, RN 02/21/25 0944 (End: 02/22/25 0955 to 02/22/25 0943)
Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802 (End: 02/22/25 0943 to 02/23/25 1739)
Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1220 (Rate: 100 mL/hr to 75 mL/hr)

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1239** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/21/25 1238 - 02/21/25 1606 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1240 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1613 for D/C Order
Package: 0409-6778-02

morphine PF injection 0.5-1 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1239** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1239 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1238 - 02/21/25 1530 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1530
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1240 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1531 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1890-03

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1530** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1530 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1530 - 02/21/25 1614 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1531 for Placing Order Walsh, Julia McKeon, RN 02/21/25 1616 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1606** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/21/25 1605 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1613 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Package: 0641-6001-01
Modified from: LORazepam injection 0.25 mg

LORazepam injection 0.25 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1606** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1606 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: IF no IV access
Frequency: Routine q6h PRN 02/21/25 1605 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1613 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: Subcutaneous
Package: 0641-6001-01

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1614** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1610 - 02/23/25 1409 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1616 for Placing Order Porter, Allen, RN 02/23/25 1421 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

HYDROmorphone (Dilaudid) injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1614** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1614 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/21/25 1610 - 02/23/25 1409 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1616 for Placing Order Porter, Allen, RN 02/23/25 1421 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31

white petrolatum (Vaseline) topical gel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/21/25 1728** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dryness
Frequency: Routine TID PRN 02/21/25 1728 - 02/24/25 1141 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Walsh, Julia McKeon, RN 02/21/25 1735 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Apply to L AKA dry areas.
Package: 0521-2311-00

acetaminophen (Ofirmev) IV 1,000 mg (Discontinued)

Electronically signed by: **Abe, Ryan Michaela Crenshaw, MD on 02/22/25 0536** Status: **Discontinued**
Ordering user: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0536 Ordering provider: Abe, Ryan Michaela Crenshaw, MD
Authorized by: Abe, Ryan Michaela Crenshaw, MD Ordering mode: Standard
Frequency: Routine Once 02/22/25 0607 - 1 occurrence Class: Normal
Released by: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0536 Discontinued by: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0605
Acknowledged: Gindi, Jeanna A, RN 02/22/25 0618 for Placing Order Gindi, Jeanna A, RN 02/22/25 0618 for D/C Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 43825-102-01

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/22/25 0536	Abe, Ryan Michaela Crenshaw, MD	Abe, Ryan Michaela Crenshaw, MD	Abe, Ryan Michaela Crenshaw, MD
02/22/25 0533	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Mironchuk, Olesya, Medical Student

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Abe, Ryan Michaela Crenshaw, MD on 02/22/25 0605** Status: **Completed**
Ordering user: Abe, Ryan Michaela Crenshaw, MD 02/22/25 0605 Ordering provider: Abe, Ryan Michaela Crenshaw, MD
Authorized by: Abe, Ryan Michaela Crenshaw, MD Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine Once PRN 02/22/25 0605 - 1 occurrence Class: Normal
Acknowledged: Gindi, Jeanna A, RN 02/22/25 0618 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 63323-434-41
Modified from: acetaminophen (Ofirmev) IV 1,000 mg

dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 0802** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Continuous 02/22/25 0833 - 24 hours Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802
Acknowledged: Porter, Allen, RN 02/22/25 0803 for D/C Order Porter, Allen, RN 02/22/25 0803 for Placing Order
Reordered from: dextrose 5% and sodium chloride 0.45% with KCl 20 mEq/L infusion (premix)

dextrose 50 % injection 25 mL (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

dextrose 50 % injection 50 mL (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal

Other Orders (group 7 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Package: 0409-4902-34

glucagon injection 0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG 55-70 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

glucagon injection 1 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: low blood sugar
Frequency: Routine PRN 02/22/25 1032 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: For BG < 55 mg/dL, per Hypoglycemia Protocol (see reference link for details)
Reconstitute with 1mL of Sterile Water for Injection.
Package: 63323-596-11

insulin LISPRO injection 0-5 units (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine q6h SCH 02/22/25 1200 - 02/24/25 0827 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order Porter, Allen, RN 02/24/25 0829 for D/C Order
Admin instructions: Q6 HOUR **LOW** Dose CORRECTION Insulin
Blood sugar = Dose
< 200 = DO NOT GIVE CORRECTIONAL INSULIN
200-249 = 2 units
250-299 = 3 units
300-349 = 4 units
>349 = recheck blood sugar once now, then give 5 units.

For BG > 349, call Provider and recheck BG in 1-2 hours
For BG > 500, send venous blood glucose STAT.

1. Even if NPO, okay to give correction insulin, IF indicated per Correction insulin scale.
2. If BG is LESS than or equal to 70 mg/dL, follow Hypoglycemia Protocol
Package: 0002-7510-17

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Completed)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1035** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1035
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/22/25 1106 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/22/25 1037 for Placing Order
Admin instructions: (2 grams = 16 mEq)
Package: 63323-106-02

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1600** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1600
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 02/22/25 1600 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/22/25 1600 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e. patient is neutropenic)?	Yes

Admin instructions: Do NOT refrigerate.
Package: 43825-102-01
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

acetaminophen (Ofirmev) IV 1,000 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 0738** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 0738
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine q6h 02/23/25 0809 - 1 occurrence
Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 0742 for Placing Order

Questionnaire

Question	Answer
How does patient meet IV acetaminophen usage criteria?	None of the above choices apply
Is pain or transfusion reaction interfering with normal activity despite optimization of opioid regimen (or opioids are not indicated)? (For pain only, comment what normal activities are causing pain)	Yes
Is patient NPO including medication(s)? Note: acetaminophen tablets can be given with small amounts of water or in liquid form to most patients who are NPO.	Yes
Are Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) contraindicated OR have NSAIDs been given without adequate analgesia?	Yes
Is rectal administration of acetaminophen contra-indicated (i.e.	Yes

patient is neutropenic)?
Admin instructions: Do NOT refrigerate.
Package: 63323-434-41
Reordered from: acetaminophen (Ofirmev) IV 1,000 mg

potassium phosphate 40 mEq in sodium chloride 0.9 % 259.09 mL IVPB (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1048** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1048 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1119 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 1050 for Placing Order

Mixture Ingredients

Medication	Ordered Dose	Calculated Dose
potassium phosphate	40 mEq	40 mEq
sodium chloride 0.9 %	250 mL	250 mL

Admin instructions: STANDARD Concentration; (For Peripheral or Central line use); Do NOT infuse with calcium.
Package: 0409-7295-11, 0338-0049-02

furosemide (Lasix) injection 20 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1222** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1222 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1253 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1222
Acknowledged: Porter, Allen, RN 02/23/25 1225 for D/C Order Porter, Allen, RN 02/23/25 1225 for Placing Order
Admin instructions: Protect from light.

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1409** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/23/25 1408 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Porter, Allen, RN 02/23/25 1421 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1409** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1409 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q3h PRN 02/23/25 1408 - 02/24/25 1213 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Acknowledged: Porter, Allen, RN 02/23/25 1421 for Placing Order Porter, Allen, RN 02/24/25 1217 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-03
Modified from: HYDROmorphone (Dilaudid) injection 0.5 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

furosemide (Lasix) injection 20 mg (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/23/25 1739** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/23/25 1739 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/23/25 1810 - 1 occurrence Class: Normal
Acknowledged: Porter, Allen, RN 02/23/25 1743 for Placing Order
Admin instructions: Protect from light.
Package: 36000-283-25

furosemide (Lasix) injection 20 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 0827** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/24/25 0858 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Porter, Allen, RN 02/24/25 0830 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: Protect from light.
Package: 0409-6102-04
Reordered from: furosemide (Lasix) injection 20 mg

magnesium sulfate 2 g in SWFI 50 mL IVPB (premix) (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 0827** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
Frequency: Routine Once 02/24/25 0858 - 1 occurrence Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Acknowledged: Porter, Allen, RN 02/24/25 0830 for Placing Order Porter, Allen, RN 02/24/25 1156 for D/C Order
Admin instructions: (2 grams = 16 mEq)
Package: 0409-6729-24

glycopyrrolate (Robinul) 0.2 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 02/24/25 1136 - 02/24/25 1306 Class: Normal
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order Porter, Allen, RN 02/24/25 1308 for D/C Order
Package: 0143-9587-25

bisacodyl (Dulcolax) rectal suppository 10 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 02/24/25 1136 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Use first.
Package: 0574-7050-12

haloperidol lactate (Haldol) injection 0.5-2 mg (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: agitation
Frequency: Routine q4h PRN 02/24/25 1138 - 02/27/25 1510 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 02/27/25 1510
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order Long, Lijie, RN 02/27/25 1518 for D/C Order
Admin instructions: If Benzodiazepine ineffective or contraindicated. If patient has an IV, use IV route first.
Start with lowest effective dose.
Package: 67457-426-00

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/27/25 1510	Stenberg, Daniel Lloyd, DO	Stenberg, Daniel Lloyd, DO	Stenberg, Daniel Lloyd, DO
02/24/25 1141	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

camphor-menthol (Sarna) topical lotion (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: itching
Frequency: Routine BID PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Apply to affected areas.
Package: 0536-1268-12

white petrolatum (Vaseline) topical gel (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dry skin
Frequency: Routine PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Admin instructions: Apply to dry skin.
Package: 0521-2311-00

carboxymethylcellulose (Refresh Tears) 0.5 % ophthalmic solution 1 drop (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: dry eyes
Frequency: Routine q1h PRN 02/24/25 1138 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1157 for Placing Order
Package: 0023-0798-15

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 7 of 15) (continued)

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q1h PRN 02/24/25 1212 - 03/07/25 1031
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1031
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/07/25 1031	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD
02/24/25 1213	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

HYDROmorphone (Dilaudid) injection 0.2-0.4 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: moderate pain severe pain
Frequency: Routine q1h PRN 02/24/25 1212 - 03/07/25 1031
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1031
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: If unable to tolerate PO or if there is a specific need for rapid onset
Package: 0409-1283-31
Modified from: HYDROmorphone (Dilaudid) injection 0.2-0.4 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/07/25 1031	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD
02/24/25 1213	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD	Fancher-Dominguez, Alexandria Paige, MD

LORazepam injection 0.25-0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: anxiety agitation
Frequency: Routine q6h PRN 02/24/25 1212 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order
Package: 0409-6778-02
Modified from: LORazepam injection 0.25 mg

LORazepam injection 0.25-0.5 mg (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1213**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1213
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
PRN reasons: anxiety agitation
PRN Comment: IF no IV access
Frequency: Routine q6h PRN 02/24/25 1212 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1217 for Placing Order

Other Orders (group 7 of 15) (continued)

Admin instructions: Subcutaneous
Package: 0641-6001-01
Modified from: LORazepam injection 0.25 mg

atropine 1% sublingual solution 2 drop (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 02/24/25 1305 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1311 for Placing Order
Admin instructions: If glycopyrrolate insufficient or there is no IV access.
Package: 60505-6226-1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15)

Medications

scopolamine (Transderm-SCOP) 1 mg patch (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1306** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1306 Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD Ordering mode: Standard
PRN reasons: other
PRN Comment: for secretions if atropine, glycopyrrolate are insufficient
Frequency: Routine q72h PRN 02/24/25 1305 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Porter, Allen, RN 02/24/25 1311 for Placing Order
Admin instructions: NOTE: may take up to 12 hours to take effect. Apply to either mastoid area. Change every 3 days. Do NOT cut patch, to ensure efficacy.
Package: 10019-553-04

buprenorphine (Butrans) 5 MCG/HR per patch 1 patch (Discontinued)

Electronically signed by: **Ito, Satoru, PharmD on 02/25/25 1426** Status: **Discontinued**
Ordering user: Ito, Satoru, PharmD 02/25/25 1426 Ordering provider: Ito, Satoru, PharmD
Authorized by: Ito, Satoru, PharmD Ordering mode: Per protocol: no cosign required
Frequency: Routine q7 days SCH 02/25/25 1457 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Drammeh, Saihou, RN 02/25/25 1607 for Placing Order
Admin instructions: Apply patch to upper outer arm, upper chest, upper back, or the side of the chest. Wait a minimum of 21 days before reapplying to the same skin site.
Package: 0093-3656-21

acetaminophen (Tylenol) rectal suppository 650 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/27/25 1612** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 02/27/25 1612 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 02/27/25 1612 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Long, Lijie, RN 02/27/25 1632 for Placing Order
Package: 45802-730-00

ceFUROXime (Ceftin) tablet 250 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/28/25 1336** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 02/28/25 1336 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine BID 02/28/25 1343 - 5 days Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 02/28/25 1343
Acknowledged: Dimitrov, Alexey T, RN 02/28/25 1412 for Placing Order Dimitrov, Alexey T, RN 02/28/25 1412 for D/C Order

Questionnaire

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Package: 16714-400-01
Status
Giang, Ellen Kim, PharmD 02/28/25 1342 (Start: 02/28/25 2100 to 02/28/25 1343, End: 03/05/25 2059 to 02/28/25 1343)

moxifloxacin tablet 400 mg (Completed)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 02/28/25 1343** Status: **Completed**
Ordering user: Stenberg, Daniel Lloyd, DO 02/28/25 1343 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine Daily 02/28/25 1414 - 5 days Class: Normal
Acknowledged: Dimitrov, Alexey T, RN 02/28/25 1412 for Placing Order

Questionnaire

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Question	Answer
Suspected Source of Infection	Pulmonary/ENT Infection

Admin instructions: Administer oral doses greater than 4 hours before or 8 hours after antacids containing magnesium or aluminum; sucralfate; iron products; multivitamins containing zinc; or didanosine.
Package: 65862-603-30

magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1409** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1409 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/01/25 1408 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Johnson, Marita F, RN 03/01/25 1409 for Placing Order
Admin instructions: Give if no BM x 48 hrs and no response to senna or bisacodyl (or they are not ordered).
Package: 0121-0431-30

enoxaparin (Lovenox) injection 40 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/02/25 1715** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/02/25 1715 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine q HS 03/02/25 2100 - 03/02/25 1855 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 03/02/25 1855
Acknowledged: Ireland, Rashell, RN 03/02/25 1738 for Placing Order Ireland, Rashell, RN 03/02/25 2020 for D/C Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.

enoxaparin (Lovenox) injection 30 mg (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/02/25 1855** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/02/25 1855 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
Frequency: Routine q HS 03/02/25 2100 - 03/08/25 1537 Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Ireland, Rashell, RN 03/02/25 2020 for Placing Order
Admin instructions: For usual risk VTE prophylaxis.
Inject subcutaneously ONLY in abdomen.
Due to risk of spinal hematoma, call pharmacy for instructions if patient has an epidural or peripheral nerve catheter in place currently or recently, or has had an LP or spinal injection.
Package: 63323-559-21
Modified from: enoxaparin (Lovenox) injection 40 mg

psyllium (Metamucil) packet 1 packet (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/03/25 1615** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/03/25 1615 Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/03/25 1615 - 03/04/25 1328 Class: Normal
Discontinued by: Stenberg, Daniel Lloyd, DO 03/04/25 1328
Acknowledged: Gelgla, Letera D, RN 03/03/25 1630 for Placing Order Smith, Melody J, RN 03/04/25 1332 for D/C Order
Admin instructions: Mix in 8 oz of water.
Package: 37000-024-04

psyllium (Metamucil) packet 1 packet (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/04/25 1328** Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/04/25 1328 Ordering provider: Stenberg, Daniel Lloyd, DO

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Stenberg, Daniel Lloyd, DO
Ordering mode: Standard
Frequency: Routine BID 03/04/25 2100 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Smith, Melody J, RN 03/04/25 1332 for Placing Order
Admin instructions: Mix in 8 oz of water.
Package: 37000-024-04
Modified from: psyllium (Metamucil) packet 1 packet

oxyCODONE CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1609**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1609
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain
Frequency: Routine q6h PRN 03/06/25 1607 - 03/06/25 1634
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/06/25 1634
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1630 for Placing Order Tran-Thien, Quynh Phuong, RN 03/06/25 1640 for D/C Order
Admin instructions: Start with the lowest effective dose.
Package: 9999-0019-14

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1640**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1640
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q6h PRN 03/06/25 1640 - 03/06/25 1805
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/06/25 1805
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1644 for Placing Order Tran-Thien, Quynh Phuong, RN 03/06/25 1850 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-045-01

morphine CONCENTRATED solution 5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/06/25 1805**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/06/25 1805
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q4h PRN 03/06/25 1805 - 03/07/25 0927
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 0927
Acknowledged: Tran-Thien, Quynh Phuong, RN 03/06/25 1850 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 0927**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 0927
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 0927 - 03/07/25 0927
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 0927
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Modified from: morphine CONCENTRATED solution 5 mg

morphine CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 0927**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 0927
Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for pain/dyspnea
Frequency: Routine q6h PRN 03/07/25 0927 - 03/07/25 1034
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1034
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1039 for D/C Order
Admin instructions: Start with lowest effective dose.
Package: 68094-754-58
Modified from: morphine CONCENTRATED solution 2.6 mg

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1034**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1034
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 1034 - 03/07/25 1303
Class: Normal
Discontinued by: Barnes, James Irvin, MD 03/07/25 1303
Acknowledged: Puleo, Rosalie, RN 03/07/25 1039 for Placing Order Puleo, Rosalie, RN 03/07/25 1429 for D/C Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14

oxyCODONE CONCENTRATED solution 2.6 mg (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1303**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1303
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/07/25 1303 - 03/08/25 0510
Class: Normal
Discontinued by: Abay, Rebecca Joyce Yared, MD 03/08/25 0510
Acknowledged: Puleo, Rosalie, RN 03/07/25 1429 for Placing Order Quito, Daniel-Jayson Irabon, RN 03/08/25 0510 for D/C Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14
Modified from: oxyCODONE CONCENTRATED solution 2.6-5 mg

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
03/08/25 0510	Abay, Rebecca Joyce Yared, MD	Abay, Rebecca Joyce Yared, MD	Abay, Rebecca Joyce Yared, MD
03/07/25 1303	Barnes, James Irvin, MD	Barnes, James Irvin, MD	Barnes, James Irvin, MD

oxyCODONE CONCENTRATED solution 2.6-5 mg (Discontinued)

Electronically signed by: **Abay, Rebecca Joyce Yared, MD on 03/08/25 0510**
Status: **Discontinued**
Ordering user: Abay, Rebecca Joyce Yared, MD 03/08/25 0510
Ordering provider: Abay, Rebecca Joyce Yared, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: For pain/dyspnea
Frequency: Routine q4h PRN 03/08/25 0510 - 03/08/25 1537
Class: Normal
Discontinued by: Discharge Provider, Automatic 03/08/25 1537 [Patient discharge]
Acknowledged: Quito, Daniel-Jayson Irabon, RN 03/08/25 0510 for Placing Order
Admin instructions: Start with lowest effective dose
Package: 9999-0019-14
Modified from: oxyCODONE CONCENTRATED solution 2.6 mg

acetaminophen 650 MG suppository (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: mild pain moderate pain severe pain
Frequency: Routine q6h PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Reordered from: acetaminophen (Tylenol) rectal suppository 650 mg

atropine 1% ophthalmic solution (for oral use) (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: secretions
Frequency: Routine q4h PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: atropine 1% sublingual solution 2 drop

bisacodyl 10 MG suppository (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine Daily PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: bisacodyl (Dulcolax) rectal suppository 10 mg

buprenorphine 5 MCG/HR patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
Frequency: Routine q7 days SCH 03/11/25 - 03/08/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Barnes, James Irvin, MD 03/08/25 0957
Reordered from: buprenorphine (Butrans) 5 MCG/HR per patch 1 patch

camphor-menthol 0.5-0.5 % lotion (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: itching
Frequency: Routine BID PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: camphor-menthol (Sarna) topical lotion

carboxymethylcellulose 0.5 % ophthalmic solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
PRN reasons: dry eyes
Frequency: Routine q1h PRN 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: carboxymethylcellulose (Refresh Tears) 0.5 % ophthalmic solution 1 drop

enoxaparin 30 MG/0.3ML prefilled syringe (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908 Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD Ordering mode: Standard
Frequency: Routine q HS 03/08/25 - 03/14/25 Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908 Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: enoxaparin (Lovenox) injection 30 mg

magnesium hydroxide 400 MG/5ML suspension (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: constipation
Frequency: Routine BID PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: magnesium hydroxide (Milk of Magnesia) 400 MG/5ML suspension 30 mL

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine 03/08/25 - 03/08/25
Class: Print
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Barnes, James Irvin, MD 03/08/25 0957
Admin instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Reordered from: oxyCODONE CONCENTRATED solution 2.6-5 mg

phenol 1.4 % mouth/throat spray (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: sore throat
Frequency: Routine Q2 Hours PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: phenol (Chloraseptic) mouth/throat spray 1 spray

psyllium 51.7 % packet (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine BID 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: Mix in 8 oz of juice or water and drink.
Reordered from: psyllium (Metamucil) packet 1 packet

saliva substitute (Biotene Dry Mouth) liquid oral rinse (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine TID 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: saliva substitute (Biotene Dry Mouth) oral rinse 15 mL

scopolamine 1 MG/3DAYS patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
PRN reasons: other
PRN Comment: for secretions if atropine, glycopyrrolate are insufficient
Frequency: Routine q72h PRN 03/08/25 - 03/14/25
Class: Not Printed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: Apply to hairless area behind 1 ear.
Reordered from: scopolamine (Transderm-SCOP) 1 mg patch

white petrolatum gel (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
PRN reasons: dry skin
Frequency: Routine PRN 03/08/25 - 03/14/25
Released by: Barnes, James Irvin, MD 03/08/25 0908
Ordering mode: Standard
Class: Not Printed
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Reordered from: white petrolatum (Vaseline) topical gel

oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0957**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0957
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine 03/08/25 - 03/14/25
Class: Print
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Admin instructions: 2.5-5mg Oral, Every 4 hours PRN For pain
Modified from: oxyCODONE CONCENTRATED 100 MG/5ML concentrate solution

buprenorphine 5 MCG/HR patch (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0957**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0957
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine q7 days SCH 03/11/25 - 03/14/25
Class: Print
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Modified from: buprenorphine 5 MCG/HR patch

Nourishments

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure High Protein (carbohydrate managed) (Discontinued)

Electronically signed by: **Knowling, Molly Christine, RD on 01/10/25 1336**
Status: **Discontinued**
Ordering user: Knowling, Molly Christine, RD 01/10/25 1336
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Daily with breakfast and lunch 01/11/25 0800 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Knowling, Molly Christine, RD (auto-released) 1/11/2025 4:00 AM
Discontinued by: Barnhart, Shelley Lea, RD 01/16/25 1537

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure High Protein (carbohydrate managed)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Adult tube feeding (continuous) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/13/25 1712**
Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/13/25 1712
Ordering provider: McKinstry, Mia, MD
Authorized by: Lombaard, Stefan Andre, MD
Ordering mode: Standard
Frequency: Routine Effective now 01/13/25 1711 - Until Specified
Class: Hospital Performed
Quantity: 1
Diet: Tube Feeding
Instance released by: McKinstry, Mia, MD (auto-released) 1/13/2025 5:12 PM
Discontinued by: McKinstry, Mia, MD 01/14/25 1115

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	TwoCal HN (NG tube)
Continuous goal rate (mL/hr)	10
Start rate (mL/hr)	10

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders

to prevent hypoglycemia.

Adult tube feeding (continuous) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/14/25 1115** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/14/25 1115
Authorized by: Wilson, Julia, MD
Frequency: Routine Effective now 01/14/25 1116 - Until Specified
Quantity: 1
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 11:15 AM
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Diet: Tube Feeding
Discontinued by: Wilson, Julia, MD 01/14/25 1254

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	Jevity 1.5 (NG tube)
Continuous goal rate (mL/hr)	40
Start rate (mL/hr)	10
Advance rate by ___ (mL/hr) until goal rate met	10 mL/hr Q4h

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders to prevent hypoglycemia.

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 01/16/25 1537** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 01/16/25 1537
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Daily with breakfast, lunch, and dinner 01/16/25 1700 - Until Specified
Quantity: 1
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 1/16/2025 3:37 PM
Discontinued by: Barnhart, Shelley Lea, RD 02/03/25 1650

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0819** Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/28/25 0819
Authorized by: Zafar, Zaeema, DO
Frequency: Routine TID at snack times 01/28/25 1000 - Until Specified
Quantity: 1
Ordering provider: Zafar, Zaeema, DO
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 8:19 AM
Discontinued by: Zafar, Zaeema, DO 01/28/25 0820

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Dietary Nutrition Supplement UWMC ML INPATIENT; Benecalorie (high calorie; liquid) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/03/25 1648** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 02/03/25 1648
Authorized by: Sokol-Hessner, Lauge, MD
Frequency: Routine Daily with breakfast and dinner 02/03/25
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 8 of 15) (continued)

1700 - Until Specified
Quantity: 1

Instance released by: Barnhart, Shelley Lea, RD (auto-released) 2/3/2025 4:48 PM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Benecalorie (high calorie; liquid)
Dietitian AUTHORIZED to change?	Yes

Dietary Nutrition Supplement UWMC ML INPATIENT; Ensure Plus High Protein (high calorie/protein) (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/03/25 1650** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 02/03/25 1650
Ordering provider: Barnhart, Shelley Lea, RD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine BID between breakfast/lunch & lunch/dinner 02/04/25 1000 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 2/4/2025 6:01 AM

Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Supplement	Ensure Plus High Protein (high calorie/protein)
Dietitian AUTHORIZED to change?	Yes

Order comments: vanilla

Adult tube feeding (continuous) (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Frequency: Routine Effective now 02/18/25 1519 - Until Specified
Class: Hospital Performed
Quantity: 1
Diet: Tube Feeding
Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519
Canceled by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

Questionnaire

Question	Answer
Site	UWMC Montlake
Route	Nasogastric tube (NG tube)
Formula	Jevity 1.5 (NG tube)
Continuous goal rate (mL/hr)	40
Start rate (mL/hr)	10
Advance rate by ___ (mL/hr) until goal rate met	10 mL/hr Q12h

Order comments: If patient is on insulin, and enteral nutrition is interrupted (>60 minutes), check (or ask) for PRN IV dextrose orders to prevent hypoglycemia.

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 1519	Pillai, Sunita, MD	Pillai, Sunita, MD	Barnhart, Shelley Lea, RD
02/18/25 1518	Barnhart, Shelley Lea, RD	—	Barnhart, Shelley Lea, RD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: STAT Once 01/09/25 1039 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Call provider for (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Vrablik, Marie Clougherty, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Until discontinued 01/09/25 1039 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: For signs of intravascular excess (JVD, crackles, SpO2 drops by > 5%). Discontinue fluid boluses until further orders.

Call provider for the Following Vital Signs (Discontinued)

Electronically signed by: **White, Makenzie R, RN on 01/09/25 1039** Status: **Discontinued**
Ordering user: White, Makenzie R, RN 01/09/25 1039
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Per protocol: no cosign required
Frequency: Routine Until discontinued 01/09/25 1039 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: White, Makenzie R, RN (auto-released) 1/9/2025 10:39 AM
Discontinued by: Bounthong, Vanh K, RN 02/17/25 0740

Questionnaire

Question	Answer
Systolic blood pressure less than	90
Diastolic blood pressure less than	55

Order comments: MAP<65 mmHG. Discontinue fluid boluses until further orders. Reference: MAP=(2xDBP+SBP)/3

Notify Provider for Lab Values - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Anti-Xa Greater Than	1

Order comments: if Anti-Xa from properly timed, non-contaminated sample is > 1 units/mL.

Notify Provider for Lab Values - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

12:35 PM

Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Questionnaire

Question	Answer
Anti-Xa Less Than	0.3

Order comments: 2 consecutive Anti-Xa < 0.3 units/mL.

Notify Provider for Any Signs of Bleeding, if Unable to Obtain Blood Samples or if No IV Access for > 1 Hour - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Notify Provider if Heparin Infusion Recently Held for Procedure, and is Being Resumed: Contact Provider for Dosing Guidance with Consideration of Previous Dose - Heparin Infusion Protocol (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

Anti-Xa for Unfract Heparin (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: Check Anti-Xa 6 hours after starting Heparin infusion & after any change in rate.

Anti-Xa for Unfract Heparin (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806
Order comments: For the management of Anti-Xa > 1 unit/mL, see algorithm instructions.

REF LINK: Heparin Anti-Xa REGULAR Intensity (Discontinued)

Electronically signed by: **Song, Chris, MD on 01/09/25 1235** Status: **Discontinued**
Ordering user: Song, Chris, MD 01/09/25 1235 Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1235 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Song, Chris, MD (auto-released) 1/9/2025 12:35 PM
Discontinued by: Schwarz, Samuel, MD 01/09/25 1806

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Povidone Iodine Swab (Pre-op Nasal Swab) (Cancel Held)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1339** Status: **Cancel Held**
Ordering user: Schwarz, Samuel, MD 01/09/25 1339 Ordering provider: Schwarz, Samuel, MD
Authorized by: Vrablik, Marie Clougherty, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1337 - 1 occurrence Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: Swab both nares ON CALL TO OR.

Vital Signs - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: BP, Heart Rate Q 1 hr X 4 after start of infusion and with an increase in the rate or concentration, then Q 4 hrs until infusion discontinued.

Pain Assessment - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: Assessment 60 minutes following a rate change, then q 4 hrs during infusion and PRN.

Neurovascular Checks (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Houston, Nicklaus, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine q4h 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Phan, Janet, MD 01/11/25 2002
Order comments: Color, temperature, sensation, motion of affected extremity.

Notify Pain Service - Peripheral Nerve Infusion (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: CALL PAIN SVC if s/s of infection, unusual/excessive drainage from insertion site, particularly if combined with loss of therapeutic effect, catheter pump leaks, catheter dislodgment, inadequate analgesia or s/s of local anesthetic toxicity. Signs and symptoms include but are not limited to: perioral numbness, metallic taste in mouth, skin rash or hives, lightheadedness or dizziness, visual &/or auditory disturbances, excitation, restlessness, bradycardia, seizures. Call Provider for orders for new orders by primary service for anticoagulation or antiplatelet therapy, Call Pain Service -SEE ANTICOAGULATION AND NEURAXIAL GUIDELINES

Peripheral Nerve Catheter (Discontinued)

Electronically signed by: **Houston, Nicklaus, MD on 01/09/25 1620** Status: **Discontinued**
Ordering user: Houston, Nicklaus, MD 01/09/25 1620 Ordering provider: Wilson, Julia, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1621 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Houston, Nicklaus, MD (auto-released) 1/9/2025 4:21 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: - RN Independent Double Check with peripheral nerve infusion initiation, change in drug, change in concentration. Check patient identifiers, drug, drug concentration, pump settings. - Infusion: Observe catheter site at least once per shift. Reposition extremity Q 1-2 hrs (see attached reference links for instructions).

Diet - Document Percentage of Meals Consumed & Grams of Carbohydrates Consumed (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Additional signing events
Electronically signed by Grabar, Christina, MD 01/10/25 0419, for Discontinuing in Per protocol: cosign required mode, Communicator - Sande, Nathan R, RN
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Sande, Nathan R, RN 01/10/25 0147
Order comments: Document meals and snacks in I&O.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: BG GOAL: 100-180 mg/dL. While on insulin infusion 1. If TPN/Enteral feeding is stopped or significantly reduced, determine the algorithm based on current BG, then move DOWN one algorithm. Refer to Insulin Infusion decision tree & algorithm for frequency of BG monitoring and subsequent rate changes. 2. Consult with charge RN to plan for BG monitoring and insulin management if patient must be transported off the unit. Patients with T1DM should never have the insulin infusion turned off for > 1 hour. 3. When transitioning off insulin drip, administer a dose of subcutaneous basal insulin (per orders), continue titrating for two hours, and discontinue infusion and order set after 2 hours.

Notify Provider - Insulin Infusion (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: 1. Any BG increase > 100 mg/dL from a stable baseline 2. Two consecutive BG decreases of > 75 mg/dL 3. Failure of algorithm 4 for 3 consecutive hours

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626**
Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: For BG < or = 70 mg/dL, see reference link for Hypoglycemia Protocol.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Notify Provider (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: - For BG </= 70 mg/dL after implementing HYPOglycemia protocol. - For hypoglycemia that persists 40 min or longer. Provider to evaluate need for ongoing glucose source, e.g. D10 infusion

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Discontinue THIS Order and Discontinue all Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1626 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0746

Questionnaire

Question	Answer
WHEN:	Discontinue this Order Set & the insulin infusion 2 hours after the patient received subcutaneous basal insulin.

Order comments: [ORDER SET: Insulin Infusion]

Blood Glucose Goal (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1627 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Insulin Infusion Standard Protocol, start at Algorithm 1. Refer to Insulin Infusion Algorithm Decision Tree for subsequent dosing.

REF LINK: Insulin Infusion STANDARD algorithm (Discontinued)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1626** Status: **Discontinued**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1626 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Bollag, Laurent Albert, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1627 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Czarnecki, Maciej, MD (auto-released) 1/9/2025 4:26 PM
Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749

Activity: Bed rest; Until POD1 (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Phan, Janet, MD 01/11/25 2002

Questionnaire

Question	Answer
Activity Level:	Bed rest
Clinical Indication and End Point:	Until POD1

Order comments: Open Aortic Surgery Post-Procedure: Abdominal binder on when not supine in bed.

Vital Signs - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine q1h 01/09/25 1900 - 72 hours
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: Per ICU routine.

Neuro Assessment - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Smith, Matthew C, MD
Frequency: Routine q shift 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Schwarz, Samuel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Thomas, Tamlyn P, RN 01/10/25 0749
Order comments: On admission then every shift.

Notify Provider for the Following Vital Signs - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Temperature greater than	38.5
Systolic blood pressure greater than	160
Systolic blood pressure less than	90
Diastolic blood pressure greater than	100
Diastolic blood pressure less than	70
Heart rate greater than	90
Heart rate less than	50
Respiratory rate greater than	24
Respiratory rate less than	12
SpO2 less than	90
Urine output less than:	Other
Specify:	< 30 mL X 2 hours
Other	MAP < 80 CI < 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Chest Tube Output > 200 mL

Notify ICU Team for Any Changes to Pulse Exam or Neuro Evaluation - Open Aortic Surgery Post-Procedure (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: If unable to contact ICU Team, call Vascular Surgery Fellow/Provider on call or the Vascular Surgery Attending directly.

TELEMETRY Monitoring Indication: Other; Specify: Ongoing bradycardia; DO NOT REMOVE MONITOR (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Indication:	Other
Specify:	Ongoing bradycardia
Monitor status:	DO NOT REMOVE MONITOR

Intake and Output (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: Strict.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Initiate Emergency Standing Orders per Protocol (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Incentive Spirometer (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q2h while awake 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 10 X every 1 to 2 hours while awake and every 2 to 4 hours at night when extubated.

Cough & Deep Breathe (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine q2h while awake 01/09/25 2000 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 10 X every 1 to 2 hours while awake and every 2 to 4 hours at night when extubated.

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Schwarz, Samuel, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Electrocardiogram (If/Then, RN to Order) (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: STAT Until discontinued 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550
Order comments: Standard 12-Lead; As needed for chest pain and arrhythmias and per Emergency Care Protocol.

Mobility Restrictions Other; Non-weight bearing LLE (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1818** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1818 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:18 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 9 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	Non-weight bearing LLE

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15)

Nursing

Discharge Patient - When Discharge Criteria Met (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Details:	Other
Specify:	See Comments

Order comments: Patient may be discharged from PACU only after an Anesthesia Provider (Resident, Fellow, CRNA or Attending) has completed a postoperative evaluation visit, and PACU clinical discharge criteria have been met (unless authorized by the Anesthesia Provider).

Notify Provider for the Following Vital Signs (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Systolic blood pressure greater than	180
Systolic blood pressure less than	80
Heart rate greater than	100
Heart rate less than	50
Respiratory rate greater than	30
Respiratory rate less than	10

Bladder Scan (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Once 01/09/25 1820 - 1 occurrence Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: 1. If bladder scan yields < 400 mL in 6 hr, rescan bladder in 6 hr. 2. If bladder scan yields > 400 mL in 6 hr, perform In and Out Cath & repeat x 1 in 6 hr if no void. 3. Notify provider if bladder scan yields > 400 mL AFTER In and Out Cath x 2.

In & Out Cath (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine If bladder scan > 400 mL 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: And PRN x 1 if patient unable to void.

Nurse communication (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002
Order comments: RN may administer surgeon-ordered discharge pain medications in PACU.

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820**
Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820
Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/09/25 1820 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
WHEN:	Patient is discharged from the PACU

Order comments: [ORDER SET: ANES Post-Op PACU]

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 1954**
Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 1954
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Reference Link 01/09/25 1954 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Grabar, Christina, MD (auto-released) 1/9/2025 7:54 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Antiseptic Wipes/Wash (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/10/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 12:30 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/10/25 1303**
Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/10/25 1303
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/10/25 1301 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/10/2025 1:03 PM
Discontinued by: Phan, Janet, MD 01/11/25 2004

Questionnaire

Question	Answer
WHEN:	Treatment/Procedure Complete

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Order comments: [PANEL: Echocardiogram (TTE) with IV Contrast Panel]

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/10/25 2203** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/10/25 2203 Ordering provider: Grabar, Christina, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/10/25 2204 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/10/2025 10:03 PM
Discontinued by: Walks, Tristan H, RN 01/11/25 1119
Order comments: Please titrate dopamine to SBP >100 given wide pulse pressure

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Complete Extravasation Documentation in Flowsheets (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0559 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 0600 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/11/2025 5:59 AM
Discontinued by: Porter, Allen, RN 02/18/25 1550

Patient Education - Extravasation Management (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/11/25 0559** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/11/25 0559 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Once 01/11/25 0600 - 1 occurrence Class: Hospital Performed
Quantity: 1 Instance released by: Grabar, Christina, MD (auto-released) 1/11/2025 5:59 AM
Discontinued by: Porter, Allen, RN 02/18/25 1550
Order comments: Patient education for local measures and side effects of antidote per policy.

Urethral Catheter - PROVIDER MANAGED: DO NOT REMOVE (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1042** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1042 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Additional signing events
Awaiting signature from Pavic, Boris, MD, for Discontinuing in Per protocol: cosign required mode, Communicator - Patino Castro, Jennifer A, RN
Frequency: Routine Until discontinued 01/11/25 1042 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 10:42 AM
Discontinued by: Patino Castro, Jennifer A, RN 01/23/25 0251

Questionnaire

Question	Answer
Indications:	Provider management required
Type:	Foley

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Diet - Document Percentage of Meals Consumed (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: For BG < or = 70 mg/dL, or 71-89 if managed on insulin, see reference link for Hypoglycemia Protocol.

Notify Provider for Any BG < or = 70 mg/dL after Implementing HYPOglycemia Protocol (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Reference Link 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/11/2025 2:11 PM
Discontinued by: Chi, Frank, MD 01/26/25 0845

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Neurovascular Checks (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2002** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2002
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine q shift 01/11/25 2003 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:02 PM
Discontinued by: Smith, Grace, MD 01/18/25 1012
Order comments: Color, temperature, sensation, motion of affected extremity.

Sleep Promotion Protocol (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: SLEEP INTERVAL: 2200 to 0500. Implement Nursing Policy and Procedure: Sleep Promotion. See reference link for the Sleep Promotion Nursing Protocol.

Vital Signs - Sleep (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine q8h 01/12/25 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220
Order comments: SLEEP: Adjust VS monitoring to q8h.

Activity: Mobilize per order set protocol (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Activity Level:	Mobilize per order set protocol

Order comments: SLEEP: If patients have a Braden score of 18 or less or have an existing pressure injury, then continue to turn q2hours.

Discontinue THIS Order and Discontinue All Orders from the Same Panel/Order Set (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220

Questionnaire

Question	Answer
WHEN:	ICU SLEEP: Discontinue orders when the patient is transferred to Acute Care.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Order comments: [PANEL: Acute Care/ICU Sleep Promotion Protocol]

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 1/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Cardiac Monitoring (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Blood Pressure (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Respiratory Rate (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

SpO2 Spot Check (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Sedation Score Assessment (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per Standard of Care 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Sedation Target Goal:	RASS 0 to -1

Hold Dexmedetomidine infusion and Notify Provider for Heart Rate <50, MAP < 60, SBP < 90 (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/12/25 0430** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/12/25 0430 Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0430 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/12/2025 4:30 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Notify Provider If goal of RASS < +3 not met with maximum dose.

Cardiac Monitoring (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Blood Pressure (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: At start of Dexmedetomidine infusion until stabilized due to bradycardic & hypotensive effects.

Respiratory Rate (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817 Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0818 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

SpO2 Spot Check (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 10 of 15) (continued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Per unit protocol 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

Sedation Score Assessment (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Per Standard of Care 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: McKinstry, Mia, MD 01/14/25 0741

Questionnaire

Question	Answer
Sedation Target Goal:	RASS 0 to -1

Hold Dexmedetomidine infusion and Notify Provider for Heart Rate <50, MAP < 60, SBP < 90 (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 0817** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 0817
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 0818 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 8:17 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Notify Provider If goal of RASS < +3 not met with maximum dose.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15)

Nursing

Pacing Transvenous (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1108** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1108
Ordering provider: Mahdi, Elaa, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1109 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 11:09 AM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]

Questionnaire

Question	Answer
Type:	Transvenous
Mode:	VVI
Rate:	80

Povidone Iodine Swab (Pre-op Nasal Swab) (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838
Order comments: Swab both nares ON CALL TO OR.

TELEMETRY Monitoring Indication: *Unstable/symptomatic arrhythmia; DO NOT REMOVE MONITOR (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1219 - Until Specified
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

Questionnaire

Question	Answer
Indication:	*Unstable/symptomatic arrhythmia
Monitor status:	DO NOT REMOVE MONITOR

Void On Call to OR and/or EP Lab (Cancel Held)

Electronically signed by: **Kondamudi, Nitin, MD on 01/12/25 1222** Status: **Cancel Held**
Ordering user: Kondamudi, Nitin, MD 01/12/25 1222
Ordering provider: Kondamudi, Nitin, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/12/25 1219 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Canceled by: Walks, Tristan H, RN 01/13/25 1838

GI Tube Nasogastric tube (NG tube); Insert (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1814** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1814
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1815 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 6:14 PM
Discontinued by: Mikulikova, Julia, RN 01/16/25 1308

Questionnaire

Question	Answer

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Type:	Nasogastric tube (NG tube)
Management:	Insert

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/13/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Vital Signs - Sheath Removal (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: Document heart rate, blood pressure, puncture site and pulses every 5 minutes during arterial compression; then every 15 min x 4, every 30 min x and every 1 hour x 4.

TELEMETRY Monitoring Indication: Post PCI, Ablation, Device; May remove telemetry monitor for transport, procedures, showering/bathing (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Shepherd, Amanda Kay, MD 01/23/25 0940

Questionnaire

Question	Answer
Indication:	Post PCI, Ablation, Device
Monitor status:	May remove telemetry monitor for transport, procedures, showering/bathing

Vital Signs (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Wilson, Julia, MD 01/14/25 1220

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Order comments: On arrival, then Q 2hours x 2, then Q 4 hours x 2 then per unit standard & PRN any change in hemodynamic status.

Neuro Assessment (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 0802
Order comments: On arrival, then Q 2hours x 2, then Q 4 hours x 2 then per unit standard & PRN any change in mental or neurologic status.

Notify Provider for the Following Vital Signs (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Temperature greater than	38
Systolic blood pressure greater than	170
Systolic blood pressure less than	90
Diastolic blood pressure greater than	110
Heart rate greater than	120
Heart rate less than	55
Respiratory rate greater than	20
Respiratory rate less than	10
SpO2 less than	90

Notify Provider for Changes in Heart Rhythm (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: Any arrhythmia

Remove Urinary Catheter (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Bevan, Graham Howard, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Once 01/13/25 1838 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM
Discontinued by: Walks, Tristan H, RN 01/13/25 1859 [Treatment Complete]
Order comments: If Foley catheter in place, discontinue once ambulating.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Mobility Restrictions Other; Recommendations: If percutaneous arterial and/or venous femoral access: For 7 days: No lifting, pushing, pulling or carrying loads greater than 10 lbs . No bearing down or prolonged straining. *Ok to use arms for mobil... (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	Recommendations: If percutaneous arterial and/or venous femoral access: For 7 days: No lifting, pushing, pulling or carrying loads greater than 10 lbs . No bearing down or prolonged straining. *Ok to use arms for mobility.*

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Reference Link 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

REF LINK: Algorithm for PRN Antiemetic Medications for Inpatients with Nausea/Vomiting (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Reference Link 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/13/2025 6:37 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/14/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/14/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/14/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Mobility Restrictions Other; 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25) (Discontinued)

Electronically signed by: **McKinstry, Mia, MD on 01/14/25 0906** Status: **Discontinued**
Ordering user: McKinstry, Mia, MD 01/14/25 0906
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/14/25 0906 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: McKinstry, Mia, MD (auto-released) 1/14/2025 9:06 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25)

Order comments: 30 days with <10lb weight lifting limitation and no elevating left arm over shoulder height (S/P PPM on 1/13/25)

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1243** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1243
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/14/25 1244 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/14/2025 12:43 PM

Discontinued by: Decker, Troy, PA-C 01/14/25 1245

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the inciison with betadine once a day and place dry 4x4 gauze over the inciiosn and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/15/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/15/2025 12:31 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/15/2025 12:31 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/15/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/16/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/16/2025 12:31 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/16/2025 12:31 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/16/2025 12:31 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes (Discontinued)

Electronically signed by: **Barnhart, Shelley Lea, RD on 01/16/25 1545** Status: **Discontinued**
Ordering user: Barnhart, Shelley Lea, RD 01/16/25 1545
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Until discontinued 01/16/25 1546 - 7 days
Quantity: 1
Ordering provider: Barnhart, Shelley Lea, RD
Ordering mode: Per protocol: no cosign required
Class: Hospital Performed
Instance released by: Barnhart, Shelley Lea, RD (auto-released) 1/16/2025 3:45 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/17/2025 12:30 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 11 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/17/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/17/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/17/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/18/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/18/2025 12:30 AM

Other Orders (group 11 of 15) (continued)

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/18/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/18/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/19/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/19/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Vital Signs (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/19/25 2329** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/19/25 2329
Ordering provider: Rosiene, Joel, MD
Authorized by: Rosiene, Joel, MD
Ordering mode: Standard
Frequency: Routine q8h while awake 01/19/25 2330 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Rosiene, Joel, MD (auto-released) 1/19/2025 11:29 PM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/20/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/20/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: ok to have hydromorphone prn 20 min early. (Discontinued)

Electronically signed by: **Rosiene, Joel, MD on 01/20/25 0310** Status: **Discontinued**
Ordering user: Rosiene, Joel, MD 01/20/25 0310
Authorized by: Rosiene, Joel, MD
Frequency: Routine Until discontinued 01/20/25 0310 - Until Specified
Quantity: 1
Ordering provider: Rosiene, Joel, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Rosiene, Joel, MD (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

1/20/2025 3:10 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720
Order comments: ok to have hydromorphone prn 20 min early.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/21/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709** Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/21/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/22/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/22/2025 12:30 AM
Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/23/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/23/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/23/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/24/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/24/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Frequency: Routine Daily 01/13/25 1838 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Walks, Tristan H, RN (auto-released) 1/24/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/24/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/25/2025 12:30 AM

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410**
Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Mahdi, Elaa, MD (auto-released) 1/25/2025 12:30 AM

Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Bevan, Graham Howard, MD on 01/13/25 1709**
Status: **Discontinued**
Ordering user: Bevan, Graham Howard, MD 01/13/25 1709
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/13/25 1838 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Walks, Tristan H, RN (auto-released) 1/25/2025 12:30 AM

Discontinued by: Hollingsworth, Louise C, RN 01/25/25 0720

Questionnaire

Question	Answer
Treatment:	Dry dressing

Order comments: Peri-incision site. Check wound site with vitals. Report any signs and symptoms of bleeding, infection or incision

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

problems.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/25/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 1/26/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/11/25 1410** Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/11/25 1410
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/11/25 1411 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Mahdi, Elaa, MD (auto-released) 1/26/2025 12:30 AM
Discontinued by: Chi, Frank, MD 01/26/25 0845
Order comments: Daily by Staff RN.

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/26/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/27/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/27/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Activity: Mobilize 3 times per day NO restrictions (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0812**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 0812
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/27/25 0813 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/27/2025 8:12 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Activity Level:	Mobilize 3 times per day NO restrictions

Delirium Care Guidelines (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/27/25 0812**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/27/25 0812
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/27/25 0813 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/27/2025 8:12 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: 1. Monitor for intended and adverse effects of medication 2. Limit naps; Open blinds; Provide patient's glasses and/or hearing aid 3. Orient TID unless this increases patient agitation; Document interventions in patient record 4. Consolidate night time care; Limit noise at night; Preserve sleep - wake cycle; Limit night time interventions to preserve 90 minute sleep cycles.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/28/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 12 of 15) (continued)

Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 1/28/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Nursing Communication: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes (Discontinued)

Electronically signed by: **Zafar, Zaeema, DO on 01/28/25 0820**
Status: **Discontinued**
Ordering user: Zafar, Zaeema, DO 01/28/25 0820
Ordering provider: Zafar, Zaeema, DO
Authorized by: Zafar, Zaeema, DO
Ordering mode: Standard
Frequency: Routine Until discontinued 01/28/25 0821 - 7 days
Class: Hospital Performed
Quantity: 1
Instance released by: Zafar, Zaeema, DO (auto-released) 1/28/2025 8:20 AM
Discontinued by: Gindi, Jeanna A, RN 02/12/25 1951
Order comments: Calorie Count: please document %meals in flowsheet I/O, include foods consumed in notes, include food brought in from outside in notes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15)

Nursing

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/29/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/29/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/30/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/30/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 1/31/2025 12:30 AM

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 1/31/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/1/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/1/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/2/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

2/2/2025 12:31 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/3/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/3/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/4/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/4/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Site: Left AKA

In & Out Cath (Discontinued)

Electronically signed by: **Chen, Tiffany Chia-An, MD on 02/04/25 1243** Status: **Discontinued**
Ordering user: Chen, Tiffany Chia-An, MD 02/04/25 1243
Authorized by: Chen, Tiffany Chia-An, MD
Frequency: Routine Once 02/04/25 1244 - 1 occurrence
Quantity: 1
Ordering provider: Chen, Tiffany Chia-An, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Chen, Tiffany Chia-An, MD (auto-released) 2/4/2025 12:43 PM
Discontinued by: Bounthong, Vanh K, RN 02/17/25 0740

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/5/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/5/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/6/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/6/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

	ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/7/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/7/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/8/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/8/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/9/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/9/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/10/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/11/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/12/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/13/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/14/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/14/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/15/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/15/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 13 of 15) (continued)

Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/16/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Authorized by: Decker, Troy, PA-C
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Quantity: 1
Ordering provider: Decker, Troy, PA-C
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Decker, Troy, PA-C (auto-released) 2/16/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/17/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15)

Nursing

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/17/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/18/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/18/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Insert Feeding Tube (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1252** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1252
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Once 02/18/25 1253 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 12:52 PM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Head of Bed 30-45 degrees (Cancel Pend)

Electronically signed by: **Barnhart, Shelley Lea, RD on 02/18/25 1519** Status: **Cancel Pend**
Ordering user: Barnhart, Shelley Lea, RD 02/18/25 1519
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Frequency: Routine Until discontinued 02/18/25 1519 - Until Specified
Class: Hospital Performed
Quantity: 1
Pended by: Barnhart, Shelley Lea, RD 02/18/25 1519

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Canceled by: Barnhart, Shelley Lea, RD 02/21/25 1519 [Expired]

Questionnaire

Question	Answer
Position:	30-45 degrees

Order comments: Elevate head of bed at least 30-40 degrees to reduce risk of aspiration, unless contraindicated.

Ordering & Authorizing Provider Audit Trail

Date/Time	Ordering provider	Authorizing Provider	User
02/18/25 1519	Pillai, Sunita, MD	Pillai, Sunita, MD	Barnhart, Shelley Lea, RD
02/18/25 1518	Barnhart, Shelley Lea, RD	—	Barnhart, Shelley Lea, RD

GI Tube Other; weighted by STAT RN per policy; Other; X ray to confirm placement (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1852** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1852 Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD Ordering mode: Standard
Frequency: Routine Until discontinued 02/18/25 1851 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 6:52 PM
Discontinued by: Porter, Allen, RN 02/22/25 1645

Questionnaire

Question	Answer
Type:	Other
Specify:	weighted by STAT RN per policy
Management:	Other
Comment	X ray to confirm placement

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Schwarz, Samuel, MD (auto-released) 2/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245** Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245 Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Decker, Troy, PA-C (auto-released) 2/19/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Frequency: Routine Daily 01/09/25 1807 - Until Specified
Quantity: 1
Class: Hospital Performed
Instance released by: Schwarz, Samuel, MD (auto-released) 2/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/20/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Wound Care (Discontinued)

Electronically signed by: **Decker, Troy, PA-C on 01/14/25 1245**
Status: **Discontinued**
Ordering user: Decker, Troy, PA-C 01/14/25 1245
Ordering provider: Decker, Troy, PA-C
Authorized by: Decker, Troy, PA-C
Ordering mode: Standard
Frequency: Routine Daily 01/15/25 0900 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Decker, Troy, PA-C (auto-released) 2/21/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/21/25 1728

Questionnaire

Question	Answer
Treatment:	Dry dressing
Dressing Type:	Please paint the incision with betadine once a day and place dry 4x4 gauze over the incision and lightly wrap with one 6inch ACE wrap. Change daily or when soiled.
Site:	Left AKA

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/22/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Porter, Allen, RN 02/22/25 1645
Order comments: Please document hourly TF rate under flowsheets'intake. Acute Care: okay to back-fill hourly data q4h. If TF is stopped, document "0" units/hr.

Blood Glucose Goal (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: For BG < or = 70 mg/dL, see reference link for Hypoglycemia Protocol.

Notify Provider (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: - For BG </= 70 mg/dL after implementing HYPOglycemia protocol. - For hypoglycemia that persists 40 min or longer. Provider to evaluate need for ongoing glucose source, e.g. D10 infusion

REF LINK: Hypoglycemia Protocol (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

REF LINK: SubQ Insulin Nursing Decision Tree (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/22/25 1033 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/22/2025 10:33 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/23/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Weigh Patient (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Daily 01/09/25 1807 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Schwarz, Samuel, MD (auto-released) 2/24/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Patient Education - Diabetes (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/22/25 1033** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/22/25 1033
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Daily 02/22/25 1034 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 12:30 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 0827
Order comments: Daily by Staff RN.

Urethral Catheter - Insert / Maintain; Remove per RN Protocol (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine PRN 02/24/25 1136 - Until Specified
Class: Hospital Performed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Quantity: 1

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Acknowledged: Porter, Allen, RN 02/24/25 1156 for Placing Order

Questionnaire

Question	Answer
Indications:	Immobility - Temporary
Type:	Foley

Order comments: PRN for incontinence.

External Urinary/Condom Catheter (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine PRN 02/24/25 1136 - Until Specified

Class: Hospital Performed

Quantity: 1

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Acknowledged: Porter, Allen, RN 02/24/25 1156 for Placing Order

Order comments: PRN for incontinence.

Activity: Mobilize 3 times per day NO restrictions (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Barnes, James Irvin, MD 03/07/25 1915

Questionnaire

Question	Answer
Activity Level:	Mobilize 3 times per day NO restrictions

Notify Provider of Inadequate Pain and/or Symptom Relief (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Comfort Measures Only (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141**

Status: **Discontinued**

Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

Authorized by: Fancher-Dominguez, Alexandria Paige, MD

Ordering mode: Standard

Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified

Class: Hospital Performed

Quantity: 1

Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Pain Assessment (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Assess for pain & symptoms and document Q4 hours. Assess patient more or less frequently per family/patient preference. In addition, document assessment before and after bolus doses and/or infusion rate changes.

Nursing Communication - Patient Care (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Complete Nursing Checklist (see evidence link) Utilize available resources for the patient and/or family: bereavement packet, comfort care cart for legacy supplies & other material, comfort tray from nutrition. Skin care: offer skin care and repositioning every 2 hours and prn; adjust schedule per family/patient preference, with comfort being the goal. Oral care: offer oral care every 4 hours and prn, including mouth moistening, cleaning/brushing and lip balm. Adjust schedule per family/patient preference with comfort being the goal. Suction as needed for comfort. Avoid deep suctioning when possible.

REF LINK: Comfort Care Links (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

REF LINK: Comfort Care Opioid Decision Tree (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Reference Link 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Provider has Reviewed Vital Signs, Laboratory, Radiology, Diagnostic and Medication Orders & has Discontinued Unnecessary Orders (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Until discontinued 02/24/25 1137 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Nursing Communication: OK for no vitals; CMO; can chart RR (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1143**
Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1143
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Frequency: Routine Until discontinued 02/24/25 1143 - Until Specified
Quantity: 1
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:43 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: OK for no vitals; CMO; can chart RR

REF LINK: Algorithm for PRN Bowel Medications for Inpatients (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1409**
Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1409
Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO
Ordering mode: Standard
Frequency: Routine Reference Link 03/01/25 1409 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Stenberg, Daniel Lloyd, DO (auto-released) 3/1/2025 2:09 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Weight-Bearing Restrictions (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637**
Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Ordering provider: Paul, Sharmila, MD
Authorized by: Abay, Rebecca Joyce Yared, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/06/25 0636 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Paul, Sharmila, MD (auto-released) 3/6/2025 6:37 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Extremity:	Right Lower Extremity
RLE	Non weight-bearing

Activity: Mobilize per order set protocol (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1915**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1915
Ordering provider: Barnes, James Irvin, MD
Authorized by: Barnes, James Irvin, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 03/07/25 1915 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 7:15 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Activity Level:	Mobilize per order set protocol

Mobility Restrictions Other; - NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, no restriction on HOB angle (Discontinued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1915** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1915
Authorized by: Barnes, James Irvin, MD
Frequency: Routine Until discontinued 03/07/25 1915 - Until Specified
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Hospital Performed
Instance released by: Barnes, James Irvin, MD (auto-released) 3/7/2025 7:15 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Mobility Restrictions:	Other
Specify:	- NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, no restriction on HOB angle

Discharge Summary: Enclosed (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Patient Aware of Diagnosis: Yes (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Activity (specify) (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0908** Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0908
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1
Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Clinic Performed
Released by: Barnes, James Irvin, MD 03/08/25 0908
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]
Order comments: - brace placed by orthotics on 3/7 at request of son and with guidance from orthotics and ortho. - NWB on Right leg - Should limit motion of leg (ideally no ROM of R leg) - abduction pillow - log rolls for turning - hip-spica brace now in place settings 0-60, slight abduction, can take off if uncomfortable and when needed (was not strictly recommended at this point by ortho, patient and son prefer it to be on) - referral to NW ortho trauma clinic made, 2 view femur xray to be performed 3/13/25 (ordered as outpatient in case it needs to be done here vs at SNF) - NWB on Left leg

OT

Inpatient Consult to Occupational Therapy (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until therapy completed 01/09/25 1807 - 1 occurrence
Quantity: 1
Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Normal
Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Reason for Consult — Activities of Daily Living

Order comments: Starting post-op Day 1, Reassess for changes in function

Precaution

Aspiration Precautions (Discontinued)

Electronically signed by: **Mahdi, Elaa, MD on 01/12/25 1231** — Status: **Discontinued**
Ordering user: Mahdi, Elaa, MD 01/12/25 1231 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine Until discontinued 01/12/25 1221 - Until Specified — Class: Hospital Performed
Quantity: 1 — Instance released by: Mahdi, Elaa, MD (auto-released) 1/12/2025 12:31 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

PT

Inpatient Consult to Physical Therapy (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805** — Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805 — Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD — Ordering mode: Standard
Frequency: Routine Until therapy completed 01/09/25 1807 - 1 occurrence — Class: Hospital Performed
Quantity: 1 — Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM
Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Functional Mobility & Transfers

Order comments: Starting post-op Day 1, Reassess for changes in function

Inpatient Consult to Physical Therapy (Discontinued)

Electronically signed by: **Stenberg, Daniel Lloyd, DO on 03/01/25 1322** — Status: **Discontinued**
Ordering user: Stenberg, Daniel Lloyd, DO 03/01/25 1322 — Ordering provider: Stenberg, Daniel Lloyd, DO
Authorized by: Stenberg, Daniel Lloyd, DO — Ordering mode: Standard
Frequency: Routine Until therapy completed 03/01/25 1321 - 1 occurrence — Class: Hospital Performed
Quantity: 1 — Instance released by: Stenberg, Daniel Lloyd, DO (auto-released) 3/1/2025 1:22 PM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Functional Mobility & Transfers Wheelchair Seating & Positioning

Order comments: Very complex disposition situation. Made CMO 6 days ago I/s/o severe worsening respiratory status. Seems to have nearly fully recovered. True care needs, per son/dpoa, are between a more comfort focused approach and a minimal necessary care approach. We are requesting some bedside exercises for the patient/son. If she desats, the assessment is over. Please call for more details/questions 210-867-4777 Dan Stenberg

Referral

Referral to Fractures/Trauma (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/07/25 1909** — Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/07/25 1909 — Ordering provider: Barnes, James Irvin, MD

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/07/25 -
Quantity: 1

Ordering mode: Standard
Class: Internal Referral
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order) Is this a Workmen's Compensation case? NO

Referral Details

Referred By		Referred To	Type	Priority
Barnes, James Irvin, MD 1959 NE Pacific St Mailstop 356429 SEATTLE WA 98195 Phone: 206-598-3300 Fax: 206-744-0654	Diagnoses: Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC)	**Uwmc Nw Ortho Fracture Clinic** 11011 Meridian Ave. N., Suite 201 Seattle WA 98133-8967 Phone: 206-668-6360 Fax: 206-668-6361	Specialty Visit	Routine

Comment: Coverage for this visit--Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
This referral for consultation or procedure grants authorization to perform diagnostic or other services required. REASON FOR REFERRAL: 100 year old year old female with R hip fracture s/p fall in hospital, non-op management pursued. Wanted 3/13 repeat Femur xray (ordered as separate order)
Is this a Workmen's Compensation case? NO

Indications

Closed fracture of right femur, unspecified fracture morphology, unspecified portion of femur, initial encounter (HCC) [S72.91XA (ICD-10-CM)]

Referral to Rehabilitation Medicine (Discontinued)

Electronically signed by: **Barnes, James Irvin, MD on 03/08/25 0823**
Status: **Discontinued**
Ordering user: Barnes, James Irvin, MD 03/08/25 0823
Authorized by: Barnes, James Irvin, MD
Frequency: Routine 03/08/25 -
Quantity: 1

Ordering provider: Barnes, James Irvin, MD
Ordering mode: Standard
Class: Internal Referral
Discontinued by: Discharge Provider, Automatic 03/14/25 1742 [System automatic cancellation for deceased patient]

Diagnoses
Arterial occlusion [I70.90]

Questionnaire

Question	Answer
Does the ordering provider want to track the referral?	No

Scheduling instructions
Please be aware that while I, as your health care provider, have identified this referral as medically indicated, I cannot guarantee your insurance plan will cover it. I recommend you contact your insurance carrier to make sure this is a covered service they will pay for.
Order comments: Coverage for this visit-- Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid REASON FOR REFERRAL: 100 year old female s/p LKA, referral for rehab amputee clinic Additional Info/Restrictions: HMC: Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality Limb Loss/Amputation Clinic UWMC ML: Referral to UWMC Rehab Clinic [220069] Choose Speciality {UWMC REHAB MED SPECIALITES:124692} UWMC NW: Referral to UWMC NW Rehab Medicine [208539] or UWMC NW Center Rehabilitation

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

[208559] Choose Speciality {NW REHAB MED SPECIALTIES:124691}

Referral Details

Referred By		Referred To	Type	Priority
Barnes, James Irvin, MD 1959 NE Pacific St Mailstop 356429 SEATTLE WA 98195 Phone: 206-598-3300 Fax: 206-744-0654	Diagnoses: Arterial occlusion	**Hmc Njb Rehab Medicine Clinic** 908 Jefferson St. 9th Floor Seattle WA 98104 Phone: 206-744-5862 Fax: 206-744-6046 Specialty: Physical Medicine and Rehabilitation	Rehab	Routine

Comment: Coverage for this visit-- Payor: MOLINA HEALTHCARE MEDICARE / Plan: MOLINA MEDICARE OPTIONS PLUS HMO SNP / Product Type: Medicaid
REASON FOR REFERRAL: 100 year old female s/p LKA, referral for rehab amputee clinic

Additional Info/Restrictions:
HMC:
Referral to HMC REHAB MEDICINE CLINIC 20 [221240] Choose a Speciality
Limb Loss/Amputation Clinic

UWMC ML:
Referral to UWMC Rehab Clinic [220069] Choose Speciality
{UWMC REHAB MED SPECIALITES:124692}

UWMC NW:
Referral to UWMC NW Rehab Medicine [208539] or UWMC NW Center Rehabilitation [208559] Choose Speciality
{NW REHAB MED SPECIALTIES:124691}

Indications

Arterial occlusion [I70.90 (ICD-10-CM)]

Respiratory Care

Oxygen Therapy Nasal Cannula; Keep SpO2 >= 90%; Other (Specify); 2 - 4 L/min x 24 hours if room air SaO2 < = 93% (Cancel Held)

Electronically signed by: **Czarnecki, Maciej, MD on 01/09/25 1820** Status: **Cancel Held**
Ordering user: Czarnecki, Maciej, MD 01/09/25 1820 Ordering provider: Czarnecki, Maciej, MD
Authorized by: Smith, Matthew C, MD Ordering mode: Standard
Frequency: Routine Continuous 01/09/25 1820 - Until Specified Class: Hospital Performed
Quantity: 1
Canceled by: Order Context Provider, Automatic 01/11/25 0002

Questionnaire

Question	Answer
Oxygen Delivery Route	Nasal Cannula
Titrate Oxygen	Keep SpO2 >= 90%
Initial Oxygen Amount	Other (Specify)
Special Instructions	2 - 4 L/min x 24 hours if room air SaO2 < = 93%

Bronchial Hygiene Protocol - Sleep (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004 Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD Ordering mode: Standard
Frequency: Routine Continuous 01/11/25 2004 - Until Specified Class: Hospital Performed
Quantity: 1 Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Order comments: SLEEP: Reschedule Bronchial Hygiene Protocol for after the sleep interval.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Oxygen Therapy Face Tent; Keep SpO2 >= 90% (Discontinued)

Electronically signed by: **Sokol-Hessner, Lauge, MD on 02/03/25 1354** Status: **Discontinued**
Ordering user: Sokol-Hessner, Lauge, MD 02/03/25 1354
Ordering provider: Sokol-Hessner, Lauge, MD
Authorized by: Sokol-Hessner, Lauge, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/03/25 1355 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Sokol-Hessner, Lauge, MD (auto-released) 2/3/2025 1:55 PM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Oxygen Delivery Route	Face Tent
Titrate Oxygen	Keep SpO2 >= 90%
Humidification	Yes

Nasotracheal Suctioning (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0604** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0604
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/16/25 0604 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bhandari, Shiv, MD (auto-released) 2/16/2025 6:04 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Oxygen Therapy High Flow Cannula/Mask; Keep SpO2 >= 92% (Discontinued)

Electronically signed by: **Bhandari, Shiv, MD on 02/16/25 0608** Status: **Discontinued**
Ordering user: Bhandari, Shiv, MD 02/16/25 0608
Ordering provider: Bhandari, Shiv, MD
Authorized by: Bhandari, Shiv, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/16/25 0609 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Bhandari, Shiv, MD (auto-released) 2/16/2025 6:08 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Questionnaire

Question	Answer
Oxygen Delivery Route	High Flow Cannula/Mask
Titrate Oxygen	Keep SpO2 >= 92%

Nasotracheal Suctioning (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/16/25 0849** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/16/25 0849
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/16/25 0849 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/16/2025 8:49 AM
Discontinued by: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141

Oxygen Therapy Face Tent; Other (Specify); For patient comfort (Discontinued)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/24/25 1141** Status: **Discontinued**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/24/25 1141
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Continuous 02/24/25 1137 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/24/2025 11:41 AM
Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Questionnaire

Question	Answer
Oxygen Delivery Route	Face Tent
Titrate Oxygen	Other (Specify)
Special Instructions	For patient comfort

Order comments: Apply PRN SOB/dyspnea if opioids are ineffective. Start at 2L/min via nasal cannula & adjust to patient comfort. Discontinue if causing discomfort.

Restraints

Restraints Non-Violent or Non-Self Destructive (Discontinued)

Electronically signed by: **Phan, Janet, MD on 01/11/25 2004** Status: **Discontinued**
Ordering user: Phan, Janet, MD 01/11/25 2004
Ordering provider: Phan, Janet, MD
Authorized by: Smith, Matthew C, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 01/11/25 2004 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Phan, Janet, MD (auto-released) 1/11/2025 8:04 PM
Discontinued by: Walks, Tristan H, RN 01/12/25 1325

Questionnaire

Question	Answer
Restraint reason:	Cog Impairment - Disrupts Necessary Invasive Devices

Restraints Non-Violent or Non-Self Destructive (Discontinued)

Electronically signed by: **Pillai, Sunita, MD on 02/18/25 1403** Status: **Discontinued**
Ordering user: Pillai, Sunita, MD 02/18/25 1403
Ordering provider: Pillai, Sunita, MD
Authorized by: Pillai, Sunita, MD
Ordering mode: Standard
Frequency: Routine Until discontinued 02/18/25 1404 - Until Specified
Class: Hospital Performed
Quantity: 1
Instance released by: Pillai, Sunita, MD (auto-released) 2/18/2025 2:03 PM
Discontinued by: Porter, Allen, RN 02/18/25 1550

Questionnaire

Question	Answer
Restraint reason:	Cog Impairment - Disrupts Necessary Invasive Devices

SLP

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Grabar, Christina, MD on 01/09/25 2144** Status: **Discontinued**
Ordering user: Grabar, Christina, MD 01/09/25 2144
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Until therapy completed 01/09/25 2144 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Grabar, Christina, MD (auto-released) 1/9/2025 9:44 PM
Discontinued by: Shepherd, Amanda Kay, MD 01/24/25 1732

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Swallow evaluation and treat

Inpatient Consult to Speech Language Pathology (Discontinued)

Electronically signed by: **Segerson, Karen Elaine, MD on 01/15/25 1234** Status: **Discontinued**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 14 of 15) (continued)

Ordering user: Segerson, Karen Elaine, MD 01/15/25 1234
Authorized by: Segerson, Karen Elaine, MD
Frequency: Routine Until therapy completed 01/15/25 1229 - 1 occurrence
Quantity: 1

Ordering provider: Segerson, Karen Elaine, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Segerson, Karen Elaine, MD (auto-released) 1/15/2025 12:34 PM

Discontinued by: Pillai, Sunita, MD 02/16/25 1212

Questionnaire

Question	Answer
Hospital	UWMC ML INPATIENT
Reason for Consult	Swallow evaluation and treat Communication eval and treat
Can patient sit upright?	No
Does patient have a tracheostomy?	No

Supplies

Sequential Compression Device (Discontinued)

Electronically signed by: **Schwarz, Samuel, MD on 01/09/25 1805**
Status: **Discontinued**
Ordering user: Schwarz, Samuel, MD 01/09/25 1805
Authorized by: Wilson, Julia, MD
Frequency: Routine Until discontinued 01/09/25 1807 - Until Specified
Quantity: 1

Ordering provider: Wilson, Julia, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Schwarz, Samuel, MD (auto-released) 1/9/2025 6:06 PM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]
Order comments: Standard of care is to keep SCDs on throughout hospitalization.

Abduction pillow (Discontinued)

Electronically signed by: **Paul, Sharmila, MD on 03/06/25 0637**
Status: **Discontinued**
Ordering user: Paul, Sharmila, MD 03/06/25 0637
Authorized by: Abay, Rebecca Joyce Yared, MD
Frequency: Routine Until discontinued 03/06/25 0637 - Until Specified
Quantity: 1

Ordering provider: Paul, Sharmila, MD
Ordering mode: Standard
Class: Hospital Performed

Instance released by: Paul, Sharmila, MD (auto-released) 3/6/2025 6:37 AM

Discontinued by: Discharge Provider, Automatic 03/08/25 1542 [Patient Discharge]

Questionnaire

Question	Answer
Laterality:	Right
Wearing Schedule (right):	ON except for hygiene/wound care/ROM
Allow removal for skin check?	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 15 of 15)

Transfer

ED to floor bed request (Completed)

Electronically signed by: **Song, Chris, MD on 01/09/25 1344** Status: **Completed**
Ordering user: Song, Chris, MD 01/09/25 1344
Ordering provider: Song, Chris, MD
Authorized by: Vrablik, Marie Clougherty, MD
Ordering mode: Standard
Frequency: Routine Once 01/09/25 1345 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Song, Chris, MD (auto-released) 1/9/2025 1:44 PM

Updates

Diagnosis: Arterial occlusion [I70.90]
Level of care: Intensive Care
Service: SURGERY VASCULAR

Transfer Patient (Completed)

Electronically signed by: **Wilson, Julia, MD on 01/14/25 0943** Status: **Completed**
Ordering user: Wilson, Julia, MD 01/14/25 0943
Ordering provider: Wilson, Julia, MD
Authorized by: Wilson, Julia, MD
Ordering mode: Standard
Frequency: Routine Once 01/14/25 0944 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Wilson, Julia, MD (auto-released) 1/14/2025 9:43 AM

Questionnaire

Question	Answer
Provider Care Team	U INTERNAL MEDICINE MED H
Are they the primary team?	Yes
Remove all existing teams?	No

Updates

Attending provider: Wilson, Julia, MD
Level of care: Acute Care

Transfer to Other UWM Facility/Campus (Completed)

Electronically signed by: **Fancher-Dominguez, Alexandria Paige, MD on 02/25/25 1314** Status: **Completed**
Ordering user: Fancher-Dominguez, Alexandria Paige, MD 02/25/25 1314
Ordering provider: Fancher-Dominguez, Alexandria Paige, MD
Authorized by: Fancher-Dominguez, Alexandria Paige, MD
Ordering mode: Standard
Frequency: Routine Once 02/25/25 1312 - 1 occurrence
Class: Hospital Performed
Quantity: 1
Instance released by: Fancher-Dominguez, Alexandria Paige, MD (auto-released) 2/25/2025 1:14 PM

Questionnaire

Question	Answer
Diagnosis	Pt with history of critical limb ischemia s/p AKA c/b heart block requiring pacemaker, progressive encephalopathy, dyphagia, severe malnutrition. Pt's son requesting transfer for NG tube placement under anesthesia. Declined here d/t risk.
Requested Destination	HMC
Requested Level of Care	Acute Care
Isolation or Sitter Needs?	No
Medically Emergent Transfer	No
Default priority	High
Reason for Transfer	Patient/Family request
Patient or decision-maker agrees to transfer?	Yes
Anticipated Admitting Service	INTERNAL MEDICINE

Updates

Request type: Transfer - Incoming
Transfer center region: UWM Transfer Center

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Other Orders (group 15 of 15) (continued)

Flowsheets (group 1 of 16)

Acuity/Destination

Row Name	01/09/25 1035	01/09/25 1031
Patient Acuity	—	Immediate
Triage Complete	Triage complete	—

Arrival Documentation

Row Name	01/09/25 1027
Triage Start	Start
Triage Call	Call 1x
Prehospital Treatment	No
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703

Basic Assessment

Row Name	01/09/25 1059
Neuro (WDL)	Exceptions to WDL
Best Eye Response	Spontaneous
Best Verbal Response	Confused
Best Motor Response	Follows commands
Glasgow Coma Scale Score	14
Cognition	Poor attention/concentration;Follows commands
Respiratory (WDL)	Within Defined Limits
Cardiac (WDL)	Exceptions to WDL
Cardiac Regularity	Irregular
Cardiac Rhythm	Sinus Bradycardia
Peripheral Vascular (WDL)	Exceptions to WDL
Pulses	R dorsalis pedis;L dorsalis pedis;L posterior tibial;R posterior tibial
R Posterior Tibial	Absent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Pulse	
L Posterior Tibial Pulse	Doppler
R Dorsalis Pedis Pulse	Weak
L Dorsalis Pedis Pulse	**Absent**
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Charting Type	Shift assessment

Basic Assessment

Row Name	03/08/25 0900	03/07/25 2103	03/07/25 1410	03/06/25 2100	03/06/25 0830
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Impulsive	—	Impulsive	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss;Unable to follow commands
Speech	Slurred;Incomprehensible	Slurred;Incomprehensible	Slurred;Incomprehensible	Slurred;Incomprehensible;Nods/gestures appropriately	Unable to assess
Swallow	—	—	Chokes on liquids	—	—
RUE Motor Response	—	Normal extension	Normal extension	—	—
RUE Sensation	—	Unable to assess	Unable to assess	—	—
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	Unable to assess	Unable to assess	—	—
LUE Sensation	—	Unable to assess	Unable to assess	—	—
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	Unable to assess	Unable to assess	—	—
RLE Sensation	—	Pain	Pain	—	—
RLE Motor Strength	—	Not tested	Not tested	—	—
LLE Motor Response	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—	—
LLE Sensation	—	Unable to assess	Unable to assess	—	—
LLE Motor Strength	—	Not tested	Not tested	—	—
Neuro Symptoms	—	Fatigue	Fatigue	—	—
Best Eye	To verbal stimuli	To verbal stimuli	To verbal stimuli	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Response					
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	Incomprehensible sounds	—	—
Best Motor Response	Localizes pain	Localizes pain	—	—	—
Glasgow Coma Scale Score	10	10	—	—	—
Delirium Scale Used	Confusion Assessment Method (CAM)	—	Confusion Assessment Method (CAM)	—	—
Feature 1: Acute Onset or Fluctuating Course	—	—	—	—	—
Is there evidence of an acute change in mental status from the patient's baseline?	No	—	No	—	—
Inattention	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Disorganized thinking	—	—	—	—	—
Altered level of consciousness	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	Other (Comment)	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—	—
Teeth	Missing teeth	Missing teeth	Missing teeth	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	Regular	—	Regular	Regular	—
R Upper Anterior	—	—	—	—	—
Respiratory Interventions	Oral suction	—	—	—	—
Suction Type	Oral	Oral	Oral	—	—
Suction Device	Yankauer	Yankauer	Yankauer	—	—
Cough and Deep Breathe	—	—	Uncooperative	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Pacemaker Type	Permanent	—	Permanent	—	—
Permanent Pacer Type	Ventricular	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	—
Capillary Refill	—	Less than/equal to 2	Less than/equal to 2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

		seconds (All extremities)	seconds (All extremities)		
RLE Edema	—	—	—	Mild	—
LLE Edema	—	—	—	Unable to assess	—
RLE Capillary Refill	—	Greater than 2 seconds	Greater than 2 seconds	—	—
RLE Color	—	Appropriate for ethnicity	Appropriate for ethnicity	—	—
RLE Temperature/Moisture	—	Warm	Warm	—	—
LLE Capillary Refill	—	Greater than 2 seconds	Greater than 2 seconds	—	—
LLE Color	—	Appropriate for ethnicity	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	Warm	Warm	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	—	—	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	—	Clean;Dehisced;Pink;Yellow	—	Clean;Dehisced;Pink;Yellow
Peri-Wound Assessment	Dry;Intact	—	Dry;Intact	Dry;Intact;Pink	—
Closure	None	—	—	—	—
Drainage Amount	—	—	None	None	—
Dressing	Mepilex Border	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink;Painful	—	Clean;Dry;Pink;Painful	—	Clean;Dry;Pink;Painful
Peri-Wound Assessment	Clean;Dry	—	—	—	—
Dressing	Barrier Cream	—	Barrier Cream	—	—
Dressing Changed	—	—	Reapplication	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Fragile;Pink;Red	—	Fragile;Pink;Red	—	Unable to assess
Peri-Wound Assessment	Dry;Hyperpigmented;Intact	—	Dry;Hyperpigmented;Intact	—	—
Closure	None	—	—	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	—	—	Mepilex Border
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement	Limited movement	Limited movement	Limited movement;Weakne	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

				ss	
LUE	Limited movement;Weakness	—	—	Limited movement;Weakness	—
RLE	Limited movement;Weakness;Injury/trauma	—	—	Limited movement;Weakness;Injury/trauma	—
LLE	Limited movement;Amputation	—	—	Limited movement;Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	—	—
Abdominal Tenderness	—	Tenderness	Tenderness	—	—
Bowel Incontinence	No	Yes	Yes	—	—
Constipation Precipitating Factors	Dehydration	Dehydration	Dehydration	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	No	—	—
Genitourinary Symptoms	Diminished urine production	—	—	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	Yes	Yes	—	—
Urine Color	Amber	Amber	Amber	—	—
Genitourinary Additional Assessments	No	No	No	—	—
Female Genitalia	Intact	Intact	Intact	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Restless	Restless	—	Restless
Needs Expressed	—	Physical	Physical	—	—
Family Behaviors	—	—	—	Anxious;Aggressive verbally;Verbal	—
Visitor Behaviors	—	—	—	Aggressive verbally;Verbal;Anxious	—
Ability to Express Feelings	—	—	—	Needs assistance	—
Ability to Express Needs	—	—	—	Needs assistance	—
Ability to Express Thoughts	—	—	—	Needs assistance	—
Ability to Understand Others	—	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**03/05/25 2100**	**03/05/25 0950**	**03/04/25 2100**	**03/04/25 0900**	**03/04/25 0036**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Alert	Alert	—	Alert
Orientation Level	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented	Oriented to person;Disoriented to place;Disoriented to time;Disoriented

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

		to situation	to situation	to situation	to situation
Cognition	—	Unable to assess;Impulsive;Poor safety awareness;Poor judgement;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	—	Incomprehensible;Uses written communication	—	—	Incomprehensible
Swallow	—	Chokes on liquids;Chokes on solids;Difficulty swallowing	Chokes on liquids	—	Able to swallow liquids without difficulty
R Hand Grasp	—	—	—	—	Moderate
L Hand Grasp	—	—	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	Not tested
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	Not tested
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	—	—	—	Normal extension;Normal flexion
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	—	Normal extension;Normal flexion
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	—	Normal extension;Normal flexion
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	—	—	—	Unable to assess;Other (Comment)
LLE Sensation	—	—	—	—	Unable to assess
Neuro Symptoms	—	Fatigue	—	—	—
Relieved by	—	Rest	—	—	—
Best Eye Response	—	—	—	—	To verbal stimuli
Best Verbal Response	—	—	—	—	Incomprehensible sounds
Best Motor Response	—	—	—	—	Follows commands
Glasgow Coma	—	—	—	—	11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Scale Score					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	—	Swelling
R Eye	—	Mildly impaired vision	—	—	Mildly impaired vision
L Eye	—	Mildly impaired vision	—	—	Mildly impaired vision
R Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
Nose	—	—	—	—	Intact
Lips	—	—	—	—	Dry
Throat	—	—	—	—	Dry
Tongue	—	—	—	—	Dry
Voice	—	—	—	—	Hoarse
Mucous Membrane(s)	—	—	—	—	Dry
Teeth	—	—	—	—	Missing teeth;Dentures upper;Dentures lower
Neck	—	—	—	—	Trachea midline
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Unlabored	—	—	Unlabored
Respiratory Effort Characteristics	—	—	—	—	Abdominal muscle use
Dyspnea Occurrence	—	—	—	—	With exertion
Chest Assessment	—	Chest expansion symmetrical	—	Other (Comment)	Symmetrical
Bilateral Breath Sounds	—	Diminished	—	—	Unable to assess
R Breath Sounds	—	—	—	—	Unable to assess
L Breath Sounds	—	—	—	—	Unable to assess
Cough	—	—	—	—	Occasional;Productive
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	—	—	—	S1, S2
Head of Bed Elevated	—	HOB 30	—	—	HOB 30
Jugular Venous Distention (JVD)	—	—	—	—	No
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	—	—	—	R radial;L radial;R dorsalis pedis
R Radial Pulse	—	Moderate	—	—	Moderate
L Radial Pulse	—	Moderate	—	—	Moderate
Edema	—	—	—	—	Generalized

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Generalized Edema	—	—	—	—	Mild
RUE Edema	—	—	—	—	Mild
LUE Edema	—	—	—	—	Mild
RLE Edema	—	—	—	—	Mild
LLE Edema	—	—	—	—	Unable to assess
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	—	Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Bruising Location	—	—	—	—	BUE
Bruising Characteristics	—	—	—	—	Scattered
Skin Turgor	—	—	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	Clean;Dehisced;Pink;Yellow	—	—	—
Peri-Wound Assessment	—	Dry;Intact;Pink	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink;Painful	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	—	—	Limited movement;Weakness
LLE	Limited movement;Amputation	Limited movement;Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	—	Soft;Flat
Bowel Sounds (All Quadrants)	—	Present	—	—	Present
Abdominal	—	—	—	—	Soft;Tenderness;Gu

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Tenderness					arding
Passing Flatus	—	—	—	—	Yes
GI Symptoms	—	—	—	—	Loss of appetite
Last BM Date	—	—	—	—	03/03/25
Bowel Incontinence	—	Yes	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	—	—	—	—	Other (Comment)
Urinary Incontinence	—	Yes	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Calm;Irritable	Calm	—	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	—	—	—	—	Physical
Psychosocial Additional Assessments	—	—	—	—	Yes
Family Behaviors	—	—	Anxious	—	Anxious
Rest/Sleep for Patient	—	—	—	—	Poor
Rest/Sleep for Family	—	—	—	—	Poor
Ability to Express Feelings	—	—	—	—	Needs assistance
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express Thoughts	—	—	—	—	Needs assistance
Ability to Understand Others	—	—	—	—	Rarely/never understands
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**03/03/25 0955**	**03/02/25 2333**	**03/02/25 1516**	**03/02/25 0900**	**03/02/25 0019**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Alert	—	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	—	Able to swallow liquids without difficulty	—	—	—
Pupil Assessment	—	No	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Sensation;Motor response;Motor strength	—	—	Grasp;Sensation;Motor response;Motor strength
R Hand Grasp	—	Moderate	—	—	Moderate
L Hand Grasp	—	Moderate	—	—	Moderate
R Foot	—	Not tested	—	—	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Dorsiflexion					
L Foot Dorsiflexion	—	Not tested	—	—	Not tested
R Foot Plantar Flexion	—	Not tested	—	—	Not tested
L Foot Plantar Flexion	—	Not tested	—	—	Not tested
RUE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RLE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)
LLE Sensation	—	Unable to assess	—	Unable to assess	Unable to assess
LLE Motor Strength	—	Not tested	—	Not tested	—
Neuro Symptoms	—	Agitation;Fatigue	—	—	—
Best Eye Response	—	—	—	To pain	To pain
Best Verbal Response	—	—	—	Inappropriate words	Inappropriate words
Best Motor Response	—	—	—	Withdraws to pain	Withdraws to pain
Glasgow Coma Scale Score	—	—	—	9	9
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Swelling	Swelling	—	—	Swelling
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss
Nose	—	Intact	—	Intact	Intact
Lips	—	Dry	—	Dry	Dry
Throat	—	Dry	—	Dry;Other (Comment)	Dry;Other (Comment)
Tongue	—	Dry	—	—	Dry
Voice	—	Hoarse	Hoarse	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Mucous Membrane(s)	—	Dry	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	—
Neck	—	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	Unlabored
Respiratory Effort Characteristics	—	Abdominal muscle use	—	Abdominal muscle use	Accessory muscle use
Dyspnea Occurrence	—	With exertion	With exertion	With exertion	With exertion
Chest Assessment	—	Symmetrical	—	—	Symmetrical
Bilateral Breath Sounds	—	Unable to assess	—	—	Unable to assess
R Breath Sounds	—	Unable to assess	—	—	Unable to assess
L Breath Sounds	—	Unable to assess	—	—	Unable to assess
Cough	—	Occasional;Productive	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	Self regulated	—	Self regulated	Self regulated
Jugular Venous Distention (JVD)	—	No	—	—	No
Cardiac Symptoms	—	None	—	—	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis
R Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
R Femoral Pulse	Moderate	—	—	—	—
Edema	Generalized	Generalized	Generalized	Generalized	Generalized
Generalized Edema	—	Mild	Mild	Mild	Mild
RUE Edema	—	Mild	Mild	Mild	Mild
LUE Edema	—	Mild	Mild	Mild	Mild
RLE Edema	—	Mild	Mild	Mild	Mild
LLE Edema	—	Unable to assess	—	—	Unable to assess
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moi	—	—	Warm	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

sture					
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm	Warm	Warm	Warm	Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	BUE	BUE	—	—	—
Bruising Characteristics	scattered	Scattered	—	Scatteredf	Scattered
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Length (cm)	6 cm	—	—	—	—
Wound Width (cm)	6 cm	—	—	—	—
Wound Surface Area (cm^2)	36 cm^2	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Musculoskeletal Additional Assessments	No	—	—	No	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Present	Present	Present	Present	Present
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding
Passing Flatus	Yes	Yes	Yes	—	—
GI Symptoms	—	Loss of appetite;Diarrhea	Loss of appetite;Diarrhea	—	—
Last BM Date	—	03/02/25	—	—	03/01/25
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	Yes	No	Yes	Yes	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Genitourinary Symptoms	Other (Comment)	Other (Comment)	—	—	Other (Comment)
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	Physical	Physical	—	Physical	Physical
Psychosocial Additional Assessments	Yes	Yes	—	Yes	Yes
Family Behaviors	Anxious	Anxious	—	Anxious	Anxious
Rest/Sleep for Patient	—	Poor	—	Poor	Poor
Rest/Sleep for Family	—	Poor	—	Poor	Poor
Ability to Express Feelings	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Express Needs	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Express Thoughts	—	Needs assistance	—	Needs assistance	Needs assistance
Ability to Understand Others	—	Rarely/never understands	—	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Nursing Annotation	—	—	—	Pain meds refused by son	—
Row Name	**03/01/25 1200**	**03/01/25 0800**	**02/28/25 2054**	**02/28/25 0900**	**02/27/25 2100**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Alert	Alert	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Impulsive	—
Speech	Incomprehensible	—	Incomprehensible;Other (Comment)	Incomprehensible	—
Swallow	—	—	—	Able to swallow liquids without difficulty	—
R Pupil Size (mm)	—	—	—	3	—
R Pupil Shape	—	—	—	Round	—
R Pupil Description	—	—	—	Pinpoint	—
R Pupil Reaction	—	—	—	Brisk	—
L Pupil Size (mm)	—	—	—	3	—
L Pupil Shape	—	—	—	Round	—
L Pupil Description	—	—	—	Pinpoint	—
L Pupil Reaction	—	—	—	Brisk	—
Feature 1: Acute Onset or Fluctuating Course	—	—	—	Negative	—
Feature 2: Inattention	—	—	—	Negative	—
Overall CAM-ICU	—	—	—	Negative	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	Swelling	—
R Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
Nose	—	—	—	Intact	—
Lips	—	—	—	Dry	—
Tongue	—	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	—	Regular	—	Regular	—
Respiratory Effort	—	Unlabored	—	Unlabored	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Cardiac Rhythm	—	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Cyanosis	—	—	—	None	—
Capillary Refill	—	—	—	Less than/equal to 2 seconds (All extremities)	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	Pale	Pale	—
Skin Condition/Temp	—	Warm	Warm	Warm	—
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean	—	—	—
Dressing	—	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	Unable to assess	Unable to assess	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Assessment					
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL
Abdomen Inspection	—	—	—	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	—	—	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	—	—	Soft;Tenderness;Guarding	—
GI Symptoms	Loss of appetite	—	—	Loss of appetite	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	No	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Female Genitalia	—	—	—	Intact	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant
Needs Expressed	—	—	—	Physical	—
Family Behaviors	—	—	—	Anxious	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	—
Row Name	**02/27/25 1100**	**02/26/25 2000**	**02/26/25 0900**	**02/25/25 2019**	**02/24/25 2035**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	Responds to voice	—	—
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	—
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible;Other (Comment)	Incomprehensible;Other (Comment)	—	—	—
Swallow	Chokes on liquids;Chokes on solids	—	—	—	—
Pupil Assessment	No	—	—	—	—
R Hand Grasp	Moderate	—	—	—	—
L Hand Grasp	Moderate	—	—	—	—
R Foot Dorsiflexion	Not tested	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

L Foot Dorsiflexion	Not tested	—	—	—	—
R Foot Plantar Flexion	Not tested	—	—	—	—
L Foot Plantar Flexion	Not tested	—	—	—	—
RUE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	Normal extension;Normal flexion	—	—	Normal extension;Normal flexion	—
RLE Sensation	Unable to assess	—	—	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	Unable to assess;Other (Comment)	—	—	Unable to assess;Other (Comment)	—
LLE Sensation	Unable to assess	—	—	Unable to assess	—
LLE Motor Strength	Not tested	—	—	Not tested	—
Neuro Symptoms	Agitation;Fatigue	—	—	—	—
Relieved by	Rest	—	—	—	—
Neuro Additional Assessments	No	—	—	—	—
Best Eye Response	—	—	—	To pain	To pain
Best Verbal Response	—	—	—	Incomprehensible sounds	Confused
Best Motor Response	—	—	—	Withdraws to pain	Localizes pain
Glasgow Coma Scale Score	—	—	—	8	11
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision	—
L Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
Nose	Intact	—	—	—	—
Lips	Dry	Dry	Dry	Dry	—
Throat	Dry;Other (Comment)	Dry;Other (Comment)	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Tongue	Dry	Dry	—	—	—
Voice	Hoarse	—	—	—	—
Mucous Membrane(s)	Dry	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	—	—
Neck	Trachea midline	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Tachypneic	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	Labored	Labored	—	Labored	Labored
Respiratory Effort Characteristics	Accessory muscle use	Accessory muscle use	—	Accessory muscle use	Accessory muscle use
Dyspnea Occurrence	With exertion	—	—	—	With exertion
Chest Assessment	Unable to assess	—	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	Unable to assess	—	—	Diminished	Diminished
R Breath Sounds	Unable to assess	—	—	—	—
L Breath Sounds	Unable to assess	—	—	—	—
Cough	Occasional;Productive	—	—	—	—
Respiratory Additional Assessments	No	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Rhythm	—	—	—	—	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	—	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	—	—
Skin Condition/Temp	Warm	Warm	—	—	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Closure	—	Staples	—	—	—
Dressing	—	—	—	None - Open to air	—
Edges	—	—	—	—	Unable to assess
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Fragile	Fragile	—	Fragile	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	—	—	Soft;Flat	—
GI Symptoms	—	Loss of appetite;Constipation	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious;Restless;Non-compliant	Agitated;Anxious	Agitated;Anxious	Agitated;Anxious;Crying
Needs Expressed	—	—	—	—	Physical
Family Behaviors	—	—	—	—	Anxious;Tearful
Rest/Sleep for Patient	—	—	—	—	Poor
Rest/Sleep for Family	—	—	—	—	Poor
Ability to Express Feelings	—	—	—	—	Needs assistance
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express	—	—	—	—	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Thoughts					
Ability to Understand Others	—	—	—	—	Rarely/never understands
Charting Type	Shift assessment	—	—	Shift assessment	Shift assessment
Row Name	**02/24/25 1115**	**02/23/25 2119**	**02/23/25 0815**	**02/23/25 0810**	**02/23/25 0000**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to voice	—	Responds to voice	Responds to voice
Orientation Level	—	Unable to assess	—	Unable to assess	Unable to assess
Cognition	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	—	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration
Speech	—	Incomprehensible	—	Incomprehensible	Incomprehensible
Swallow	—	Chokes on liquids;Chokes on solids	—	Chokes on solids;Chokes on liquids	—
Neuro Symptoms	—	—	Agitation;Fatigue	—	Agitation;Fatigue
Best Eye Response	—	To verbal stimuli	Spontaneous	—	—
Best Verbal Response	—	Confused	Incomprehensible sounds	—	—
Best Motor Response	—	Localizes pain	Localizes pain	—	—
Glasgow Coma Scale Score	—	12	11	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Head and Face	—	Intact	—	—	—
R Eye	—	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
L Eye	—	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
R Ear	—	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss
Nose	—	Intact	—	—	—
Lips	—	Dry	—	—	—
Voice	—	—	Hoarse	—	—
Mucous Membrane(s)	—	—	Dry	—	—
Teeth	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Respiratory Pattern	Tachypneic	Tachypneic	Tachypneic	—	Normal
Respiratory Depth/Rhythm	—	Regular	Regular	—	—
Respiratory Effort	Labored	Unlabored	Unlabored	—	Unlabored
Respiratory Effort Characteristics	Accessory muscle use	Abdominal muscle use	Abdominal muscle use	—	—
Dyspnea Occurrence	—	With exertion	With exertion	—	—
Chest Assessment	—	Chest expansion symmetrical	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Bilateral Breath Sounds	—	Clear;Diminished	Diminished	—	Diminished
R Breath Sounds	—	Diminished	—	—	—
L Breath Sounds	—	Diminished	—	—	—
Cough	—	Occasional;Productive	Occasional;Productive	—	Occasional;Productive
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	S1, S2	—	—	S1, S2
Head of Bed Elevated	—	HOB less than 20	—	—	Self regulated
Jugular Venous Distention (JVD)	—	No	—	—	—
Cardiac Symptoms	—	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	—	—
Pulses	—	R radial;L radial;R dorsalis pedis	—	—	—
R Radial Pulse	—	Moderate	—	—	—
L Radial Pulse	—	Moderate	—	—	—
R Femoral Pulse	—	Moderate	—	—	—
L Femoral Pulse	—	Moderate	—	—	—
L Popliteal Pulse	—	—	Unable to assess	—	Unable to assess
L Posterior Tibial Pulse	—	—	Unable to assess	—	Unable to assess
L Dorsalis Pedis Pulse	—	—	Unable to assess	—	Unable to assess
RLE Capillary Refill	—	—	—	—	Greater than 2 seconds
RLE Color	—	—	—	—	Appropriate for ethnicity
RLE Temperature/Moisture	—	—	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Skin Color	—	Pale	Pale	—	Pale
Skin Condition/Temp	—	Warm	—	—	—
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)
Bruising Location	—	BUE	BUE	—	—
Bruising Characteristics	—	Scattered	Scattered	—	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Closure	—	Staples	Staples	—	Staples
Drainage Amount	—	—	None	—	—
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Pink;Blanchable erythema	Pink;Blanchable erythema	—	Pink;Blanchable erythema
Peri-Wound Assessment	—	Clean;Dry	Clean;Dry	—	Clean;Dry
Closure	—	None	—	—	—
Drainage Amount	—	None	None	—	None
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Drainage Amount	—	None	None	—	—
Dressing	—	None - Open to air	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Blanchable erythema	Blanchable erythema	—	Blanchable erythema
Peri-Wound Assessment	—	—	Fragile	—	Fragile
Dressing	—	Mepilex Border	Mepilex Border	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
RUE	—	Limited movement;Weakness	Limited movement;Weakness	—	—
LUE	—	Limited movement;Weakness	Limited movement;Weakness	—	—
RLE	—	Limited movement;Weakness	Limited movement;Weakness	—	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	—	Soft;Flat
Abdominal Tenderness	—	Soft;Tenderness;Guarding	—	—	—
Passing Flatus	—	Yes	—	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	—	Loss of appetite;Constipation
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Genitourinary Symptoms	—	Diminished urine production	Diminished urine production	—	Diminished urine production
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Amber	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Urine Appearance	—	Unable to assess	—	—	—
Urine Odor	—	No odor	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Anxious;Crying	Agitated;Crying;Nonverbal;Restless	Agitated;Crying;Nonverbal;Restless	—	Agitated;Crying;Nonverbal;Restless
Needs Expressed	—	Physical	—	—	—
Psychosocial Additional Assessments	—	—	—	—	—
Family Behaviors	Anxious;Tearful	Anxious;Verbal	Anxious;Verbal	—	Anxious
Rest/Sleep for Patient	Poor	Poor	Poor	—	—
Rest/Sleep for Family	Poor	Poor	Poor	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Express Needs	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Express Thoughts	Needs assistance	Needs assistance	Needs assistance	—	Needs assistance
Ability to Understand Others	Rarely/never understands	Sometimes understands	Sometimes understands	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**02/22/25 2100**	**02/22/25 0955**	**02/21/25 2100**	**02/21/25 1130**	**02/21/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess;Oriented to person	Unable to assess;Oriented to person	Unable to assess
Cognition	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to assess;Impulsive;Poor safety awareness;Poor attention/concentration	Unable to follow commands	Impulsive;Poor safety awareness;Other (Comment)	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands
Speech	Incomprehensible	Incomprehensible	—	Other (Comment)	Unable to assess
Swallow	—	Chokes on liquids;Chokes on solids	—	—	—
LLE Motor Response	—	—	—	—	Unable to assess;Other (Comment)
LLE Sensation	—	—	—	—	Unable to assess
Neuro Symptoms	Agitation;Fatigue	Agitation	—	—	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Confused	—
Best Motor Response	—	—	—	Localizes pain	—
Glasgow Coma Scale Score	—	—	—	13	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	Intact	Intact
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Mild hearing loss
Lips	—	—	—	Dry	—
Throat	—	—	Dry;Other (Comment)	Dry;Other (Comment)	—
Tongue	—	—	—	Dry	—
Voice	—	—	—	Hoarse	—
Mucous Membrane(s)	—	—	—	Dry	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Respiratory Pattern	Normal	Normal	Tachypneic	Tachypneic	—
Respiratory Effort	Unlabored	Unlabored	—	—	—
Respiratory Effort Characteristics	—	Abdominal muscle use	—	—	—
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished;Expiratory wheezes	—
R Breath Sounds	—	—	Diminished	—	—
L Breath Sounds	—	—	Diminished	—	—
Cough	Occasional;Productive	Occasional;Productive	—	—	—
Suction Type	—	—	Oral	—	—
Suction Device	—	—	Yankauer	—	—
Secretion Color	—	—	White;Grey	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Cardiac Regularity	Regular	—	—	—	—
Heart Sounds	S1, S2	—	—	—	—
Head of Bed Elevated	HOB 30	—	—	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Heart Block Type	—	—	—	—	2nd degree AVB (Mobitz II)
Pacemaker Type	Permanent	Permanent	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	None	None
Capillary Refill	—	—	—	Less than/equal to 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	R radial;L radial;R dorsalis pedis
R Radial Pulse	—	—	—	Moderate	—
L Radial Pulse	—	—	—	Moderate	—
L Femoral Pulse	—	—	—	Moderate	—
L Popliteal Pulse	Unable to assess	Unable to assess	—	—	—
L Posterior Tibial Pulse	Unable to assess	Unable to assess	—	—	—
R Dorsalis Pedis Pulse	—	—	—	Moderate	—
L Dorsalis Pedis Pulse	Unable to assess	Unable to assess	—	—	—
Edema	—	—	—	—	Generalized

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

LLE Edema	Unable to assess	Unable to assess	—	—	—
RLE Capillary Refill	Greater than 2 seconds	—	—	—	—
RLE Color	Appropriate for ethnicity	—	—	—	—
RLE Temperature/Moisture	Warm	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale
Skin Condition/Temp	—	—	—	Warm	Hot;Warm
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	BUE	—	—	BUE
Bruising Characteristics	—	Scattered	—	—	scattered
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Staples	Staples	—	Staples	Staples
Drainage Amount	—	—	—	None	None
Dressing	None - Open to air	None - Open to air	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink;Blanchable erythema	Pink;Blanchable erythema	—	Pink	Pink
Peri-Wound Assessment	Clean;Dry	—	—	Clean;Dry	Clean;Dry
Drainage Amount	None	—	—	None	—
Dressing	None - Open to air	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Intact;Dry	Clean;Intact;Dry
Closure	—	—	—	Approximated	Approximated
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema	Blanchable erythema	—	Blanchable erythema	—
Peri-Wound Assessment	Fragile	—	—	Intact	—
Drainage Amount	—	—	—	None	—
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border	Mepilex Border
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Wound Bed/Base Assessment	—	—	—	Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LUE	—	—	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness
LLE	Amputation	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	—	—	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	—	—	—	Present	Present
Abdominal Tenderness	—	—	—	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding
Passing Flatus	—	—	—	Yes	Yes
GI Symptoms	Loss of appetite;Constipation	Loss of appetite	—	—	—
Last BM Date	—	—	—	02/14/25	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Urine Color	—	—	—	Amber	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Crying;Nonverbal;Restless	Agitated;Crying;Nonverbal;Restless	Agitated;Restless	Restless	Restless
Needs Expressed	—	—	—	—	Physical
Psychosocial Additional Assessments	—	—	—	—	Yes
Family Behaviors	Anxious	Anxious	Anxious;Verbal	—	Anxious;Verbal;Uncooperative
Rest/Sleep for Patient	—	Poor	—	—	—
Rest/Sleep for Family	—	Poor	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	—	—	—
Ability to Express Needs	Needs assistance	Needs assistance	—	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	—	—	—
Ability to Understand Others	—	Sometimes understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**02/20/25 2100**	**02/20/25 0803**	**02/19/25 2300**	**02/19/25 1545**	**02/19/25 1122**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Unable to follow commands	—
Speech	Unable to assess	Unable to assess	—	Unable to assess	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Sensation;Motor response;Motor strength	—
R Hand Grasp	—	—	—	Moderate	—
L Hand Grasp	—	—	—	Moderate	—
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
L Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	—	2-Can move on bed but unable to lift	—
L Foot Plantar Flexion	Not tested	—	Not tested	Not tested	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
LUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	—
LLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	—
LLE Motor Strength	Not tested	—	—	Not tested	—
Neuro Symptoms	—	—	—	Agitation	—
Relieved by	—	—	—	Rest;Relaxation techniques (Comment)	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Confused	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma	—	—	14	14	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Scale Score					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
R Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	—
L Ear	Mild hearing loss	Mild hearing loss	Mild hearing loss	Mild hearing loss	—
Lips	—	Dry	—	—	—
Throat	Other (Comment)	Dry	—	—	—
Tongue	—	Dry	—	—	—
Voice	—	Hoarse	—	—	—
Mucous Membrane(s)	—	Dry;Intact;Pink	—	—	—
Teeth	Missing teeth	Missing teeth	—	Missing teeth	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	—	Normal	—	Tachypneic	—
Respiratory Depth/Rhythm	—	Regular	—	Regular	—
Dyspnea Occurrence	—	—	With exertion	—	—
Chest Assessment	—	—	Symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished	—
R Breath Sounds	Diminished	—	—	Diminished	—
L Breath Sounds	Diminished	—	—	Diminished	—
Suction Type	Oral	—	—	—	—
Suction Device	Yankauer	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	Within Defined Limits	Within Defined Limits	Within Defined Limits	—
Cardiac Regularity	—	Regular	—	Regular	—
Heart Sounds	—	S1, S2	—	—	—
Pacemaker Type	Permanent	—	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Capillary Refill	—	Greater than 2 seconds (All extremities)	—	—	—
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	—
R Radial Pulse	—	Moderate	—	Moderate	—
L Radial Pulse	—	Moderate	—	Moderate	—
L Popliteal Pulse	Unable to assess	—	—	—	—
L Posterior Tibial Pulse	Unable to assess	—	—	—	—
R Dorsalis Pedis Pulse	—	—	—	Moderate	—
L Dorsalis Pedis Pulse	Unable to assess	—	—	Unable to assess	—
Edema	—	—	Generalized	Generalized	—
Generalized Edema	—	—	Mild	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	Pale	Pale	Pale	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Skin Condition/Temp	—	Hot;Warm	Hot;Warm	Hot;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	—	—	—	BUE	—
Bruising Characteristics	—	—	—	scattered	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	Clean;Pink	Clean;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	Staples	Staples	Staples	Staples	—
Drainage Amount	—	None	—	—	—
Dressing	Betadine Swabs	Betadine Swabs	Other (Comment)	**Other (Comment)**	—
Dressing Changed	—	Reapplication	—	—	—
Dressing Status	—	Other (Comment)	Other (Comment)	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Pink	Pink	Pink	—
Peri-Wound Assessment	Clean;Dry	Clean	Clean	Clean	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry	—
Closure	—	—	Approximated	Approximated	—
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	—
Peri-Wound Assessment	—	Pink	Pink	Pink	—
Dressing	Mepilex Border	—	—	—	Mepilex Border
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry	Clean;Dry	Clean;Dry	Clean;Dry	—
Peri-Wound Assessment	Dry;Intact	Dry;Intact	Dry;Intact	Dry;Intact	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LUE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	Limited movement;Weakness	—
LLE	Amputation	Amputation	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	Present	Present	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	Soft;Tenderness;Guarding	—
Passing Flatus	—	Yes	Yes	Yes	—
GI Symptoms	—	Loss of appetite	—	Loss of appetite;Other (Comment)	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits
Suprapubic Tenderness	—	—	—	No	No
Genitourinary Symptoms	—	Other (Comment)	Other (Comment)	Other (Comment)	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless	Restless	Restless	Restless	Restless
Needs Expressed	—	—	—	Physical	Physical
Psychosocial Additional Assessments	—	Yes	—	Yes	Yes
Family Behaviors	—	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative
Rest/Sleep for Patient	—	Poor	Poor	—	—
Rest/Sleep for Family	—	Poor	—	—	—
Ability to Express Feelings	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Express Needs	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Express Thoughts	Unable to express	Needs assistance	Needs assistance	Needs assistance	Needs assistance
Ability to Understand Others	Rarely/never understands	Rarely/never understands	Rarely/never understands	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**02/19/25 1040**	**02/19/25 0900**	**02/18/25 2057**	**02/18/25 0809**	**02/18/25 0038**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to voice	—	Responds to voice	Responds to pain	—
Orientation Level	Unable to assess	—	Unable to assess	Unable to assess	—
Cognition	Impulsive;Poor	—	Follows	Unable to assess	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

	judgement;Poor safety awareness;Unable to follow commands		commands;Poor safety awareness;Poor attention/concentration		
Speech	—	—	Other (Comment)	Incomprehensible	—
Swallow	—	—	Other (Comment)	Chokes on liquids;Difficulty swallowing;Chokes on solids	—
R Pupil Size (mm)	—	—	3	—	—
R Pupil Shape	—	—	Round	—	—
R Pupil Reaction	—	—	Brisk	—	—
L Pupil Size (mm)	—	—	3	—	—
L Pupil Shape	—	—	Round	—	—
L Pupil Reaction	—	—	Brisk	—	—
R Hand Grasp	—	—	Moderate	—	—
L Hand Grasp	—	—	Moderate	—	—
RUE Motor Response	—	—	Normal extension;Normal flexion	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	—	Normal extension;Normal flexion	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	—	Normal extension;Normal flexion	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	—	Unable to assess;Other (Comment)	—	—
LLE Sensation	—	—	Unable to assess	—	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Incomprehensible sounds	—
Best Motor Response	—	—	Follows commands	Localizes pain	—
Glasgow Coma Scale Score	—	—	14	11	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	Intact	—	—	—	—
R Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
L Eye	Mildly impaired vision	—	Mildly impaired vision	Mildly impaired vision	—
R Ear	Moderate hearing	—	Moderate hearing	Moderate hearing	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

	loss		loss	loss	
L Ear	Mild hearing loss	—	Mild hearing loss	Moderate hearing loss	—
Nose	Intact	—	—	—	—
Lips	Dry	—	Dry	—	—
Throat	Dry	—	—	—	—
Tongue	Dry	—	—	—	—
Voice	Hoarse	—	—	—	—
Mucous Membrane(s)	Dry;Intact;Pink	—	—	Dry;Intact;Pink	—
Teeth	Missing teeth	—	Missing teeth	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	Regular	—	Regular	—	—
Respiratory Effort	Unlabored	—	Unlabored	—	—
Dyspnea Occurrence	—	—	With exertion	With crying;With exertion	—
Chest Assessment	—	—	Chest expansion symmetrical	—	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
Cough	Occasional;Non-productive	—	Occasional;Non-productive	—	—
Cough and Deep Breathe	Needs encouragement	—	—	—	—
Cardiac (WDL)	Within Defined Limits	—	Within Defined Limits	Exceptions to WDL	—
Cardiac Regularity	Regular	—	—	—	—
Heart Sounds	—	—	S1, S2	—	—
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	—	No	—	—
Cardiac Symptoms	—	—	None	—	—
Telemetry/Cardiac Monitor	—	—	No	No	—
Pacemaker Type	—	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	None	—	—
Pulses	—	—	R radial;L radial;R dorsalis pedis	—	—
R Radial Pulse	—	—	Moderate	—	—
L Radial Pulse	—	—	Moderate	—	—
L Femoral Pulse	—	—	Moderate	—	—
L Popliteal Pulse	—	—	Unable to assess	Unable to assess	—
R Posterior Tibial Pulse	—	—	Weak	—	—
L Posterior Tibial Pulse	—	—	—	Unable to assess	—
L Dorsalis Pedis Pulse	—	—	—	Unable to assess	—
Generalized	—	—	—	Mild	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Edema					
LLE Edema	—	—	—	Unable to assess	—
RLE Capillary Refill	—	—	Greater than 2 seconds	—	—
RLE Color	—	—	Appropriate for ethnicity	—	—
RLE Temperature/Moisture	—	—	Warm	—	—
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	—	Warm	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	—	Pale	Pale	—
Skin Condition/Temp	Hot;Dry	—	Hot;Dry	Hot;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	BUE	—	BUE	BUE	—
Bruising Characteristics	Scattered	—	Scattered	scattered	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Clean;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Closure	—	Staples	Staples	—	—
Drainage Description	—	Unable to assess	—	—	—
Drainage Amount	—	None	None	—	—
Dressing	—	—	Gauze;Betadine Swabs;Elastic Wrap (ACE)	—	—
Dressing Changed	—	—	Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	—	—
Peri-Wound Assessment	—	—	Clean	—	—
Closure	—	—	None	—	—
Dressing	—	—	Barrier Cream	—	—
Dressing Changed	—	Reapplication	Reapplication	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Intact;Dry	—	—
Closure	—	—	Approximated	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema	—
Peri-Wound Assessment	—	—	Pink	Pink	—
Closure	—	—	None	—	—
Dressing	—	—	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Clean;Dry	—	—
Peri-Wound Assessment	—	—	Dry;Intact	—	—
Closure	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
LUE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
RLE	Limited movement;Weakness	—	Limited movement;Weakness	Limited movement;Weakness	—
LLE	Amputation	—	Amputation	Amputation	—
Musculoskeletal Additional Assessments	No	—	—	—	—
Gastrointestinal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	—	Soft;Flat	—	—
Bowel Sounds (All Quadrants)	Present	—	Present	—	—
Abdominal Tenderness	Soft;Tenderness;Guarding	—	Soft;Tenderness;Guarding	—	—
Passing Flatus	Yes	—	Yes	—	—
GI Symptoms	—	—	Loss of appetite	Loss of appetite	—
Genitourinary (WDL)	—	—	Within Defined Limits	Within Defined Limits	—
Suprapubic Tenderness	—	—	No	—	—
Urinary Incontinence	—	—	Yes	—	—
Psychosocial (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	—	—	Restless	—	—
Needs Expressed	—	—	Physical	—	—
Family Behaviors	—	—	Anxious;Verbal;Uncooperative	Anxious;Verbal;Uncooperative	—
Rest/Sleep for Patient	—	—	—	Poor	—
Ability to Express	—	—	Needs assistance	Needs assistance	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Feelings					
Ability to Express Needs	—	—	Needs assistance	Needs assistance	—
Ability to Express Thoughts	—	—	Needs assistance	Needs assistance	—
Ability to Understand Others	—	—	—	Rarely/never understands	—
Charting Type	—	—	Shift assessment	Shift assessment	—
Reason for Communication	—	—	—	—	Family request

Row Name	**02/17/25 2030**	**02/17/25 1042**	**02/16/25 2149**	**02/16/25 1000**	
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	
Level of Consciousness	Responds to pain	Responds to pain	Alert	—	
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	
Cognition	Unable to assess	Unable to assess	Unable to assess	Unable to assess	
Speech	Incomprehensible	Incomprehensible	—	Incomprehensible	
Swallow	—	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing	
R Hand Grasp	Moderate	—	—	—	
L Hand Grasp	Moderate	—	—	—	
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	—	
L Foot Dorsiflexion	2-Can move on bed but unable to lift	—	—	—	
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	—	—	
L Foot Plantar Flexion	Not tested	—	—	—	
RUE Motor Response	Normal extension;Normal flexion	—	—	—	
RUE Sensation	Unable to assess	—	—	—	
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
LUE Motor Response	Normal extension;Normal flexion	—	—	—	
LUE Sensation	Unable to assess	—	—	—	
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
RLE Motor Response	Normal extension;Normal flexion	—	—	—	
RLE Sensation	Unable to assess	—	—	—	
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	—	
LLE Motor Response	Unable to assess	—	—	—	
LLE Sensation	Unable to assess	—	—	—	
LLE Motor Strength	Not tested	—	—	—	

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Neuro Symptoms	Agitation	—	—	Agitation
Best Eye Response	Spontaneous	Spontaneous	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	—	—
Best Motor Response	Localizes pain	Localizes pain	—	—
Glasgow Coma Scale Score	11	11	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	—	—
R Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
L Eye	Mildly impaired vision	Mildly impaired vision	—	Mildly impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	—
Nose	—	Intact	—	—
Throat	Dry	—	—	—
Tongue	Dry	—	—	—
Voice	Hoarse	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth	Missing teeth
Neck	Trachea midline	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Tachypneic	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular
Respiratory Effort	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use	Abdominal muscle use	Accessory muscle use
Dyspnea Occurrence	At rest;With crying;With exertion	At rest;With exertion	At rest;With crying;With exertion	—
Chest Assessment	Symmetrical	Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished	Diminished	Diminished;Rhonchi	Diminished
R Breath Sounds	Diminished	Diminished	—	Crackles;Diminished
L Breath Sounds	Diminished	Diminished	—	—
Cough	Occasional;Non-productive	—	Occasional;Non-productive	Occasional;Non-productive
Suction Type	Oral	—	—	—
Suction Device	Yankauer	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	—
Heart Sounds	S1, S2	S1, S2	—	—
Head of Bed Elevated	Self regulated	HOB 30	—	HOB 30
Jugular Venous Distention (JVD)	No	—	—	—
Cardiac Symptoms	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Telemetry/Cardiac Monitor	No	—	—	No
Cardiac Rhythm	—	—	—	Ventricular Paced
Pacemaker Type	—	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
Pulses	—	R radial;L radial;R dorsalis pedis	—	—
R Radial Pulse	Weak	Weak	—	Weak
L Radial Pulse	Weak	Weak	—	Weak
R Dorsalis Pedis Pulse	—	Moderate	—	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	—
Edema	—	Right lower extremity;Left lower extremity	—	—
Generalized Edema	—	Mild	—	—
RUE Edema	Mild	Mild	—	—
LUE Edema	Mild	Mild	—	—
RLE Edema	Mild	Mild	—	—
LLE Edema	Unable to assess	Unable to assess	—	Unable to assess
RLE Capillary Refill	Greater than 2 seconds	—	—	—
RLE Color	Appropriate for ethnicity	—	—	—
RLE Temperature/Moisture	Warm	—	—	—
LLE Capillary Refill	Greater than 2 seconds	—	—	—
LLE Color	Pale	—	—	—
LLE Temperature/Moisture	Warm;Dry	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising
Bruising Location	—	—	—	BUE
Bruising Characteristics	—	—	—	scattered
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated			
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Unable to assess
Closure	—	—	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Drainage Amount	None	—	—	—
Dressing	Other (Comment)	—	—	Gauze;Elastic Wrap (ACE)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess
Peri-Wound Assessment	Unable to assess	—	—	Unable to assess
Drainage Amount	None	—	—	—
Dressing	None - Open to air	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed			
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Intact;Dry	—	—	Clean;Intact;Dry
Dressing	None - Open to air	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	Unable to assess
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701			
Wound Bed/Base Assessment	Clean;Dry	—	—	Dry;Clean;Blanchable erythema
Peri-Wound Assessment	Dry;Intact	—	—	Intact
Closure	None	—	—	—
Dressing	None - Open to air	—	—	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LUE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
RLE	Limited movement;Weakness	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LLE	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	Present	Present	Present	—
Abdominal Tenderness	Soft;Tenderness;Guarding	Soft;No guarding;Tenderness	Soft	—
Passing Flatus	Yes	Yes	—	—
GI Symptoms	Loss of appetite	Constipation	—	Constipation
RUQ Bowel Sounds	Present	Present	—	—
LUQ Bowel	Present	Present	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 1 of 16) (continued)

Sounds				
RLQ Bowel Sounds	Present	Present	—	—
LLQ Bowel Sounds	Present	Present	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	No	—	—
Genitourinary Symptoms	—	Other (Comment)	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	—	—	—
Genitourinary Additional Assessments	—	No	—	—
Female Genitalia	—	Intact	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Appropriate for situation;Crying;Irritable;Nonverbal	Agitated;Appropriate for situation;Crying;Irritable;Nonverbal	Nonverbal;Restless;Crying	Nonverbal
Needs Expressed	—	Physical	—	—
Psychosocial Additional Assessments	—	Yes	—	—
Family Behaviors	Anxious	Anxious	—	—
Rest/Sleep for Patient	Fair	Fair	—	—
Ability to Express Feelings	Needs assistance	Unable to express	—	—
Ability to Express Needs	Needs assistance	Unable to express	—	—
Ability to Express Thoughts	Needs assistance	Unable to express	—	—
Ability to Understand Others	Sometimes understands	Sometimes understands	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16)

Basic Assessment

Row Name	02/15/25 2124	02/15/25 1100	02/15/25 0100	02/15/25 0054	02/14/25 1515
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Alert	—	Alert	Alert
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Cognition	Unable to assess	Unable to assess;Impulsive	—	Unable to assess;Impulsive	Unable to assess;Impulsive
Speech	Incomprehensible	Incomprehensible	—	Incomprehensible	Incomprehensible
Swallow	—	—	—	—	**Difficulty swallowing**
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Motor response;Sensation;Motor strength	Grasp;Motor response;Sensation;Motor strength
R Hand Grasp	—	—	—	Moderate	Moderate
L Hand Grasp	—	—	—	Moderate	Moderate
R Foot Dorsiflexion	—	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Dorsiflexion	—	—	—	Not tested	Not tested
R Foot Plantar Flexion	—	—	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Plantar Flexion	—	—	—	Not tested	Not tested
RUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	—	—	Unable to assess	Unable to assess
RUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	—	—	Unable to assess	Unable to assess
LUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RLE Sensation	—	—	—	Unable to assess	Unable to assess
RLE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	—	—	Unable to assess	Unable to assess
LLE Sensation	—	—	—	Unable to assess	Unable to assess
LLE Motor Strength	—	—	—	Not tested	Not tested
Neuro Symptoms	—	—	—	Agitation;Irritable	Agitation;Irritable
Relieved by	—	—	—	—	Rest;Relaxation techniques (Comment)
Best Eye Response	Spontaneous	—	—	To pain	To pain
Best Verbal	Inappropriate words	—	—	Inappropriate words	Inappropriate words

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Response					
Best Motor Response	Withdraws to pain	—	—	Localizes pain	Localizes pain
Glasgow Coma Scale Score	11	—	—	10	10
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	—	—	—
R Eye	Mildly impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
L Eye	Mildly impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	—	—	Moderate hearing loss
Nose	—	Intact	—	—	—
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	—	—	—
Teeth	Missing teeth	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Labored	—	—	Labored
Respiratory Effort Characteristics	—	Accessory muscle use	—	—	Accessory muscle use;Abdominal muscle use
Dyspnea Occurrence	—	Lying flat	—	—	Lying flat;With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished	Diminished
R Breath Sounds	—	Diminished	—	—	Diminished
L Breath Sounds	—	Diminished	—	—	Diminished
Cough	—	Productive;Moist	—	—	Productive;Moist
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	—
Heart Sounds	—	S1, S2	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Pacemaker Type	—	Permanent	—	—	—
Method	—	Transvenous	—	—	—
Temp Pacing Type	—	Medtronic	—	—	—
Temp Pacing Mode	—	VVI	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Greater than 2 seconds (All extremities)	—	—	Greater than 2 seconds (All extremities)
Pulses	—	R radial;L radial;R	—	—	R radial;L radial;R

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

		dorsalis pedis			dorsalis pedis
R Radial Pulse	—	Moderate	—	—	Moderate
L Radial Pulse	—	Moderate	—	—	Moderate
R Femoral Pulse	—	Moderate	—	—	—
L Femoral Pulse	—	Moderate	—	—	—
R Popliteal Pulse	—	Doppler	—	—	—
R Dorsalis Pedis Pulse	—	—	—	—	Moderate
L Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
Edema	Right lower extremity;Left lower extremity	—	—	Generalized	—
Generalized Edema	—	—	—	Mild	Mild
RLE Edema	Mild	—	—	—	—
LLE Edema	Mild	—	—	—	—
RLE Capillary Refill	—	—	—	—	Greater than 2 seconds
RLE Color	—	—	—	—	Appropriate for ethnicity
RLE Temperature/Moisture	—	—	—	—	Warm
LLE Capillary Refill	—	—	—	—	Greater than 2 seconds
LLE Color	—	—	—	—	Pale
LLE Temperature/Moisture	—	—	—	—	Warm;Dry
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	—	Pale	Pale
Skin Condition/Temp	—	Warm;Dry;Cool	—	Warm;Dry;Cool	Warm;Dry;Cool
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	BUE	BUE	—	—	BUE
Bruising Characteristics	scattered	Various	—	—	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	—
Integumentary Additional Assessments	—	No	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	Dry;Clean;Intact	—
Peri-Wound Assessment	Unable to assess	—	—	Dry;Clean;Intact	—
Closure	—	—	—	Staples	—
Dressing	Elastic Wrap (ACE)	—	—	Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Clean;Dry;Pink
Dressing	—	—	—	Barrier Cream	Barrier Cream
Dressing Changed	—	—	—	Reapplication	—
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	—	—	—	Skin glue;Approximated	Skin glue;Approximated
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
RUE	Limited movement;Weakness	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement
LUE	Limited movement;Weakness	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement
RLE	Limited movement;Weakness	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation;Surgery	Amputation	—	Amputation	Amputation
Musculoskeletal Additional Assessments	—	No	—	—	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	—	Soft;Flat	—
Bowel Sounds (All Quadrants)	—	Present	—	Present	Present
Abdominal Tenderness	—	Soft	—	Soft	Soft
Passing Flatus	Yes	Yes	—	Yes	Yes
GI Symptoms	—	—	—	—	Constipation
Bowel Incontinence	Yes	—	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Suprapubic	—	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Tenderness					
Genitourinary Symptoms	Other (Comment)	Diminished urine production	—	Diminished urine production	Diminished urine production;Other (Comment)
Urinary Incontinence	Yes	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Nonverbal	Impulsive;Nonverbal;Restless	—	Impulsive;Nonverbal;Restless	Impulsive;Nonverbal;Restless
Needs Expressed	—	Physical	—	Physical	Physical
Psychosocial Additional Assessments	—	Yes	—	Yes	Yes
Family Behaviors	Cooperative	Anxious;Cooperative	—	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	—	Fair	—	Fair	Fair
Ability to Express Feelings	—	—	—	Unable to express	Unable to express
Ability to Express Needs	—	Unable to express	—	Unable to express	Unable to express
Ability to Express Thoughts	—	Unable to express	—	Unable to express	Unable to express
Ability to Understand Others	—	Sometimes understands	—	Sometimes understands	Sometimes understands
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Row Name	**02/14/25 0900**	**02/13/25 2200**	**02/13/25 2030**	**02/13/25 1220**	**02/13/25 0900**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Alert	—	Alert	Responds to voice	—
Orientation Level	Unable to assess	—	Unable to assess	Unable to assess	—
Cognition	—	—	Unable to follow commands;Unable to assess;Other (Comment)	Unable to follow commands;Unable to assess;Other (Comment)	—
Speech	Incomprehensible	—	Incomprehensible	Incomprehensible	—
Swallow	—	—	Difficulty swallowing	Difficulty swallowing	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Motor strength;Grasp	—	—
R Hand Grasp	—	—	Strong	—	—
L Hand Grasp	—	—	Strong	—	—
R Foot Dorsiflexion	—	—	2-Can move on bed but unable to lift	—	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	2-Can move on bed but unable to lift	—	—
L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor	Normal	—	Normal	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Response	extension;Normal flexion		extension;Normal flexion		
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	—	Unable to assess	—	—
LLE Sensation	—	—	Unable to assess	—	—
LLE Motor Strength	—	—	Not tested	—	—
Neuro Symptoms	Agitation;Irritable	—	Agitation;Irritable	—	—
Relieved by	Relaxation techniques (Comment)	—	—	—	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	—	—	—	Intact	—
R Eye	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision	—
L Eye	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision	—
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	—	—	Dry	—
Voice	Hoarse	—	—	Hoarse	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Respiratory Pattern	Normal	—	Normal	Normal	—
Respiratory Depth/Rhythm	Regular	—	Regular	Shallow	—
Respiratory Effort	Labored	—	—	Labored	—
Dyspnea Occurrence	Lying flat	—	—	—	—
Chest Assessment	—	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
R Breath Sounds	Diminished	—	—	Diminished;Crackles;Expiratory wheezes	—
L Breath Sounds	Diminished	—	—	Diminished	—
Cough	—	—	—	Productive;Moist;Occasional;Weak;Unable to assess;Other (Comment)	—
Respiratory Additional Assessments	—	—	—	No	—
Cardiac (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Cardiac Regularity	Regular	—	—	Regular	—
Heart Sounds	S1, S2	—	—	S1, S2	—
Head of Bed Elevated	—	—	—	HOB less than 20	—
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	—	Other (Comment)	—
Telemetry/Cardiac Monitor	—	—	—	No	—
Cardiac Rhythm	—	—	—	Ventricular Paced	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	—	None	—
Capillary Refill	—	—	—	Greater than 2 seconds (All extremities)	—
Pulses	—	—	—	R radial;L radial;R dorsalis pedis	—
L Radial Pulse	—	—	—	Moderate	—
R Femoral Pulse	—	—	—	Moderate	—
L Popliteal Pulse	—	—	Unable to assess	—	—
L Posterior Tibial Pulse	—	—	Unable to assess	—	—
Edema	—	—	Generalized	—	—
Generalized Edema	—	—	Mild	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	—	Pale	Pale	—
Skin Condition/Temp	Warm;Dry;Cool	—	Warm;Dry;Cool	Warm;Dry;Cool	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	—	—	BUE	—	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Integumentary Additional Assessments	—	—	—	No	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Pink
Closure	—	—	—	—	Staples
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	New;Changed	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	—	—	—	—	Intact
Closure	—	—	—	—	None
Drainage Amount	—	—	—	—	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Drainage Amount	—	—	—	—	None
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	—	Amputation	Amputation	—
Musculoskeletal Additional Assessments	—	—	—	No	—
Gastrointestinal (WDL)	Within Defined Limits	—	Within Defined Limits	Within Defined Limits	—
Abdomen Inspection	Soft;Flat	—	—	—	—
Bowel Sounds (All Quadrants)	Present	—	—	—	—
Abdominal Tenderness	Soft	—	—	—	—
Bowel Incontinence	—	—	—	Yes	—
Stool Appearance	—	—	—	Formed;Soft	—
Stool Color	—	—	—	Brown	—
Stool Size	—	—	—	Small	—
Bowel frequency (day)	—	—	—	1 to 3 times	—
RUQ Bowel Sounds	—	—	—	Active;Present;Audible	—
LUQ Bowel Sounds	—	—	—	Active;Present;Audible	—
RLQ Bowel Sounds	—	—	—	Active;Present;Audible	—
LLQ Bowel Sounds	—	—	—	Active;Present;Audible	—
Genitourinary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Suprapubic Tenderness	—	—	—	No	—
Genitourinary Symptoms	Diminished urine production	—	Diminished urine production	Diminished urine production	—
Urinary Incontinence	—	—	—	Yes	—
Urine Color	—	—	—	Tea colored	—
Urine Appearance	—	—	—	Clear	—
Urine Odor	—	—	—	No odor	—
Psychosocial (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Patient	Impulsive;Nonverbal	—	—	Impulsive;Nonverbal	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Behaviors/Mood	;Restless			;Restless	
Charting Type	Shift assessment	—	Shift assessment	Shift assessment	—
Reason for Communication	—	—	—	Medication concern	—
Provider Name	—	—	—	Sunita Pillai MD	—
Provider Role	—	—	—	Attending physician	—
Method of Communication	—	—	—	Overhead	—
Response	—	—	—	No new orders	—
Notification Time	—	—	—	0744	—
Row Name	**02/12/25 2112**	**02/12/25 2100**	**02/12/25 0830**	**02/11/25 2135**	**02/11/25 0901**
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to pain	—	—	Responds to pain
Orientation Level	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	—	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands
Speech	—	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	—	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing;Loss of liquids/solids from mouth	—
RUE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RUE Sensation	—	—	Unable to assess	Unable to assess	—
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
LUE Sensation	—	—	Unable to assess	Unable to assess	—
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion	—
RLE Sensation	—	—	Unable to assess	Unable to assess	—
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	—	—	Unable to assess	Unable to assess	—
LLE Sensation	—	—	Unable to assess	Unable to assess	—
LLE Motor Strength	—	Not tested	Not tested	Not tested	—
Neuro Symptoms	—	Agitation	Agitation	Agitation	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	—	—	Intact
R Eye	—	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
L Eye	—	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—
R Ear	—	Deaf	Deaf	Deaf	Deaf

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

L Ear	—	Deaf	Deaf	Deaf	Deaf
Respiratory (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	—	Normal	—	Normal
Respiratory Depth/Rhythm	—	—	Regular	—	Regular
Respiratory Effort	—	—	Unlabored	—	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished	Clear;Diminished	Diminished
Cough	—	Occasional;Weak;Unable to clear secretions	—	—	—
Suction Type	—	Oral	—	—	—
Suction Device	—	Yankauer	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	—	Regular	—	Regular
Heart Sounds	—	—	S1, S2	—	S1, S2
Head of Bed Elevated	—	—	HOB 45	—	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Pacemaker Type	—	Permanent	—	—	—
Peripheral Vascular (WDL)	—	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits
L Popliteal Pulse	—	Unable to assess	—	—	—
L Posterior Tibial Pulse	—	Unable to assess	—	—	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	—	—
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	—	—	Pale
Skin Condition/Temp	—	—	—	—	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Dressing	—	—	Elastic Wrap (ACE)	—	Elastic Wrap (ACE)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Dressing	—	—	Barrier Cream	—	Barrier Cream
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink
Dressing	—	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	—	—	Unable to assess	—	Clean

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Assessment					
Dressing	—	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry;Pink	—	Blanchable erythema;Dry;Pink; Other (Comment)
Dressing	—	—	None - Open to air	—	None - Open to air
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	—	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	—	Within Defined Limits	Within Defined Limits	Within Defined Limits	Within Defined Limits
Bowel Sounds (All Quadrants)	—	—	Present	—	—
Abdominal Tenderness	—	—	Soft	—	—
Last BM Date	—	02/11/25	—	02/11/25	—
Bowel Incontinence	—	—	Yes	Yes	—
Genitourinary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Genitourinary Symptoms	—	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Urinary Incontinence	—	Yes	Yes	Yes	—
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	—	Restless;Crying;Not interactive	Restless;Crying;Not interactive	Restless;Crying;Not interactive	Restless;Crying
Ability to Express Feelings	—	Unable to express	—	—	—
Ability to Express Needs	—	Unable to express	—	—	—
Ability to Express Thoughts	—	Unable to express	—	—	—
Ability to Understand Others	—	Sometimes understands	—	—	—
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Response	See orders	—	—	—	—
Row Name	**02/10/25 2315**	**02/10/25 2030**	**02/10/25 0900**	**02/09/25 2300**	**02/09/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands	Unable to follow commands
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Other (Comment)	Other (Comment)
Swallow	—	—	Chokes on liquids;Chokes on solids;Difficulty swallowing;Loss of liquids/solids from	Other (Comment)	Difficulty swallowing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

			mouth		
Hand Grasp/Motor Function/Sensation Assessment	Motor strength;Grasp	Motor strength;Grasp	Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp	—
R Hand Grasp	Strong	Strong	Strong	Strong	Strong
L Hand Grasp	Strong	Strong	Strong	Strong	Strong
RUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	—	—	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	—	—	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	—	—	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	—	—	Normal extension	Normal extension
RLE Sensation	—	—	—	Unable to assess	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
LLE Sensation	Unable to assess	Unable to assess	—	Other (Comment)	Unable to assess
LLE Motor Strength	Not tested	Not tested	Not tested	Not tested	Not tested
Neuro Symptoms	—	—	—	Agitation;Irritable	—
Relieved by	—	—	—	Relaxation techniques (Comment);Other (Comment)	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	Intact	Intact	Intact	Intact
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Nose	—	Intact	Intact	Intact	—
Lips	—	—	—	Dry	—
Throat	—	—	—	Dry	—
Tongue	—	—	—	Dry	—
Voice	—	—	—	Hoarse	Hoarse
Mucous Membrane(s)	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact	Dry;Pink;Intact
Teeth	—	Dentures upper;Dentures lower	Dentures upper;Dentures lower	Missing teeth;Difficulty chewing	Missing teeth;Difficulty chewing
Neck	—	Trachea midline	Trachea midline	Trachea midline	Trachea midline
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Respiratory Pattern	Normal	Normal	Normal	Normal	—
Respiratory Depth/Rhythm	—	—	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	Abdominal muscle use	—
Dyspnea Occurrence	—	—	At rest	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	Symmetrical	Symmetrical	Symmetrical
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished	Diminished
R Breath Sounds	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished;Expiratory wheezes;Inspiratory wheezes	Diminished	Diminished
L Breath Sounds	Diminished;Expiratory wheezes	Diminished;Expiratory wheezes	Diminished;Expiratory wheezes	Diminished	Diminished
Cough	—	—	—	Occasional;Weak;Unable to clear secretions	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	—	None	None
Telemetry/Cardiac Monitor	—	—	—	No	No
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	—
Pacemaker Type	—	—	—	—	Permanent
Peripheral Vascular (WDL)	Within Defined Limits	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	—	—	None	None
Capillary Refill	—	—	—	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	—	—	—	R radial;L radial	—
R Radial Pulse	—	—	—	Moderate	Moderate
L Radial Pulse	—	—	—	Moderate	Moderate
L Popliteal Pulse	—	Unable to assess	—	Unable to assess	—
R Posterior Tibial Pulse	—	Moderate	—	Unable to assess	—
L Posterior Tibial Pulse	—	Unable to assess	—	Unable to assess	—
R Dorsalis Pedis Pulse	—	Moderate	—	Moderate	—
L Dorsalis Pedis Pulse	—	Unable to assess	—	Moderate	—
Edema	—	—	—	Generalized	—
Generalized Edema	—	—	—	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
RLE Edema	—	—	—	Mild	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	Pale

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	—	BUE	BUE	BUE
Bruising Characteristics	—	—	—	Various	various stages
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—
Closure	—	Staples	Staples	—	—
Drainage Amount	—	None	None	—	—
Dressing	—	Elastic Wrap (ACE)	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Closure	—	Skin glue;Approximated	Skin glue;Approximated	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	Amputation	—	Amputation	Amputation
Gastrointestinal (WDL)	Within Defined Limits	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds	—	Present	Present	Present	Present

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(All Quadrants)					
Abdominal Tenderness	—	Soft	Soft	Soft	Soft
Passing Flatus	—	—	—	Yes	Yes
GI Symptoms	—	—	—	None	Loss of appetite
Last BM Date	—	02/09/25	—	—	—
RUQ Bowel Sounds	—	—	—	—	Present
LUQ Bowel Sounds	—	—	—	—	Present
RLQ Bowel Sounds	—	—	—	—	Present
LLQ Bowel Sounds	—	—	—	—	Present
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	—	No	No	No
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Restless;Crying	Sleeping;Calm	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping
Needs Expressed	—	—	—	Physical	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	—	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Unable to express	Unable to express
Ability to Express Needs	—	—	—	Unable to express	Unable to express
Ability to Express Thoughts	—	—	—	Unable to express	Unable to express
Ability to Understand Others	—	—	—	Sometimes understands	Sometimes understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	—
Row Name	**02/08/25 2100**	**02/08/25 0900**	**02/08/25 0038**	**02/07/25 2100**	**02/07/25 1300**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	Unable to follow commands	Unable to follow commands	Unable to follow commands;Poor safety awareness;Impulsive	Unable to assess	Unable to assess
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible	Incomprehensible
Swallow	Difficulty swallowing	—	Difficulty swallowing	Difficulty swallowing	Difficulty swallowing;Chokes on solids
Hand Grasp/Motor Function/Sensation Assessment	Motor response;Sensation;Motor strength;Grasp	—	—	—	—
R Hand Grasp	Strong	Strong	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

L Hand Grasp	Strong	Strong	—	—	—
RUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	Normal extension;Normal flexion	—	Normal extension;Normal flexion	—	—
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	Normal extension	—	Normal extension	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	2-Can move on bed but unable to lift	—	—
LLE Motor Response	Unable to assess	—	Unable to assess	—	—
LLE Sensation	Unable to assess	—	Unable to assess	—	—
LLE Motor Strength	—	—	Not tested	—	—
Neuro Symptoms	—	—	Agitation;Irritable	Agitation;Irritable	Agitation;Irritable
Relieved by	—	—	—	Relaxation techniques (Comment);Rest	Relaxation techniques (Comment)
Best Eye Response	To pain	—	To pain	—	To pain
Best Verbal Response	Incomprehensible sounds	—	Incomprehensible sounds	—	Incomprehensible sounds
Best Motor Response	Withdraws to pain	—	Withdraws to pain	—	Withdraws to pain
Glasgow Coma Scale Score	8	—	8	—	8
Gag	—	—	—	Present	Present
Cough	—	—	—	Present	Present
R Corneal	—	—	—	Intact	—
L Corneal	—	—	—	Intact	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Deaf	Deaf	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Deaf	Deaf	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Nose	Intact	Intact	—	—	—
Lips	Dry	—	—	—	—
Throat	Dry	—	—	—	—
Tongue	Dry	—	Dry	—	—
Voice	Hoarse	—	Hoarse	—	—
Mucous	Moist;Pink;Intact	Moist;Pink;Intact	Pink;Dry;Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Membrane(s)					
Teeth	Missing teeth;Difficulty chewing	Missing teeth;Difficulty chewing	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Neck	Trachea midline	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Depth/Rhythm	Regular	Regular	Irregular	Irregular	Irregular
Respiratory Effort	Labored	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	—	Abdominal muscle use	Abdominal muscle use	Abdominal muscle use
Dyspnea Occurrence	With exertion	—	With exertion	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	Diminished	Diminished	Diminished
R Breath Sounds	Diminished	—	—	—	—
L Breath Sounds	Diminished	—	—	—	—
Cough	Occasional;Weak;Unable to clear secretions	Occasional;Weak;Unable to clear secretions	—	—	—
Cardiac (WDL)	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	—	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	—	—	HOB 30	HOB 30
Jugular Venous Distention (JVD)	No	—	No	No	—
Cardiac Symptoms	None	—	—	—	—
Telemetry/Cardiac Monitor	No	—	—	—	—
Pacemaker Type	—	Permanent	Permanent	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	None
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)
Pulses	R radial;L radial	R radial;L radial	—	R radial;L radial	—
R Radial Pulse	Moderate	Moderate	Moderate	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	Moderate	Moderate	Moderate
Edema	Generalized	—	—	—	Generalized
Generalized Edema	—	—	—	—	Mild
RUE Edema	Mild	—	—	—	—
LUE Edema	Mild	—	—	—	—
RLE Edema	Mild	Mild	Mild	—	—
RLE Capillary Refill	—	—	—	Greater than 2 seconds	—
RLE Color	—	—	—	Appropriate for ethnicity	—
RLE Temperature/Moi	—	—	—	Warm	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

sture					
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Skin Color	Pale	Pale	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Bruising Location	BUE	—	—	BUE	—
Bruising Characteristics	various stages	—	—	—	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Unable to assess	—	—
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink;Blanchable erythema	—	—
Peri-Wound Assessment	—	—	Intact	—	—
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream;Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	Amputation	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Present	Present	Present	Present;Audible	Present;Audible
Abdominal Tenderness	Soft	Soft	Soft	Soft	Soft
Passing Flatus	Yes	Yes	—	Yes	—
GI Symptoms	—	Loss of appetite	—	Loss of appetite	Loss of appetite
Last BM Date	02/06/25	—	—	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Stool Size	—	—	Smear	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Amber	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Crying;Restless;Sleeping	Agitated;Crying;Restless;Sleeping	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive
Needs Expressed	Physical	—	Physical	Physical	Physical
Psychosocial Additional Assessments	Yes	—	—	Yes	—
Family Behaviors	Anxious;Cooperative	—	—	—	—
Rest/Sleep for Patient	Fair	—	—	Fair	—
Ability to Express Feelings	Unable to express	Unable to express	Unable to express	Unable to express	Unable to express
Ability to Express Needs	Unable to express	Unable to express	Unable to express	Needs assistance	Needs assistance
Ability to Express Thoughts	Unable to express	Unable to express	Unable to express	Needs assistance	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Ability to Understand Others	Sometimes understands	Sometimes understands	Rarely/never understands	Rarely/never understands	Rarely/never understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	Shift assessment
Row Name	**02/07/25 1150**	**02/07/25 0900**	**02/06/25 2107**	**02/06/25 1300**	**02/05/25 2353**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Responds to pain	Responds to pain	Responds to pain	Responds to pain	—
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	—
Cognition	Unable to assess	—	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	—
Speech	Incomprehensible	Incomprehensible	Incomprehensible	—	—
Swallow	Difficulty swallowing	—	—	—	—
RUE Motor Response	—	—	Normal extension;Normal flexion	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
LUE Motor Response	—	—	Normal extension;Normal flexion	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
RLE Motor Response	—	—	Normal extension	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	2-Can move on bed but unable to lift	—	—
LLE Motor Response	Unable to assess	—	Unable to assess	—	—
LLE Sensation	Unable to assess	—	Unable to assess	—	—
LLE Motor Strength	Not tested	—	Not tested	—	—
Neuro Symptoms	Agitation;Irritable	—	Agitation;Irritable	Agitation;Irritable	—
Best Eye Response	To pain	To pain	To pain	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	Confused	—	—
Best Motor Response	—	Withdraws to pain	Withdraws to pain	—	—
Glasgow Coma Scale Score	—	8	10	—	—
Gag	Present	Present	—	—	—
Cough	Present	Present	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	—	—
Feature 2: Inattention	—	Positive	—	—	—
Is there evidence of an acute change in mental	—	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

status from the patient's baseline?					
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Head and Face	Intact	Intact	—	—	—
R Eye	—	—	Severely impaired vision	Severely impaired vision	—
L Eye	—	—	Severely impaired vision	Severely impaired vision	—
R Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
L Ear	—	—	Moderate hearing loss	Moderate hearing loss	—
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	Dry	—	—
Voice	—	Hoarse	Hoarse	—	—
Mucous Membrane(s)	—	Pink;Dry;Intact	—	—	—
Teeth	—	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Respiratory Depth/Rhythm	Irregular	Irregular	Irregular	Irregular	—
Respiratory Effort	Labored	Labored	Labored	—	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	—	—
Bilateral Breath Sounds	—	—	Diminished	Diminished	—
Suction Type	Oral	Oral	—	—	—
Cough and Deep Breathe	—	Needs encouragement	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Cardiac Regularity	—	Regular	Regular	Regular	—
Heart Sounds	—	—	S1, S2	S1, S2	—
Head of Bed Elevated	—	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	—	No	—	—
Cardiac Symptoms	—	—	None	—	—
Pacemaker Type	Permanent	Permanent	Permanent	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	None	None	None	—
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
R Radial Pulse	Moderate	—	Moderate	—	—
L Radial Pulse	Moderate	—	Moderate	—	—
Generalized Edema	—	—	—	Mild	—
RLE Edema	—	—	Mild	—	—
RLE Capillary Refill	Greater than 2 seconds	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

RLE Color	Appropriate for ethnicity	—	—	—	—
RLE Temperature/Moisture	Warm	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	—	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Skin Turgor	—	—	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	Burgundy;Pink;Scab
Peri-Wound Assessment	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink
Closure	—	—	Staples	—	Staples
Drainage Description	—	—	Unable to assess	—	—
Drainage Amount	—	—	—	—	None
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	—	New;Changed
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	—	—
Peri-Wound Assessment	—	—	Intact	—	—
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream;Mepilex Border	—	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema;Dry	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—
LLE	Amputation	—	Amputation	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	—
Bowel Sounds (All Quadrants)	Active	—	Active	Active	—
GI Symptoms	—	—	—	Loss of appetite	—
Last BM Date	—	—	—	02/06/25	—
Bowel Incontinence	—	No	—	—	—
Constipation Precipitating Factors	—	Dehydration	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Suprapubic Tenderness	No	No	No	—	—
Genitourinary Symptoms	Diminished urine production	Diminished urine production	Diminished urine production	Diminished urine production;Other (Comment)	—
Urinary Incontinence	Yes	Yes	—	—	—
Urine Color	Amber	Amber	—	—	—
Urine Appearance	—	Hazy	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Anxious;Impulsive	Agitated;Aggressive verbally, others	—
Needs Expressed	Physical	Physical	—	—	—
Ability to Express Feelings	Unable to express	—	—	—	—
Ability to Express Needs	Needs assistance	—	—	—	—
Ability to Express Thoughts	Unable to express	—	—	—	—
Ability to	Rarely/never	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Understand Others	understands				
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 0900**	**02/05/25 0100**	**02/04/25 1200**
Neuro (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	—	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Cognition	—	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	—	—	—	—	—
Neuro Symptoms	—	Agitation;Irritable	Agitation;Drowsiness	Drowsiness	Drowsiness
Relieved by	—	Rest;Other (Comment)	—	—	—
Is there evidence of an acute change in mental status from the patient's baseline?	—	—	No	—	—
Inattention	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Disorganized thinking	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
Altered level of consciousness	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	—	—
HEENT (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
R Eye	—	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	—	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	Dry	—	Dry	Dry
Throat	—	Dry	—	Dry	—
Tongue	—	Dry	—	Dry	Dry
Voice	—	Hoarse	—	Hoarse	Hoarse
Teeth	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Respiratory (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Depth/Rhythm	—	—	Irregular	—	Irregular
Respiratory Effort	—	—	Labored	—	—
Respiratory Effort Characteristics	—	—	Abdominal muscle use	—	—
Bilateral Breath Sounds	—	Diminished	Diminished	Diminished	Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Cough	—	—	—	—	Congested;Spontaneous;Non-productive
Cardiac (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	—	Regular	—	Regular
Heart Sounds	—	—	S1, S2	—	S1, S2
Head of Bed Elevated	—	HOB 45	—	HOB 30	—
Jugular Venous Distention (JVD)	—	No	—	No	No
Cardiac Symptoms	—	—	—	—	None
Telemetry/Cardiac Monitor	—	No	—	No	No
Cardiac Rhythm	—	—	Ventricular Paced	—	—
Pacemaker Type	—	Permanent	—	Permanent	Permanent
Permanent Pacer Type	—	Ventricular	—	—	—
Peripheral Vascular (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	None	None	None
Capillary Refill	—	—	Greater than 2 seconds (All extremities)	—	Greater than 2 seconds (All extremities)
Pulses	—	R radial;L radial	—	R radial;L radial	R radial;L radial
R Radial Pulse	—	Moderate	—	Moderate	Moderate
L Radial Pulse	—	Moderate	—	Moderate	Moderate
Edema	—	Generalized	—	Generalized	—
Generalized Edema	—	Mild	Mild	Mild	Mild
Integumentary (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Pale	Pale	Pale	Pale
Skin Condition/Temp	—	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Burgundy;Pink;Scab	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink	Unable to assess	Unable to assess
Closure	Staples	—	Staples	Staples	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	New;Changed	Reinforced	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Peri-Wound Assessment	Intact	—	—	Intact	Intact
Closure	None	—	—	None	—
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Closure	Skin glue;Approximated	—	—	—	—
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Unable to assess
Peri-Wound Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	—
Closure	None	—	—	None	—
Drainage Amount	None	—	—	None	—
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Changed	—	—	—	New;Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	—
Closure	None	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	—	Weakness;Limited movement	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
LUE	—	Weakness;Limited movement	Limited movement;Weakness	Weakness;Limited movement	Weakness;Limited movement
RLE	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	—	Amputation	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	—	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	—	Active	Active	Active	Active;Present;Audible
Abdominal Tenderness	—	Soft	Soft	Soft	Soft
Passing Flatus	—	—	Yes	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	—	—
Last BM Date	—	02/05/25	02/05/25	02/04/25	—
Genitourinary	—	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(WDL)					
Genitourinary Symptoms	—	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	—	Diminished urine production;Other (Comment)
Psychosocial (WDL)	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	—	Anxious;Aggressive verbally, others	Agitated;Guarded	Anxious	Anxious
Needs Expressed	—	Physical	—	—	—
Family Behaviors	—	Anxious;Cooperative	—	Anxious;Cooperative	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Needs assistance	Needs assistance
Ability to Express Needs	—	—	—	Needs assistance	Needs assistance
Ability to Express Thoughts	—	—	—	Needs assistance	Needs assistance
Ability to Understand Others	—	—	—	Rarely/never understands	Rarely/never understands
Charting Type	—	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**02/04/25 0754**	**02/03/25 2336**	**02/03/25 0845**	**02/03/25 0004**	**02/02/25 2200**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	—	Responds to voice	Responds to voice	Responds to voice
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Disoriented to time
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Other (Comment)	Other (Comment)	Other (Comment)	—	Other (Comment)
Swallow	—	—	Difficulty swallowing;Other (Comment)	Difficulty swallowing	—
Pupil Assessment	Yes	—	—	—	—
R Pupil Size (mm)	2	—	—	—	—
R Pupil Shape	Round	—	—	—	—
L Pupil Size (mm)	2	—	—	—	—
L Pupil Shape	Round	—	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp
R Hand Grasp	—	Unable to assess	Moderate	Moderate	Moderate
L Hand Grasp	—	Unable to assess	Moderate	Moderate	Moderate
R Foot Dorsiflexion	—	—	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	—	—	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	—	Not tested	Not tested	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

RUE Motor Response	—	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension	Normal extension	Normal extension	Normal extension
RLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Other (Comment)	Other (Comment)	Other (Comment)	Other (Comment)
LLE Sensation	—	—	Unable to assess	Unable to assess	Decreased;Numbness;Tingling
LLE Motor Strength	—	—	Not tested	Not tested	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Drowsiness	Drowsiness	Anxiety	—	Anxiety
Relieved by	Rest	—	—	—	—
Best Eye Response	To verbal stimuli	—	Spontaneous	—	Spontaneous
Best Verbal Response	Incomprehensible sounds	—	Confused	—	Confused
Best Motor Response	Withdraws to pain	—	Follows commands	—	Follows commands
Glasgow Coma Scale Score	9	—	14	—	14
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	Intact	—
R Eye	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Nose	Intact	—	—	—	—
Lips	Dry	Dry	Dry	Dry	—
Throat	—	Dry	Dry	Dry	—
Tongue	Dry	Dry	Dry	Dry	—
Voice	Hoarse	—	Hoarse	—	Hoarse
Mucous Membrane(s)	—	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Neck	—	—	—	Rigid;No swelling;No trauma/injury	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	—	Biots	Normal	—
Respiratory Depth/Rhythm	Irregular	Irregular	Irregular	Regular	—
Respiratory Effort	—	Labored	Labored	Labored	Labored
Respiratory Effort Characteristics	—	—	Abdominal muscle use	Abdominal muscle use	—
Dyspnea Occurrence	—	—	—	With exertion	With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	Diminished;Other (Comment)	Clear;Diminished	Diminished	Diminished	Diminished
R Breath Sounds	—	—	—	Diminished	—
L Breath Sounds	—	—	—	Diminished	—
Cough	Congested;Spontaneous;Non-productive	—	Hacking;Spontaneous;Non-productive	Hacking;Spontaneous;Non-productive	Hacking;Spontaneous;Non-productive
Respiratory Additional Assessments	—	—	No	—	—
Cough and Deep Breathe	—	—	Needs encouragement	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	—
Head of Bed Elevated	HOB 30	—	HOB 30	Self regulated	—
Jugular Venous Distention (JVD)	No	No	No	No	—
Cardiac Symptoms	None	—	None	None	—
Telemetry/Cardiac Monitor	No	—	No	No	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	—	—
Heart Block Type	—	—	2nd degree AVB (Mobitz II)	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	None	—
Capillary Refill	Greater than 2 seconds (All extremities)	—	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—
Pulses	R radial;L radial	—	R radial;L radial	R radial;L radial	—
R Radial Pulse	Moderate	—	Moderate	Moderate	—
L Radial Pulse	Moderate	—	Moderate	Moderate	—
Edema	—	—	Right lower extremity	Right lower extremity	—
Generalized Edema	Mild	—	Mild	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	—	—	—	Mild	—
RLE Edema	—	—	Mild;Pitting	Moderate;Pitting	—
RLE Capillary	—	—	Greater than 2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Refill			seconds		
RLE Color	—	—	Pale	—	—
RLE Temperature/Moisture	—	—	Warm;Dry	—	—
LLE Capillary Refill	—	—	Greater than 2 seconds	—	—
LLE Color	—	—	Pale	—	—
LLE Temperature/Moisture	—	—	Warm;Dry	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Bruising Location	—	—	BUE	—	—
Bruising Characteristics	—	—	Various stages of healing	—	—
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
Peri-Wound Assessment	Dry;Other (Comment)	Other (Comment)	Dry;Intact;Clean;Blanchable erythema;Painful;Other (Comment)	—	—
Closure	Staples	—	Staples	—	—
Drainage Amount	None	—	—	—	—
Dressing	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	New;Changed	—	Changed	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Unable to assess	—	—	Pink
Peri-Wound Assessment	Intact	Intact	—	—	Intact
Closure	None	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Dressing	Other (Comment)	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Changed					
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	Pink	Pink	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—
Closure	None	—	None	—	—
Drainage Amount	None	—	None	—	—
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	—	—
Dressing Changed	—	—	New;Changed	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Length (cm)	—	—	2.5 cm	—	—
Wound Width (cm)	—	—	1.5 cm	—	—
Wound Depth (cm)	—	—	0.1 cm	—	—
Edges	—	—	Well-defined edges	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	Blanchable erythema;Dry	Blanchable erythema;Dry	—	Blanchable erythema
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	—	Clean;Dry;Intact;Blanchable erythema
Closure	—	—	None	—	—
Drainage Amount	—	—	None	—	—
Dressing	None - Open to air	None - Open to air	None - Open to air	—	None - Open to air
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Length (cm)	—	—	6 cm	—	—
Wound Width (cm)	—	—	4 cm	—	—
Wound Depth (cm)	—	—	0 cm	—	—
Edges	—	—	Attached edges	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	Amputation	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)	Limited movement;Weakness;Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Active;Present;Audible	Active;Present;Audible	Active;Present;Audible	Active;Present;Audible	—
Abdominal Tenderness	Soft	Soft	Soft	Soft	Soft
Passing Flatus	—	Yes	Yes	Yes	Yes
GI Symptoms	—	—	Constipation	—	Constipation
Bowel	—	—	—	—	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Incontinence					
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	No	No	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)
Urinary Incontinence	Yes	—	Yes	—	Yes
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Anxious	Anxious	Anxious	Anxious	Anxious
Needs Expressed	—	—	Other (Comment)	—	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	Anxious;Cooperative	Anxious;Cooperative	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Express Needs	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	Needs assistance	Needs assistance	—
Ability to Understand Others	Rarely/never understands	—	Sometimes understands	Sometimes understands	—
Charting Type	—	Reassessment	—	Shift assessment	Shift assessment
Row Name	**02/02/25 1100**	**02/02/25 0041**	**02/01/25 1300**	**02/01/25 0815**	**01/31/25 1930**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to voice	Responds to voice	Responds to voice	Responds to voice
Orientation Level	Unable to assess	Unable to assess	Unable to assess	Unable to assess;Oriented to person	Unable to assess
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness	Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Incomprehensible	Incomprehensible	Incomprehensible	Other (Comment)	Incomprehensible
Swallow	Difficulty swallowing;Loss of liquids/solids from mouth	Difficulty swallowing	Difficulty swallowing	—	Difficulty swallowing
Pupil Assessment	—	Yes	—	Yes	—
R Pupil Size (mm)	—	2	—	2	—
R Pupil Shape	—	Round	—	Round	—
R Pupil Reaction	—	Brisk	—	Brisk	—
L Pupil Size (mm)	—	2	—	2	—
L Pupil Shape	—	Round	—	Round	—
L Pupil Reaction	—	Brisk	—	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	Motor response;Sensation;Motor strength;Grasp	—	Motor response;Sensation;Motor strength;Grasp	Motor response;Sensation;Motor strength;Grasp

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

R Hand Grasp	—	Weak	Moderate	Strong	Moderate
L Hand Grasp	—	Weak	Moderate	Strong	Moderate
R Foot Dorsiflexion	—	—	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	—	—	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	—	Not tested	Not tested	Not tested
RUE Motor Response	—	Responds to commands	Responds to commands	Responds to commands	Normal extension;Normal flexion
RUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Responds to commands	Responds to commands	Responds to commands	Normal extension;Normal flexion
LUE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Normal extension	Normal extension	Normal extension	Normal extension
RLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Other (Comment)	Other (Comment)	Responds to commands	Other (Comment)
LLE Sensation	—	Unable to assess	Unable to assess	Unable to assess	Decreased;Numbness;Tingling
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	—	Anxiety;Fatigue	—	—	Anxiety
Relieved by	—	Rest	—	—	—
Neuro Additional Assessments	—	No	—	—	—
Best Eye Response	To verbal stimuli	To verbal stimuli	—	To verbal stimuli	—
Best Verbal Response	Confused	Confused	—	Oriented	—
Best Motor Response	Follows commands	Follows commands	—	Follows commands	—
Glasgow Coma Scale Score	13	13	—	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	Severely impaired vision	—	—	Severely impaired vision
L Eye	Severely impaired	Severely impaired	—	—	Severely impaired

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	vision	vision			vision
R Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	Dry	—	—	—
Throat	—	Dry	—	—	—
Tongue	—	Dry	—	—	—
Voice	Difficulty talking;Hoarse	Difficulty talking;Hoarse	Difficulty talking	Difficulty talking	Difficulty talking
Mucous Membrane(s)	Pink;Dry;Intact	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower	Missing teeth	Missing teeth;Other (Comment)
Neck	Rigid;No swelling;No trauma/injury	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	—	—
Respiratory Depth/Rhythm	Regular	Regular	—	—	—
Respiratory Effort	Labored	Labored	—	—	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use	—	—	—
Dyspnea Occurrence	With exertion	With exertion;At rest	—	—	With exertion
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Diminished;Crackles	Diminished;Crackles	Rhonchi	Diminished
R Breath Sounds	Diminished	—	—	—	—
L Breath Sounds	Diminished	—	—	—	—
Cough	—	Hacking;Spontaneous;Weak;Non-productive	—	—	—
Respiratory Additional Assessments	—	No	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	—	—
Heart Sounds	S1, S2	S1, S2	—	—	—
Head of Bed Elevated	Self regulated	HOB 90	—	—	—
Jugular Venous Distention (JVD)	No	No	—	—	—
Cardiac Symptoms	None	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	—	—
Pacemaker Type	—	Permanent	—	Permanent	—
Permanent Pacer Type	—	Ventricular	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Pacing Status	—	100% paced	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	None	—	—
Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—	—
Pulses	R radial;L radial	R radial;L radial	—	—	—
R Radial Pulse	Moderate	Moderate	Moderate	Moderate	—
L Radial Pulse	Moderate	Moderate	Moderate	Moderate	—
R Dorsalis Pedis Pulse	—	—	Moderate	Moderate	—
L Dorsalis Pedis Pulse	—	—	—	Moderate	—
RUE Edema	—	—	Mild	Mild	—
LUE Edema	—	—	Mild	Mild	Mild
RLE Edema	—	—	Moderate;Pitting	Moderate;Pitting	—
RLE Capillary Refill	—	Greater than 2 seconds	—	—	—
RLE Color	—	Pale	—	—	—
RLE Temperature/Moisture	—	Warm;Dry	—	—	—
LLE Capillary Refill	—	Greater than 2 seconds	—	—	—
LLE Color	—	Pale	—	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	Warm;Dry	—	Warm	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	Pale	Pale	—	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	—	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	—
Integumentary Additional Assessments	—	No	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	Unable to assess	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—
Closure	—	—	Staples	Staples	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	Pink	—
Peri-Wound	—	—	Intact	Intact	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Assessment					
Drainage Amount	—	—	None	None	—
Dressing	—	—	Mepilex Border	Mepilex Border	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	Clean;Dry;Pink	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	—	—	Skin glue;Approximated	Skin glue;Approximated	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink	Pink	—
Peri-Wound Assessment	—	—	Intact	Intact	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	Mepilex Border	Mepilex Border	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	Blanchable erythema	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	—
Drainage Amount	—	—	None	None	—
Dressing	—	—	None - Open to air	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;No ascites	Soft;No ascites	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Active;Present;Audible	Active;Present;Audible	—	—	—
Abdominal Tenderness	Soft;No guarding;Nontender	Soft;No guarding;Nontender	Soft	Soft	Soft
Passing Flatus	Yes	Yes	Yes	Yes	Yes
GI Symptoms	Constipation	Constipation	—	—	None
Last BM Date	—	01/28/25	—	01/28/25	01/27/25
Bowel Incontinence	—	—	—	Yes	Yes
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Genitourinary Symptoms	Diminished urine production	Diminished urine production	Other (Comment)	Other (Comment)	Diminished urine production;Other (Comment)
Urinary Incontinence	—	—	Yes	Yes	Yes
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Impulsive	Impulsive	Impulsive	Impulsive	Anxious
Family Behaviors	Anxious;Cooperative	—	—	—	—
Ability to Express Feelings	Needs assistance	—	—	—	Needs assistance
Ability to Express Needs	Needs assistance	—	—	—	Needs assistance
Ability to Express Thoughts	Needs assistance	—	—	—	Needs assistance
Ability to Understand Others	Sometimes understands	—	—	—	Sometimes understands
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Shift assessment
Row Name	**01/31/25 0901**	**01/30/25 2111**	**01/30/25 2100**	**01/30/25 0800**	**01/29/25 2306**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	—	Alert	—
Orientation Level	Unable to assess	Unable to assess	—	Unable to assess	—
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Poor safety awareness;Poor attention/concentration;Unable to follow commands	—	—	—
Speech	Incomprehensible	Incomprehensible	—	—	—
R Hand Grasp	—	—	—	Moderate	—
L Hand Grasp	—	—	—	Moderate	—
RUE Motor Response	—	—	—	Normal extension;Normal flexion	—
RUE Sensation	—	—	—	Unable to assess	—
RUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
LUE Motor Response	—	—	—	Normal extension;Normal flexion	—
LUE Sensation	—	—	—	Unable to assess	—
LUE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
RLE Motor Response	—	—	—	Normal extension	—
RLE Sensation	—	—	—	Unable to assess	—
RLE Motor Strength	—	—	—	3-Can move or lift off bed but can't overcome resistance	—
LLE Motor Response	—	—	—	Other (Comment)	—
LLE Sensation	—	—	—	Decreased;Numbness;Tingling	—
LLE Motor	—	3-Can move or lift	—	3-Can move or lift	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Strength		off bed but can't overcome resistance		off bed but can't overcome resistance	
Neuro Symptoms	—	—	—	Anxiety	—
Best Eye Response	To verbal stimuli	—	—	—	—
Best Verbal Response	Oriented	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
L Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
Lips	—	—	—	Dry	—
Tongue	—	Pink;Moist	—	Pink;Dry	—
Teeth	Missing teeth;Other (Comment)	Missing teeth;Other (Comment)	—	Missing teeth;Other (Comment)	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	—	Labored	—	Labored	Labored
Respiratory Effort Characteristics	—	Abdominal muscle use	—	—	Abdominal muscle use
Dyspnea Occurrence	—	With exertion	—	—	At rest;With exertion
Chest Assessment	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished	Diminished	—	Diminished;Crackles	Crackles
R Breath Sounds	Diminished	Diminished	—	—	Crackles
L Breath Sounds	Diminished	Diminished	—	—	Crackles
Cough	Occasional;Spontaneous;Weak	Occasional;Spontaneous;Weak	—	Dry;Weak	Dry;Weak
Respiratory Additional Assessments	—	—	—	—	No
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	Regular	Regular	—	—	—
Heart Sounds	S1, S2	S1, S2	—	S1, S2	—
Cardiac Symptoms	—	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Pacemaker Type	—	Permanent	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	None	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Capillary Refill	Greater than 2 seconds (All extremities)	Greater than 2 seconds (All extremities)	—	—	—
Pulses	—	L femoral	—	—	—
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	—	Moderate	—	—	—
Generalized Edema	—	—	—	Mild	—
RUE Edema	—	—	—	Mild	—
LUE Edema	Mild	—	—	—	—
LLE Capillary Refill	—	Greater than 2 seconds	—	—	—
LLE Color	—	Pale;Appropriate for ethnicity	—	—	—
LLE Temperature/Moisture	—	Warm;Dry	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	Pale	Pale	—	Pale	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	Cool;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	—
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Closure	—	—	Skin glue;Approximated	—	—
Drainage Amount	—	—	None	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	—
LLE	Limited movement;Weakness;Amputation	Limited movement;Weakness;Amputation	—	Amputation;Limited movement	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Abdomen Inspection	Soft;Flat	Soft;Flat	—	Soft;Nondistended	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Bowel Sounds (All Quadrants)	Present	—	—	Present	—
Abdominal Tenderness	Soft	Soft	—	—	—
Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	None	None	—	—	—
Last BM Date	—	01/27/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Diminished urine production;Other (Comment)	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	Anxious	Restless	—	Nonverbal;Restless; Anxious;Pleasant	—
Ability to Express Feelings	Needs assistance	—	—	Needs assistance	—
Ability to Express Needs	Needs assistance	—	—	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	—	Needs assistance	—
Ability to Understand Others	Sometimes understands	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	—

Row Name	**01/29/25 1615**	**01/29/25 0900**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	—
Orientation Level	Disoriented x4;Unable to assess	Disoriented x4;Unable to assess
Cognition	Poor attention/concentration;Unable to follow commands;Poor safety awareness;Poor judgement	Poor attention/concentration;Unable to follow commands
Speech	Incomprehensible	Incomprehensible
Hand Grasp/Motor Function/Sensation Assessment	Motor response;Sensation;Motor strength;Grasp	—
R Hand Grasp	Moderate	Moderate
L Hand Grasp	Moderate	Moderate
R Foot Dorsiflexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Dorsiflexion	—	Not tested
R Foot Plantar Flexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	Not tested
RUE Motor Response	Normal extension;Normal	Normal extension

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	flexion	
RUE Sensation	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	Normal extension;Normal flexion	Normal extension
LUE Sensation	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	Normal flexion;Normal extension	Normal extension
RLE Sensation	Unable to assess	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Other (Comment)	Other (Comment);Responds to commands;Normal extension;Normal flexion
LLE Sensation	Other (Comment);Pain;Tingling;Numbness;Decreased	Decreased;Pain;Tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Anxiety;Agitation;Combative	Anxiety;Agitation;Combative
Relieved by	Rest	Rest
Best Eye Response	To verbal stimuli	—
Best Verbal Response	Oriented	—
Best Motor Response	Follows commands	—
Glasgow Coma Scale Score	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL
R Eye	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	Moderate hearing loss
Voice	Difficulty talking	Difficulty talking
Teeth	Missing teeth	Missing teeth
Neck	Rigid;No swelling;No trauma/injury	Rigid;No swelling;No trauma/injury
Respiratory	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

(WDL)		
Respiratory Pattern	Normal	—
Respiratory Depth/Rhythm	Regular	—
Respiratory Effort	Labored	Labored
Respiratory Effort Characteristics	Abdominal muscle use	Abdominal muscle use
Dyspnea Occurrence	At rest;With exertion	At rest;With exertion
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical
Bilateral Breath Sounds	Crackles	Crackles
R Breath Sounds	Clear;Diminished;Crackles	—
L Breath Sounds	Clear;Diminished;Crackles	—
Cough	Dry;Weak	Dry;Weak
Cough and Deep Breathe	Needs encouragement	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	—
Heart Sounds	S1, S2	—
Cardiac Rhythm	—	Ventricular Paced
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL
Capillary Refill	Greater than 2 seconds (All extremities)	—
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	—
R Radial Pulse	Weak	Weak
L Radial Pulse	Weak	Weak
L Popliteal Pulse	—	Unable to assess
R Posterior Tibial Pulse	Unable to assess	—
L Posterior Tibial Pulse	—	Unable to assess
R Dorsalis Pedis Pulse	Weak	Weak
L Dorsalis Pedis Pulse	—	Unable to assess
Generalized Edema	—	Mild
RLE Capillary Refill	Greater than 2 seconds	—
RLE Color	Pale	—
RLE Temperature/Moisture	Warm;Dry	—
LLE Capillary Refill	Unable to assess	—
LLE Color	Pale	—
LLE Temperature/Moisture	Warm;Dry	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

Skin Color	Pale	Pale
Skin Condition/Temp	Cool;Dry	Cool;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated	
Peri-Wound Assessment	Clean;Dry;Intact;Pink	—
Closure	Staples	—
Drainage Amount	None	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Peri-Wound Assessment	Fragile;Clean;Dry	—
Dressing	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed	
Wound Bed/Base Assessment	Clean;Dry;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	—
Closure	Skin glue	—
Dressing	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	—
Peri-Wound Assessment	Unable to assess	—
Dressing	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701	
Wound Bed/Base Assessment	Clean;Dry;Intact;Blanchable erythema	—
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—
Dressing	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation;Other	Amputation;Other

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 2 of 16) (continued)

	(Comment)	(Comment)
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended
Bowel Sounds (All Quadrants)	Present	—
Passing Flatus	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL
Genitourinary Symptoms	Other (Comment)	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious
Needs Expressed	Other (Comment)	—
Family Behaviors	Anxious;Cooperative	Anxious;Cooperative
Rest/Sleep for Patient	Fair	—
Ability to Express Feelings	Needs assistance	—
Ability to Express Needs	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—
Ability to Understand Others	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16)

Basic Assessment

Row Name	01/28/25 1930	01/28/25 1300	01/28/25 0900	01/27/25 2346	01/27/25 2003
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	—	Alert	Alert	Alert
Orientation Level	Disoriented x4;Unable to assess	—	Disoriented x4;Unable to assess	Disoriented x4;Unable to assess	Unable to assess
Cognition	Poor attention/concentration;Unable to follow commands	—	Poor attention/concentration;Unable to follow commands	Poor attention/concentration;Unable to follow commands	Poor attention/concentration;Poor safety awareness;Poor judgement;Unable to assess
Speech	Incomprehensible	—	Incomprehensible	Incomprehensible	Slurred;Incomprehensible
Pupil Assessment	No	—	—	—	No
Hand Grasp/Motor Function/Sensation Assessment	Grasp;Motor response;Sensation;Motor strength	—	—	Grasp;Motor response;Sensation;Motor strength	—
R Hand Grasp	Moderate	—	Moderate	Moderate	Moderate
L Hand Grasp	Moderate	—	Moderate	Moderate	Moderate
R Foot Dorsiflexion	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Dorsiflexion	Not tested	—	Not tested	Not tested	Not tested
R Foot Plantar Flexion	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
L Foot Plantar Flexion	Not tested	—	Not tested	Not tested	Not tested
RUE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor
RUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	2-Can move on bed but unable to lift
LUE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor
LUE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	2-Can move on bed but unable to lift
RLE Motor Response	Normal extension	—	Normal extension	Movement to painful stimulus	Movement to painful stimulus;Other (Comment)
RLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
RLE Motor Strength	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift
LLE Motor Response	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Sensation	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Motor Strength	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	1-Palpable or visible muscle contraction but no movement	1-Palpable or visible muscle contraction but no movement
Neuro Symptoms	Anxiety;Agitation;Combative	—	Anxiety;Agitation;Combative	Agitation;Anxiety;Fatigue;Other (Comment)	Anxiety;Fatigue;Forgetful
Relieved by	Rest	—	—	Rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Best Eye Response	Spontaneous	—	Spontaneous	Spontaneous	Spontaneous
Best Verbal Response	Incomprehensible sounds	—	Incomprehensible sounds	Incomprehensible sounds	Incomprehensible sounds
Best Motor Response	Localizes pain	—	Localizes pain	Withdraws to pain	Localizes pain
Glasgow Coma Scale Score	11	—	11	10	11
Delirium Scale Used	—	—	—	—	Confusion Assessment Method (CAM)
Is there evidence of an acute change in mental status from the patient's baseline?	No	—	—	No	No
Inattention	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
Disorganized thinking	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
Altered level of consciousness	Behavior present, fluctuates (comes and goes, changes in severity)	—	—	Behavior present, fluctuates (comes and goes, changes in severity)	Behavior present, fluctuates (comes and goes, changes in severity)
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	—	—	—	—
R Eye	Severely impaired vision	—	Severely impaired vision	Severely impaired vision	Severely impaired vision
L Eye	Severely impaired vision	—	Severely impaired vision	Severely impaired vision	Severely impaired vision
R Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
L Ear	Moderate hearing loss	—	Moderate hearing loss	Moderate hearing loss	Moderate hearing loss
Lips	—	—	—	—	Dry
Throat	Intact	—	—	—	—
Tongue	Pink;Dry	—	Pink;Dry	—	Pink;Dry;Coated
Voice	Difficulty talking	—	Difficulty talking	Difficulty talking	—
Mucous Membrane(s)	Pink;Dry;Intact	—	Pink;Dry;Intact	Pink;Dry;Intact	Pink;Dry;Intact
Teeth	Missing teeth	—	Missing teeth	Missing teeth	Dentures upper;Dentures lower;Dentures removed
Neck	Rigid;No swelling;No trauma/injury	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	—	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	—	Regular	Regular	—
Respiratory Effort	Unlabored	—	Unlabored	Unlabored	Unlabored
Respiratory Effort Characteristics	Abdominal muscle use	—	—	Abdominal muscle use	—
Dyspnea	At rest	—	—	At rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Occurrence					
Chest Assessment	Chest expansion symmetrical	—	Chest expansion symmetrical	—	Chest expansion symmetrical
Bilateral Breath Sounds	Clear;Diminished	—	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	Clear;Diminished	—	Clear;Diminished	—	Clear;Diminished
L Breath Sounds	Clear;Diminished	—	Clear;Diminished	—	Clear
Cough	Dry;Weak	—	—	Dry;Weak	Dry;Weak
Respiratory Additional Assessments	No	—	—	—	—
R Upper Anterior	Clear	—	—	—	Clear
R Upper Posterior	Clear	—	—	—	—
R Mid Anterior	Diminished	—	—	—	Diminished
R Mid Posterior	Clear	—	—	—	—
R Lateral	Diminished	—	—	—	Diminished
R Lower Anterior	Diminished	—	—	—	Diminished
R Basilar	Diminished	—	—	—	Diminished
L Upper Anterior	Clear	—	—	—	Clear
L Upper Posterior	Clear	—	—	—	—
L Lateral	Diminished	—	—	—	Diminished
L Basilar	Diminished	—	—	—	Diminished
Cardiac (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	—	Regular	Regular	Regular
Heart Sounds	S1, S2	—	S1, S2	S1, S2	Other (Comment)
Head of Bed Elevated	—	—	Self regulated	—	—
Jugular Venous Distention (JVD)	No	—	No	No	—
Cardiac Symptoms	None	—	None	None	—
Telemetry/Cardiac Monitor	No	—	No	—	—
Cardiac Rhythm	Ventricular Paced	—	—	Ventricular Paced	—
Pacemaker Type	Permanent	—	—	Permanent	—
Permanent Pacer Type	Ventricular	—	Ventricular	Ventricular	—
Pacing Status	100% paced	—	100% paced	100% paced	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	—	None	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—	—	—
R Radial Pulse	Weak	—	Weak	—	Weak
L Radial Pulse	Weak	—	Weak	—	Weak
L Femoral Pulse	Moderate	—	Moderate	—	—
L Popliteal Pulse	Moderate	—	Moderate	—	—
R Posterior Tibial Pulse	Unable to assess	—	—	—	Unable to assess
L Posterior Tibial Pulse	Unable to assess	—	—	—	Unable to assess
R Dorsalis Pedis Pulse	Unable to assess	—	—	—	Unable to assess
L Dorsalis Pedis Pulse	Unable to assess	—	Unable to assess	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Edema	Right lower extremity	—	—	Right lower extremity	Right lower extremity
Generalized Edema	Mild	—	—	Mild	—
RUE Edema	Mild	—	—	Mild	—
LUE Edema	Mild	—	—	Mild	—
RLE Edema	Moderate;Pitting	—	—	Moderate;Pitting	Moderate;Pitting
RLE Capillary Refill	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds	Less than/equal to 2 seconds
RLE Color	Pale	—	Pale	Pale	Pale
RLE Temperature/Moisture	Warm;Dry	—	Warm;Dry	Cool	Cool
LLE Capillary Refill	Unable to assess	—	Unable to assess	Unable to assess	Unable to assess
LLE Color	Pale	—	Pale	Pale	Pale
LLE Temperature/Moisture	Warm;Dry	—	Warm;Dry	Warm;Dry	Warm;Dry
Integumentary (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Pale	—	Pale	Pale	Pale
Skin Condition/Temp	Cool;Dry	—	Cool;Dry	Cool;Dry	Cool;Dry
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Red;Dry	Red;Dry	Unable to assess	Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Unable to assess	Unable to assess	—
Closure	Staples	Staples	—	Staples	—
Drainage Description	Unable to assess	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze	Elastic Wrap (ACE);Gauze	None - Open to air
Dressing Changed	—	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	Fragile;Clean;Dry	—	Fragile;Clean;Dry	Fragile;Clean;Dry	Fragile;Clean;Dry
Closure	None	—	None	—	—
Drainage Amount	None	—	None	—	—
Dressing	Barrier Cream;Mepilex Border	—	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	Clean;Dry;Pink	Clean;Dry;Pink
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Skin glue	—	Skin glue	Skin glue	Skin glue
Drainage Amount	None	—	None	—	None
Dressing	None - Open to air	—	None - Open to air	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	Scab	Scab
Peri-Wound Assessment	Unable to assess	—	Unable to assess	Clean;Dry;Intact;Pink;Fragile	Clean;Dry;Intact;Pink;Fragile
Dressing	Mepilex Border	—	Mepilex Border	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema	Clean;Dry;Intact;Blanchable erythema
Drainage Amount	None	—	None	—	—
Dressing	None - Open to air	—	None - Open to air	None - Open to air	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
LUE	Weakness;Limited movement	—	Weakness;Limited movement	Weakness;Limited movement	Weakness;Limited movement
RLE	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling
LLE	Amputation	—	Amputation	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	—	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended
Bowel Sounds (All Quadrants)	Present	—	Present	Present	Present;Passing flatus;Active
Abdominal Tenderness	Soft;Nontender	—	Soft;Nontender	Soft;Nontender	Soft;Nontender
Passing Flatus	Yes	—	Yes	Yes	Yes
GI Symptoms	Loss of appetite	—	Loss of appetite	—	—
Last BM Date	—	—	—	01/27/25	—
Bowel Incontinence	—	—	Yes	—	Yes
Stool Appearance	—	—	—	—	Loose;Soft
Stool Color	—	—	—	—	Brown
Stool Size	—	—	—	—	Smear
RUQ Bowel Sounds	Present	—	Present	—	Present
LUQ Bowel Sounds	Present	—	Present	—	Present
RLQ Bowel Sounds	Present	—	Present	—	Present
LLQ Bowel Sounds	Present	—	Present	—	Present
Genitourinary	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

(WDL)					
Suprapubic Tenderness	No	—	No	—	—
Genitourinary Symptoms	Other (Comment)	—	Other (Comment)	Other (Comment)	Other (Comment)
Urinary Incontinence	Yes	—	Yes	—	Yes
Urine Color	Unable to assess	—	—	—	Unable to assess
Urine Appearance	Unable to assess	—	—	—	Unable to assess
Female Genitalia	Intact	—	—	—	Intact
Psychosocial (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Agitated;Nonverbal; Restless;Anxious	—	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious	Agitated;Nonverbal; Restless;Anxious
Needs Expressed	—	—	—	—	Other (Comment);Physical
Family Behaviors	Anxious;Cooperative	—	—	Anxious;Cooperative	Anxious;Cooperative;Verbal;Other (Comment)
Rest/Sleep for Patient	Fair	—	—	Fair	—
Ability to Express Feelings	Unable to express	—	—	Unable to express	—
Ability to Express Needs	Unable to express	—	—	Unable to express	—
Ability to Express Thoughts	Unable to express	—	—	Unable to express	—
Ability to Understand Others	Rarely/never understands	—	—	Rarely/never understands	—
Charting Type	—	—	Shift assessment	Shift assessment	Shift assessment
Heart Rate Source	Monitor	—	—	—	Monitor
Row Name	**01/27/25 1400**	**01/27/25 1036**	**01/27/25 1005**	**01/27/25 0940**	**01/27/25 0938**
Neuro (WDL)	—	—	—	—	Exceptions to WDL
Level of Consciousness	—	—	Alert	—	Responds to pain
Orientation Level	—	—	—	—	Unable to assess
Cognition	—	—	—	—	Unable to assess
Speech	—	—	—	—	Slurred;Incomprehensible
Swallow	—	—	—	—	Other (Comment)
Pupil Assessment	—	—	—	—	No
R Hand Grasp	—	—	—	—	Moderate
L Hand Grasp	—	—	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	2-Can move on bed but unable to lift
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	2-Can move on bed but unable to lift
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	—	—	—	Movement to painful stimulus;No tremor
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
LUE Motor	—	—	—	—	Movement to painful

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Response					stimulus;No tremor
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
RLE Motor Response	—	—	—	—	Movement to painful stimulus;Other (Comment)
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
LLE Motor Response	—	—	—	—	Unable to assess
LLE Sensation	—	—	—	—	Unable to assess
LLE Motor Strength	—	—	—	—	1-Palpable or visible muscle contraction but no movement
Neuro Symptoms	—	—	—	—	Anxiety;Fatigue;Forgetful
Best Eye Response	—	Spontaneous	—	—	To pain
Best Verbal Response	—	Incomprehensible sounds	—	—	Incomprehensible sounds
Best Motor Response	—	Localizes pain	—	—	Withdraws to pain
Glasgow Coma Scale Score	—	11	—	—	8
Cough	—	—	—	—	Present
HEENT (WDL)	—	—	—	—	Exceptions to WDL
R Eye	—	—	—	—	Severely impaired vision
L Eye	—	—	—	—	Severely impaired vision
R Ear	—	—	—	—	Moderate hearing loss
L Ear	—	—	—	—	Moderate hearing loss
Mucous Membrane(s)	—	—	—	—	Pink;Dry;Intact
Teeth	—	—	—	—	Dentures upper;Dentures lower;Dentures removed
Respiratory (WDL)	—	—	—	—	Exceptions to WDL
Respiratory Pattern	—	Normal	—	—	Tachypneic
Respiratory Depth/Rhythm	—	Regular	—	—	Regular
Respiratory Effort	—	Unlabored	—	—	Labored
Chest Assessment	—	—	—	—	Chest expansion symmetrical
Bilateral Breath Sounds	—	—	—	—	Clear;Diminished
R Breath Sounds	—	—	—	—	Clear;Diminished
L Breath Sounds	—	—	—	—	Clear
Cough	—	—	—	—	Dry;Weak
R Upper Anterior	—	—	—	—	Clear
R Mid Anterior	—	—	—	—	Diminished
R Lateral	—	—	—	—	Diminished
R Lower Anterior	—	—	—	—	Diminished
R Basilar	—	—	—	—	Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

L Upper Anterior	—	—	—	—	Clear
L Lateral	—	—	—	—	Diminished
L Basilar	—	—	—	—	Diminished
Cardiac (WDL)	—	—	—	—	Exceptions to WDL
Cardiac Regularity	—	—	—	—	Regular
Heart Sounds	—	—	—	—	Other (Comment)
Head of Bed Elevated	—	—	—	—	HOB 30
Pacemaker Type	—	—	—	—	Permanent
Peripheral Vascular (WDL)	—	—	—	—	Exceptions to WDL
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	—	—	—	—	Weak
L Radial Pulse	—	—	—	—	Weak
R Posterior Tibial Pulse	—	—	—	—	Unable to assess
L Posterior Tibial Pulse	—	—	—	—	Unable to assess
R Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
L Dorsalis Pedis Pulse	—	—	—	—	Unable to assess
Edema	—	—	—	—	Right lower extremity
RLE Edema	—	—	—	—	Moderate;Pitting
RLE Capillary Refill	—	—	—	—	Less than/equal to 2 seconds
RLE Color	—	—	—	—	Pale
RLE Temperature/Moisture	—	—	—	—	Cool
LLE Capillary Refill	—	—	—	—	Unable to assess
LLE Color	—	—	—	—	Pale
LLE Temperature/Moisture	—	—	—	—	Warm;Dry
Integumentary (WDL)	—	—	—	—	Exceptions to WDL
Skin Color	—	—	—	—	Pale
Skin Condition/Temp	—	—	—	—	Cool;Dry
Skin Integrity	—	—	—	—	See Wound/Burn LDA(s)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Peri-Wound Assessment	—	—	—	Dry;Pink;Pale;Painful;Clean	—
Closure	—	—	—	Staples	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)	None - Open to air
Dressing Changed	—	—	—	New	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Properties	Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	—	—	—
Peri-Wound Assessment	Fragile;Clean;Dry	—	—	Fragile;Clean;Dry	—
Closure	None	—	—	None	—
Drainage Amount	None	—	—	None	—
Dressing	Barrier Cream;Mepilex Border	—	—	Barrier Cream	—
Dressing Changed	Reapplication	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Length (cm)	10 cm	—	—	—	—
Wound Width (cm)	9 cm	—	—	—	—
Edges	Undefined edges	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Closure	—	—	—	Skin glue	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Scab	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink;Fragile	—	—	—	—
Closure	None	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Length (cm)	1 cm	—	—	—	—
Wound Width (cm)	0.5 cm	—	—	—	—
Edges	Well-defined edges	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Length (cm)	6 cm	—	—	—	—
Wound Width (cm)	4 cm	—	—	—	—
Musculoskeletal (WDL)	—	—	—	—	Exceptions to WDL
RUE	—	—	—	—	Weakness;Limited movement
LUE	—	—	—	—	Weakness;Limited movement
RLE	—	—	—	—	Weakness;Limited movement;Swelling

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

LLE	—	—	—	—	Amputation
Gastrointestinal (WDL)	—	—	—	—	Exceptions to WDL
Abdomen Inspection	—	—	—	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	—	—	—	—	Present;Passing flatus;Active
Abdominal Tenderness	—	—	—	—	Soft;Nontender
Passing Flatus	—	—	—	—	Yes
GI Symptoms	—	—	—	—	Diarrhea
Last BM Date	—	—	—	—	01/27/25
RUQ Bowel Sounds	—	—	—	—	Present
LUQ Bowel Sounds	—	—	—	—	Present
RLQ Bowel Sounds	—	—	—	—	Present
LLQ Bowel Sounds	—	—	—	—	Present
Genitourinary (WDL)	—	—	—	—	Exceptions to WDL
Suprapubic Tenderness	—	—	—	—	No
Genitourinary Symptoms	—	—	—	—	Other (Comment)
Urine Color	—	—	—	—	Unable to assess
Urine Appearance	—	—	—	—	Unable to assess
Psychosocial (WDL)	—	—	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	—	—	Calm;Cooperative;Nonverbal	—	Agitated;Nonverbal;Restless;Anxious
Needs Expressed	—	—	—	—	Other (Comment);Physical
Family Behaviors	—	—	—	—	Anxious;Cooperative;Verbal;Other (Comment)
Ability to Express Feelings	—	—	—	—	Unable to express
Ability to Express Needs	—	—	—	—	Needs assistance
Ability to Express Thoughts	—	—	—	—	—
Ability to Understand Others	—	—	—	—	Sometimes understands

Row Name	01/26/25 2347	01/26/25 2153	01/26/25 0945	01/26/25 0915	01/26/25 0909
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	Responds to voice	Responds to voice	—	Responds to pain	—
Orientation Level	Unable to assess	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	—	Unable to assess	—
Cognition	Unable to assess	Unable to assess	—	Unable to assess	—
Speech	Slurred;Incomprehensible	Slurred;Incomprehensible;Nods/gestures appropriately;Uses written	—	Incomprehensible	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		communication			
Swallow	—	—	—	Other (Comment)	—
Pupil Assessment	—	—	—	No	—
R Hand Grasp	Moderate	Moderate	—	Unable to assess	—
L Hand Grasp	Moderate	Moderate	—	Unable to assess	—
R Foot Dorsiflexion	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	Not tested	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	Not tested	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor	—	Unable to assess;Movement to painful stimulus	—
RUE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
RUE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
LUE Motor Response	Movement to painful stimulus;No tremor	Movement to painful stimulus;No tremor	—	Unable to assess	—
LUE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
LUE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
RLE Motor Response	Movement to painful stimulus	Movement to painful stimulus	—	Movement to painful stimulus	—
RLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
RLE Motor Strength	2-Can move on bed but unable to lift	2-Can move on bed but unable to lift	—	2-Can move on bed but unable to lift	—
LLE Motor Response	Unable to assess	Unable to assess	—	Movement to painful stimulus	—
LLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	—
LLE Motor Strength	1-Palpable or visible muscle contraction but no movement	1-Palpable or visible muscle contraction but no movement	—	2-Can move on bed but unable to lift	—
Neuro Symptoms	—	Anxiety;Fatigue;Forgetful	—	Anxiety	—
Relieved by	—	Rest	—	—	—
Best Eye Response	Spontaneous	Spontaneous	—	—	—
Best Verbal Response	Incomprehensible sounds	Incomprehensible sounds	—	—	—
Best Motor Response	Follows commands	Follows commands	—	—	—
Glasgow Coma Scale Score	12	12	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Head and Face	—	Intact	—	Intact	—
R Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
L Eye	Severely impaired vision	Severely impaired vision	—	Severely impaired vision	—
R Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	Moderate hearing loss	—	Moderate hearing loss	—
Lips	Dry	Dry	—	Dry	—
Tongue	—	Pink;Dry;Coated	—	Dry;Coated;Swollen	—
Voice	Difficulty talking	Difficulty talking	—	Difficulty talking	—
Mucous	Dry	Dry	—	Dry	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Membrane(s)					
Teeth	—	Dentures upper;Dentures lower;Dentures removed	—	Dentures upper;Dentures lower	—
Neck	—	Rigid;No swelling;No trauma/injury	—	Other (Comment)	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Exceptions to WDL	—
Respiratory Pattern	Tachypneic	Normal;Tachypneic	Normal	Tachypneic	—
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	—
Respiratory Effort	Labored	Labored	Unlabored	Labored	—
Respiratory Effort Characteristics	Abdominal muscle use	Accessory muscle use	—	Gasping	—
Dyspnea Occurrence	At rest	Lying flat	At rest	Lying flat	—
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Symmetrical	Symmetrical	—
Bilateral Breath Sounds	Clear;Diminished	Clear	Diminished	Diminished	—
R Breath Sounds	—	—	Clear;Diminished	Clear;Diminished	—
L Breath Sounds	—	—	Clear	Clear	—
Cough	—	Dry;Weak	Weak;Unable to clear secretions	Weak;Unable to clear secretions	—
Respiratory Additional Assessments	—	—	No	Yes	—
R Upper Anterior	—	—	—	Clear	—
R Mid Anterior	—	—	—	Diminished	—
R Lateral	—	—	—	Diminished	—
R Lower Anterior	—	—	—	Diminished	—
R Basilar	—	—	—	Diminished	—
L Upper Anterior	—	—	—	Clear	—
L Lateral	—	—	—	Clear	—
L Basilar	—	—	—	Clear	—
Respiratory Interventions	—	—	—	—	—
Secretion Color	—	—	—	—	White
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	Regular	Regular	—	Regular	—
Heart Sounds	S1, S2	S1, S2	—	S1, S2	—
Head of Bed Elevated	—	—	—	HOB 30	—
Jugular Venous Distention (JVD)	No	No	—	No	—
Cardiac Symptoms	None	None	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	—	Ventricular Paced	—	—	—
Pacemaker Type	Permanent	Permanent	—	Permanent	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	None	None	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

R Radial Pulse	Weak	Weak	—	Unable to assess	—
L Radial Pulse	Weak	Weak	—	Unable to assess	—
R Posterior Tibial Pulse	—	Unable to assess	—	—	—
L Posterior Tibial Pulse	Unable to assess	—	—	—	—
R Dorsalis Pedis Pulse	Unable to assess	Unable to assess	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Other (Comment)	—
Edema	—	Right lower extremity;Generalized	—	Right lower extremity	—
Generalized Edema	—	Mild	—	—	—
RLE Edema	—	Moderate;Pitting	—	Moderate	—
RLE Capillary Refill	—	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	—
RLE Color	—	Pale	—	Pale	—
RLE Temperature/Moisture	—	Cool	—	Cool	—
LLE Capillary Refill	—	Less than/equal to 2 seconds	—	Unable to assess	—
LLE Color	—	Pale	—	Pale	—
LLE Temperature/Moisture	—	Warm;Dry	—	Warm;Dry	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	Pale	Pale	—	Pale	—
Skin Condition/Temp	Cool;Dry	Cool;Dry	—	Cool;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s);Bruising	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	—
Peri-Wound Assessment	Unable to assess	Unable to assess	—	Clean;Dry;Intact;Red	—
Closure	Unable to assess	Unable to assess	—	Staples	—
Drainage Description	—	Unable to assess	—	—	—
Drainage Amount	—	Unable to assess	—	None	—
Dressing	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE);Tape	—	Gauze;Elastic Wrap (ACE);Tape	—
Dressing Changed	Changed	—	—	New	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	—
Peri-Wound Assessment	Fragile;Clean;Dry	Fragile;Clean;Dry	—	—	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Barrier Cream	Barrier Cream	—	—	—
Dressing	Reapplication	Reapplication	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Changed					
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Closure	Skin glue	Skin glue	—	—	—
Drainage Amount	None	None	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Pink;Red	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Pink;Fragile	Clean;Dry;Intact;Pink;Fragile	—	Pink;Fragile	—
Closure	—	None	—	—	—
Drainage Amount	—	None	—	None	—
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border;Barrier Cream	—
Dressing Changed	—	New	—	New	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Length (cm)	—	—	—	1 cm	—
Wound Width (cm)	—	—	—	1 cm	—
Wound Depth (cm)	—	—	—	0.1 cm	—
Edges	—	—	—	Well-defined edges	—
Pressure Injury Stage	—	—	—	Stage 1	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Pale	—
Drainage Amount	—	None	—	None	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
RUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
LUE	Weakness;Limited movement	Weakness;Limited movement	—	Weakness;Limited movement	—
RLE	Weakness;Limited movement;Swelling	Weakness;Limited movement;Swelling	—	Weakness;Limited movement;Swelling	—
LLE	Amputation	Amputation	—	Amputation	—
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	—	Soft;Nondistended	—
Bowel Sounds (All Quadrants)	Present	—	—	Active	—
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	—	Soft;Nontender	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	—	Constipation	—	Constipation	—
Relieved by	—	Laxative	—	—	—
Last BM Date	—	01/26/25	—	—	—
RUQ Bowel Sounds	—	—	—	Present	—
LUQ Bowel Sounds	—	—	—	Present	—
RLQ Bowel Sounds	—	—	—	Present	—
LLQ Bowel Sounds	—	—	—	Present	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	—	—	—	No	—
Genitourinary Symptoms	Other (Comment)	Other (Comment)	—	Other (Comment)	—
Urinary Incontinence	—	—	—	Yes	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Irritable;Nonverbal;Restless	Agitated;Anxious;Irritable;Nonverbal;Restless	—	—	—
Needs Expressed	—	Physical;Other (Comment)	—	—	—
Family Behaviors	—	Anxious;Cooperative;Verbal	—	—	—
Rest/Sleep for Patient	—	Fair	—	Poor	—
Ability to Express Feelings	—	Unable to express	—	Unable to express	—
Ability to Express Needs	—	Needs assistance	—	Unable to express	—
Ability to Express Thoughts	—	Unable to express	—	Unable to express	—
Ability to Understand Others	—	Sometimes understands	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	—	—
Row Name	**01/25/25 2100**	**01/25/25 0900**	**01/25/25 0232**	**01/25/25 0143**	**01/24/25 2000**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	Responds to pain	Responds to pain	—	—	Alert
Orientation Level	Unable to assess	Disoriented to person	—	—	Unable to assess
Cognition	Unable to assess	Unable to assess	—	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Incomprehensible	Incomprehensible	—	—	Uses written communication
Swallow	—	Other (Comment)	—	—	Chokes on liquids;Difficulty swallowing
R Pupil Size (mm)	—	—	—	—	3
R Pupil Shape	—	—	—	—	Round
R Pupil Reaction	—	—	—	—	Brisk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

L Pupil Size (mm)	—	—	—	—	3
L Pupil Shape	—	—	—	—	Round
L Pupil Reaction	—	—	—	—	Brisk
R Hand Grasp	—	Strong	—	—	Moderate
L Hand Grasp	—	Strong	—	—	Moderate
R Foot Dorsiflexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Sensation	—	—	—	—	Unable to assess
RUE Motor Strength	—	5-Full strength	—	—	5-Full strength
LUE Sensation	—	—	—	—	Unable to assess
LUE Motor Strength	—	5-Full strength	—	—	5-Full strength
RLE Sensation	—	—	—	—	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
LLE Sensation	—	—	—	—	Unable to assess
LLE Motor Strength	—	—	—	—	2-Can move on bed but unable to lift
Neuro Symptoms	—	—	—	—	Anxiety
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
R Eye	Severely impaired vision	Severely impaired vision	—	—	Moderately impaired vision
L Eye	Severely impaired vision	Severely impaired vision	—	—	Moderately impaired vision
R Ear	Moderate hearing loss	—	—	—	Moderate hearing loss
L Ear	Moderate hearing loss	—	—	—	Moderate hearing loss
Lips	—	Dry	—	—	Dry
Tongue	—	Dry	—	—	Dry
Voice	Difficulty talking	—	—	—	Difficulty talking
Mucous Membrane(s)	—	—	—	—	Dry
Teeth	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—	—	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL [N1]	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Tachypneic	Tachypneic [N1]	—	—
Respiratory Depth/Rhythm	—	Shallow	Shallow [N1]	—	—
Respiratory Effort	Unlabored	Unlabored	Labored [N1]	—	—
Respiratory Effort Characteristics	—	—	Gasping [N1]	—	—
Dyspnea Occurrence	—	—	At rest [N1]	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Chest Assessment	—	—	Symmetrical [N1]	—	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished [N1]	—	Clear;Diminished
R Breath Sounds	—	Diminished	—	—	—
L Breath Sounds	—	Diminished	—	—	—
Cough	—	—	Moist;Weak;Unable to clear secretions;Hacking [N1]	—	Spontaneous;Non-productive
Respiratory Interventions	—	—	Oral suction [N1]	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Cardiac Regularity	Regular	—	—	—	—
Cardiac Symptoms	—	Other (Comment)	—	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
Cardiac Rhythm	Ventricular Paced	—	—	—	Ventricular Paced
Pacemaker Type	—	Permanent	—	—	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	—	—
LUE Edema	—	Mild;Other (Comment)	—	—	—
RLE Edema	—	—	—	—	Moderate;Pitting
RLE Color	—	Purple;Pale	—	—	—
RLE Temperature/Moisture	—	Cool	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Skin Condition/Temp	Warm;Dry	—	—	—	—
Skin Integrity	—	—	—	—	See Wound/Burn LDA(s);Bruising
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	—	Pink;Painful
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Closure	—	Staples	—	—	Staples
Drainage Amount	—	None	—	—	None
Dressing	Gauze;Tape	—	—	—	None - Open to air;Betadine Swabs
Dressing Changed	—	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Blanchable erythema;Clean;Dry
Peri-Wound Assessment	—	Fragile;Purple	—	—	Clean;Dry;Pink
Drainage Amount	—	None	—	—	—
Dressing	—	—	—	—	Mepilex Border
Wound	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Properties	Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Closure	—	Skin glue	—	—	Skin glue
Drainage Amount	—	None	—	—	—
Dressing	None - Open to air	—	—	—	None - Open to air
Dressing Changed	—	Other (Comment)	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Burgundy
Peri-Wound Assessment	—	—	—	—	Pink;Blanchable erythema
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Within Defined Limits	Within Defined Limits	—	—	Exceptions to WDL
RUE	Weakness;Limited movement	—	—	—	—
LUE	Weakness;Limited movement	—	—	—	—
RLE	Weakness;Limited movement;Swelling	—	—	—	Limited movement;Weakness;Swelling
LLE	Amputation	—	—	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	—	—	—	—
Bowel Sounds (All Quadrants)	Active	—	—	—	—
GI Symptoms	Loss of appetite	Loss of appetite	—	—	—
Last BM Date	—	01/20/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Genitourinary Symptoms	Other (Comment)	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Patient Behaviors/Mood	Anxious	Anxious	—	—	Anxious;Restless
Ability to Express Feelings	—	Unable to express	—	—	Needs assistance
Ability to Express Needs	—	Unable to express	—	—	Needs assistance
Ability to Express Thoughts	—	Unable to express	—	—	Needs assistance
Ability to Understand Others	—	—	—	—	Sometimes understands
Charting Type	Shift assessment	—	—	—	Shift assessment
Row Name	**01/24/25 0820**	**01/23/25 2100**	**01/23/25 0900**	**01/22/25 2300**	**01/22/25 2119**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of	Responds to voice	Responds to voice	Responds to voice	Responds to voice	Responds to voice

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Consciousness					
Orientation Level	Oriented to person	Oriented to person	Oriented to person	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to person	Oriented to person
Cognition	Follows commands;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Unable to follow commands	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration;Unable to follow commands
Speech	Uses written communication;Nods/gestures appropriately	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	—	—
R Hand Grasp	Moderate	—	Strong	—	Unable to assess
L Hand Grasp	Moderate	—	Strong	—	Unable to assess
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested	—	Not tested	—	Not tested
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	Not tested	—	Not tested	—	—
RUE Motor Response	Responds to commands	—	Responds to commands	—	—
RUE Sensation	Unable to assess	—	Unable to assess	—	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	Responds to commands	—	Responds to commands	—	—
LUE Sensation	Unable to assess	—	Unable to assess	—	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	Responds to commands	—	Responds to commands	—	—
RLE Sensation	Unable to assess	—	Unable to assess	—	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	Other (Comment)	—	Other (Comment)	—	Other (Comment)
LLE Sensation	Unable to assess	—	Pain	—	—
LLE Motor Strength	2-Can move on bed but unable to lift	—	3-Can move or lift off bed but can't overcome resistance	—	—
Neuro Symptoms	—	Forgetful;Anxiety;Irri	Forgetful;Anxiety;Irri	—	Forgetful;Anxiety;Irri

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		table	table		table;Drowsiness
Relieved by	—	Rest	—	—	—
Best Eye Response	Spontaneous	—	Spontaneous	Spontaneous	—
Best Verbal Response	Confused	—	Confused	Confused	—
Best Motor Response	Follows commands	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	14	—	14	14	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Head and Face	—	Intact	Intact	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	—	—
R Ear	Deaf	Deaf	Deaf	—	Deaf
L Ear	Deaf	Deaf	Deaf	—	Deaf
Lips	Dry	Dry	—	—	—
Throat	Intact	—	—	—	—
Tongue	Pink;Dry	—	—	—	—
Voice	Difficulty talking	Difficulty talking	—	—	—
Mucous Membrane(s)	Dry	—	—	—	—
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	—	—	—
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	Normal	Normal	Normal
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	Unlabored
Dyspnea Occurrence	With exertion	With exertion	—	With exertion	—
Chest Assessment	Symmetrical	Symmetrical	—	Symmetrical	—
Bilateral Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
R Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
L Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	—	Clear
Cough	—	Strong	—	—	Occasional
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	Regular	Regular	Regular
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	S1, S2
Head of Bed Elevated	Self regulated	Self regulated	HOB 30	HOB 30	—
Jugular Venous Distention (JVD)	No	No	—	No	—
Cardiac Symptoms	None	—	—	None	—
Telemetry/Cardiac Monitor	Yes	—	—	Yes	—
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Cyanosis	None	None	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	R radial;L radial;R posterior tibial;R dorsalis pedis
R Radial Pulse	Weak	—	Moderate	—	Moderate
L Radial Pulse	Weak	—	Moderate	—	Moderate
L Femoral Pulse	Moderate	—	—	—	—
R Popliteal Pulse	—	—	Doppler	—	—
R Posterior Tibial Pulse	—	—	Doppler	—	—
R Dorsalis Pedis Pulse	Weak	—	Doppler	—	Weak
L Dorsalis Pedis Pulse	—	—	—	—	Weak
Edema	—	—	Right lower extremity	—	—
RUE Edema	—	Mild	Mild	—	—
RLE Edema	Moderate;Pitting	—	—	—	—
RLE Capillary Refill	Less than/equal to 2 seconds	—	—	—	—
RLE Color	Pale	—	—	—	—
RLE Temperature/Moisture	Warm;Dry	—	—	—	—
LLE Capillary Refill	Less than/equal to 2 seconds	—	—	—	—
LLE Color	Appropriate for ethnicity	—	—	—	—
LLE Temperature/Moisture	Warm;Dry	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	—	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	—	See Wound/Burn LDA(s);Bruising
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Pink;Dry	—	Red	—	Red;Swelling
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact;Painful	—	Clean;Dry;Intact;Painful
Closure	Staples	—	Staples	—	Staples;Approximated
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Betadine Swabs	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	—	—	Blanchable	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment			erythema;Clean;Dry		
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Closure	—	—	—	—	None
Dressing	—	—	Mepilex Border	—	Mepilex Border
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Closure	Skin glue	—	Skin glue	—	—
Drainage Amount	None	—	—	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
RUE	Weakness;Limited movement	Full movement	Full movement	—	Full movement;Weakness
LUE	Weakness;Limited movement	Full movement	Full movement	—	Full movement;Weakness
RLE	Limited movement;Weakness;Swelling	Swelling;Full movement	Swelling;Full movement	—	Swelling;Full movement;Weakness
LLE	Amputation	Amputation	Amputation	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	Active	Active	Active	—	Active
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	—	Soft;Nontender
Passing Flatus	Yes	Yes	Yes	—	Yes
GI Symptoms	Loss of appetite	Loss of appetite	—	—	—
RUQ Bowel Sounds	Present	—	—	—	—
LUQ Bowel Sounds	Present	—	—	—	—
RLQ Bowel Sounds	Present	—	—	—	—
LLQ Bowel Sounds	Present	—	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Suprapubic Tenderness	No	No	No	—	—
Genitourinary Symptoms	Other (Comment)	Other (Comment)	Other (Comment)	—	Indwelling urinary catheter
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL
Patient Behaviors/Mood	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	—	Impulsive;Irritable;Sleeping
Needs Expressed	—	—	Other (Comment)	—	Other (Comment)
Psychosocial Additional	—	Yes	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessments					
Family Behaviors	Appropriate for situation	Appropriate for situation	Appropriate for situation	—	Appropriate for situation
Rest/Sleep for Patient	Fair	Fair	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Express Needs	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	Needs assistance	—	—
Ability to Understand Others	Usually understands	Usually understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	—	Reassessment
Row Name	**01/22/25 0900**	**01/21/25 2130**	**01/21/25 0900**	**01/20/25 2130**	**01/20/25 0930**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to pain	Responds to pain	Responds to pain	Responds to pain
Orientation Level	Oriented to person	Oriented to person	Oriented to person	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person
Cognition	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands	Follows commands
Speech	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication
Swallow	—	Chokes on liquids	—	—	Chokes on liquids
R Hand Grasp	Strong	Moderate	Moderate	—	Moderate
L Hand Grasp	Strong	Moderate	Moderate	—	Moderate
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested	Not tested	—	—	—
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	Not tested	Not tested	—	—	—
RUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
RUE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
LUE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
LUE Motor	4-Can move/lift	4-Can move/lift	4-Can move/lift	—	4-Can move/lift

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Strength	against some resistance, not full strength	against some resistance, not full strength	against some resistance, not full strength		against some resistance, not full strength
RLE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	Unable to assess	—	Unable to assess
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	Other (Comment)	Other (Comment)	—	—	—
LLE Sensation	Pain	Pain	Pain	—	Pain
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Forgetful;Anxiety;Irritable	Forgetful;Anxiety;Irritable	Forgetful;Anxiety;Irritable	—	Fatigue;Forgetful
Best Eye Response	Spontaneous	Spontaneous	Spontaneous	—	—
Best Verbal Response	Confused	Confused	Oriented	—	—
Best Motor Response	Follows commands	Follows commands	Follows commands	—	—
Glasgow Coma Scale Score	14	14	15	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	Intact	Intact	—	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Voice	—	—	Difficulty talking	Difficulty talking	Difficulty talking
Mucous Membrane(s)	—	—	Dry	—	—
Teeth	—	—	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Normal	Normal	—	Normal	—
Respiratory Depth/Rhythm	Regular	Regular	Regular	Regular	—
Respiratory Effort	Unlabored	Unlabored	Unlabored	Unlabored	—
Dyspnea Occurrence	—	With exertion	—	—	—
Bilateral Breath Sounds	Clear;Diminished	Clear	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	Clear;Diminished	—	—	—	Clear;Diminished
L Breath Sounds	Clear;Diminished	—	—	—	Clear;Diminished
Cough	—	—	Strong;Able to clear secretions;Moist	—	Strong;Able to clear secretions;Moist
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	Regular	—
Heart Sounds	S1, S2	S1, S2	S1, S2	S1, S2	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Head of Bed Elevated	HOB 30	—	—	—	—
Telemetry/Cardiac Monitor	—	—	—	Yes	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Nurse Cardiac Rhythm Strip Review	Reviewed, agree with assessment	—	—	—	—
Pacemaker Type	Permanent	Permanent	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Within Defined Limits
Cyanosis	—	—	—	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—	—
R Radial Pulse	Moderate	Moderate	Moderate	—	—
L Radial Pulse	Moderate	Moderate	Moderate	—	—
R Popliteal Pulse	Doppler	Doppler	Doppler	—	—
R Posterior Tibial Pulse	Doppler	Doppler	Doppler	—	—
R Dorsalis Pedis Pulse	Doppler	Doppler	Doppler	—	—
RLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	—
RLE Color	—	—	Pale	—	—
RLE Temperature/Moisture	—	—	Other (Comment)	—	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds
LLE Color	—	—	Appropriate for ethnicity	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	Warm	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	—	—
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	See Wound/Burn LDA(s);Bruising	—	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Red	Red	—	Painful;Unable to assess	—
Peri-Wound Assessment	Clean;Dry;Intact;Painful	Clean;Dry;Intact;Painful	—	Clean;Dry;Intact;Painful	—
Closure	Staples	Staples	—	—	—
Drainage Description	—	Serosanguineous	—	—	—
Drainage Amount	—	Moderate	—	—	—
Dressing	Betadine Swabs;Gauze;Elasti	Betadine Swabs;Gauze;Elasti	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	c Wrap (ACE)	c Wrap (ACE)			
Dressing Changed	Changed	Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Peri-Wound Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Closure	Skin glue	Skin glue	—	Skin glue	—
Dressing	None - Open to air	None - Open to air	—	None - Open to air	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Full movement	Full movement	Full movement	Weakness	—
LUE	Full movement	Full movement	Full movement	Weakness	—
RLE	Swelling;Full movement	Swelling;Full movement	Swelling;Full movement	Weakness	Weakness
LLE	Amputation	Amputation	Amputation	Amputation;Weakness	Amputation;Weakness
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Within Defined Limits	Within Defined Limits
Abdomen Inspection	Soft;Nondistended	Soft;Nondistended	Soft;Nondistended	Soft;Flat	—
Bowel Sounds (All Quadrants)	Active	Active	Active	Active	—
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	—	—
Passing Flatus	Yes	Yes	—	—	—
GI Symptoms	—	Loss of appetite	Loss of appetite	Loss of appetite	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive;Irritable;Restless	Impulsive	Impulsive
Needs Expressed	Other (Comment)	Other (Comment)	—	Other (Comment)	—
Family Behaviors	Appropriate for situation	Appropriate for situation	—	—	—
Rest/Sleep for Patient	—	Fair	—	—	—
Ability to Express Feelings	Needs assistance	Needs assistance	—	—	—
Ability to Express Needs	Needs assistance	Needs assistance	—	—	—
Ability to Express Thoughts	Needs assistance	Needs assistance	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Ability to Understand Others	—	Usually understands	—	—	—
Charting Type	Shift assessment	Shift assessment	Shift assessment	Shift assessment	—
Row Name	**01/20/25 0100**	**01/19/25 1600**	**01/19/25 0900**	**01/19/25 0030**	**01/18/25 2126**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Responds to pain	Alert	Alert	Alert	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	—	Follows commands	—	Follows commands	Follows commands
Speech	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication	—	Nods/gestures appropriately;Uses written communication	Nods/gestures appropriately;Uses written communication
Swallow	Chokes on liquids	Chokes on liquids	Chokes on liquids	Able to swallow solids without difficulty	Able to swallow solids without difficulty
R Hand Grasp	Moderate	—	—	Moderate	Moderate
L Hand Grasp	Moderate	—	—	Moderate	Moderate
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
L Foot Dorsiflexion	—	Not tested	Not tested	—	—
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	—	Not tested	Not tested	—	—
RUE Motor Response	Responds to commands	Responds to commands	Responds to commands	—	—
RUE Sensation	—	Unable to assess	Unable to assess	—	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	—	Responds to commands	Responds to commands	—	—
LUE Sensation	—	Unable to assess	Unable to assess	—	—
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	—	Responds to commands	Responds to commands	—	—
RLE Sensation	—	Unable to assess	Unable to assess	—	—
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—
LLE Motor Response	—	Other (Comment)	—	—	Responds to commands
LLE Sensation	—	Pain	—	Pain	Pain
LLE Motor Strength	—	3-Can move or lift off bed but can't overcome	—	3-Can move or lift off bed but can't overcome	3-Can move or lift off bed but can't overcome

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		resistance		resistance	resistance
Neuro Symptoms	Fatigue;Forgetful	Fatigue;Forgetful	—	Fatigue	Fatigue
Best Eye Response	—	—	Spontaneous	—	—
Best Verbal Response	—	—	Confused	—	—
Best Motor Response	—	—	Follows commands	—	—
Glasgow Coma Scale Score	—	—	14	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Head and Face	—	—	Intact	—	—
R Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	Deaf	Deaf	Deaf
L Ear	Deaf	Deaf	Deaf	Deaf	Deaf
Lips	Dry	—	—	—	—
Tongue	Pink;Dry	—	—	—	Pink;Dry
Voice	Difficulty talking	—	—	Difficulty talking	Difficulty talking
Mucous Membrane(s)	—	—	—	—	Pink;Dry
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures lower;Dentures upper
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	—	Normal	Normal	—	Tachypneic
Respiratory Depth/Rhythm	—	Regular	Regular	—	—
Respiratory Effort	—	Unlabored	Unlabored	Unlabored	Unlabored
Chest Assessment	—	Symmetrical	Chest expansion symmetrical;Symmetrical	Chest expansion symmetrical;Symmetrical	Chest expansion symmetrical;Symmetrical
Bilateral Breath Sounds	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished	Clear;Diminished
R Breath Sounds	—	—	Clear;Diminished	—	—
L Breath Sounds	—	—	Clear;Diminished	—	—
Cough	—	—	Able to clear secretions	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	—	Regular	Regular	—	Regular
Heart Sounds	—	S1, S2	S1, S2	—	S1, S2
Head of Bed Elevated	—	—	HOB 30	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Cardiac Symptoms	—	None	None	—	—
Telemetry/Cardiac Monitor	Yes	Yes	Yes	—	Yes
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Cyanosis	—	None	None	None	None
Capillary Refill	—	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All	Less than/equal to 2 seconds (All

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		extremities)	extremities)	extremities)	extremities)
Pulses	—	R radial;L radial;R posterior tibial;R dorsalis pedis	R radial;L radial;R posterior tibial;R dorsalis pedis	—	—
R Radial Pulse	—	Moderate	Moderate	—	Moderate
L Radial Pulse	—	Moderate	Moderate	—	Moderate
R Posterior Tibial Pulse	—	—	—	—	Weak
L Posterior Tibial Pulse	—	—	—	Unable to assess	Unable to assess
R Dorsalis Pedis Pulse	—	Weak	Weak	—	Weak
L Dorsalis Pedis Pulse	—	—	Unable to assess	Unable to assess	Unable to assess
Edema	Right upper extremity	—	—	Right upper extremity	Right upper extremity
RUE Edema	Mild;Dependent	—	—	Mild;Dependent	Mild;Dependent
LUE Edema	Mild;Dependent	—	—	Mild;Dependent	Mild;Dependent
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Clean;Dry;Intact;Painful	—	—	—	Dry;Painful
Closure	Staples	—	—	—	Staples
Drainage Description	—	—	—	—	Serosanguineous
Drainage Amount	None	—	None	—	Scant
Dressing	Elastic Wrap (ACE);Gauze	Elastic Wrap (ACE);Gauze	—	Elastic Wrap (ACE);ABD Pad	Elastic Wrap (ACE);ABD Pad
Dressing Changed	—	—	—	—	Changed
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Pink	Pink
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Drainage Amount	—	—	—	—	None
Dressing	—	Mepilex Border	—	None - Open to air	None - Open to air
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Unable to assess	Unable to assess
Peri-Wound	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment					
Closure	—	Skin glue	Skin glue	Skin glue	Skin glue
Drainage Amount	—	None	None	None	None
Dressing	None - Open to air	None - Open to air	—	None - Open to air	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
RUE	Weakness	Weakness	Weakness	Weakness	Weakness
LUE	Weakness	Weakness	Weakness	Weakness	Weakness
RLE	Weakness	Weakness	Weakness	Weakness	Weakness
LLE	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness	Amputation;Weakness
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Hypoactive	Hypoactive	Active	Hypoactive	Hypoactive
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	Soft;Nontender	Soft;Nontender	Soft;Nontender
Passing Flatus	Yes	Yes	—	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite	Loss of appetite	Loss of appetite	Loss of appetite
Last BM Date	01/17/25	—	01/17/25	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	No	No	—	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter	Indwelling urinary catheter
Urinary Incontinence	No	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	Intact;Foreign object
Foreign Object	—	—	—	—	—
Foreign Object Location	Urethra	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL	Exceptions to WDL
Patient Behaviors/Mood	Anxious;Crying;Impulsive;Tearful	Cooperative	Cooperative	—	Cooperative
Needs Expressed	Other (Comment)	—	Other (Comment)	—	—
Family Behaviors	—	—	Appropriate for situation	—	—
Ability to Express Feelings	—	—	Able to express	Needs assistance	Needs assistance
Ability to Express Needs	—	—	Needs assistance	Needs assistance	Needs assistance
Ability to Express Thoughts	—	—	Able to express	Needs assistance	Needs assistance
Ability to Understand Others	—	—	Usually understands	—	—
Charting Type	Shift assessment	Shift assessment	—	Shift assessment	Shift assessment
Row Name	**01/18/25 1531**	**01/18/25 0930**	**01/18/25 0900**	**01/17/25 2100**	**01/17/25 0844**
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Level of Consciousness	Alert	Alert	—	Alert	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	—	Oriented to person;Disoriented to place;Disoriented to time	Oriented to person;Disoriented to place;Disoriented to time
Cognition	Follows commands	Follows	—	Follows commands	Follows

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

		commands;Poor attention/concentration			commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Slurred;Nods/gestures appropriately;Uses written communication	Slurred;Nods/gestures appropriately	—	Slurred;Nods/gestures appropriately	Slurred;Nods/gestures appropriately
Swallow	—	—	—	—	Able to swallow solids without difficulty
R Hand Grasp	Moderate	—	—	—	—
L Hand Grasp	Moderate	—	—	—	—
LLE Motor Response	—	—	—	—	Responds to commands
LLE Sensation	—	—	—	—	Pain
LLE Motor Strength	—	—	—	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Fatigue	—	—	—	None
Relieved by	Rest	—	—	—	—
Best Eye Response	Spontaneous	—	—	—	—
Best Verbal Response	Confused	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
R Eye	Moderately impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
L Eye	Moderately impaired vision	Moderately impaired vision	—	Moderately impaired vision	Moderately impaired vision
R Ear	Deaf	Deaf	—	Deaf	Deaf
L Ear	Deaf	Deaf	—	Deaf	Deaf
Tongue	Pink;Dry	Pink;Dry	—	—	—
Voice	Difficulty talking	—	—	—	—
Mucous Membrane(s)	Pink;Dry	Dry;Pink	—	—	—
Teeth	Missing teeth;Dentures lower;Dentures upper	Missing teeth;Dentures upper;Dentures lower	—	Missing teeth;Dentures upper;Dentures lower	Missing teeth;Dentures upper;Dentures lower
Respiratory (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Respiratory Pattern	Tachypneic	Tachypneic	—	Tachypneic	Tachypneic
Respiratory Depth/Rhythm	Regular	Regular	—	Regular	Regular
Respiratory Effort	Unlabored	Unlabored	—	Unlabored	Unlabored
Dyspnea Occurrence	With exertion	With exertion	—	—	—
Chest Assessment	Chest expansion symmetrical;Symmetrical	Symmetrical;Chest expansion symmetrical	—	—	Symmetrical;Chest expansion symmetrical
Bilateral Breath Sounds	Clear;Diminished	Diminished	—	Clear;Diminished	Clear;Diminished

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Cough	—	Able to clear secretions	—	—	—
Cardiac (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cardiac Regularity	Regular	Regular	—	Regular	Regular
Heart Sounds	S1, S2	S1, S2	—	S1, S2	S1, S2
Head of Bed Elevated	HOB 30	Self regulated	—	—	HOB 60
Jugular Venous Distention (JVD)	—	No	—	No	—
Cardiac Symptoms	None	None	—	—	None
Telemetry/Cardiac Monitor	Yes	Yes	—	—	Yes
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	—	Ventricular Paced
Pacemaker Type	—	—	—	Permanent	Permanent
Peripheral Vascular (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Cyanosis	None	None	—	None	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;R posterior tibial;R dorsalis pedis	—	R radial;L radial;L femoral	R radial;L radial;L femoral
R Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Radial Pulse	Moderate	Moderate	—	Moderate	Moderate
L Femoral Pulse	—	—	—	Moderate	Moderate
R Posterior Tibial Pulse	Weak	Weak	—	—	—
L Posterior Tibial Pulse	Weak	Weak	—	—	—
R Dorsalis Pedis Pulse	Weak	Weak	—	—	—
L Dorsalis Pedis Pulse	Weak	Weak	—	—	—
Edema	Right upper extremity	Right upper extremity	—	Right upper extremity	Right upper extremity
RUE Edema	Mild	Mild	—	Mild	Mild
LLE Capillary Refill	—	—	—	—	Less than/equal to 2 seconds
LLE Color	—	—	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Skin Color	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	Warm;Dry	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base	Unable to assess	—	—	Clean;Pink	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Assessment					
Peri-Wound Assessment	Unable to assess	—	Clean;Dry;Intact	Clean;Dry	—
Closure	—	—	Staples	Staples	—
Drainage Description	—	—	—	Serosanguineous	—
Drainage Amount	None	—	None	Scant	—
Dressing	Elastic Wrap (ACE)	—	—	—	—
Dressing Changed	—	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	—	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	—
Closure	Skin glue	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
RUE	Weakness	Weakness	—	Weakness	Full movement
LUE	Weakness	Weakness	—	Weakness	Full movement
RLE	Weakness	Weakness	—	Weakness	Weakness
LLE	Amputation;Weakness	Amputation;Weakness	—	Amputation	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Within Defined Limits	—	Within Defined Limits	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Flat	—	Soft;Flat	Soft;Flat
Bowel Sounds (All Quadrants)	Hypoactive	Hypoactive	—	Hypoactive	Hypoactive
Abdominal Tenderness	Soft;Nontender	Soft;Nontender	—	Soft;Nontender	Soft;Nontender
Passing Flatus	—	Yes	—	Yes	Yes
GI Symptoms	Loss of appetite	Loss of appetite	—	None	Nausea;Dry heaves
Relieved by	—	—	—	—	Antiemetic
Last BM Date	01/17/25	—	—	01/17/25	01/16/25
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL
Suprapubic Tenderness	—	No	—	No	—
Genitourinary Symptoms	Indwelling urinary catheter	Indwelling urinary catheter	—	Indwelling urinary catheter	Indwelling urinary catheter
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	Intact;Foreign object
Foreign Object	—	—	—	—	Other (Comment)
Foreign Object Location	—	—	—	—	Urethra
Psychosocial (WDL)	Exceptions to WDL	Within Defined Limits	—	Within Defined Limits	Within Defined Limits

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Patient Behaviors/Mood	Cooperative	Calm;Cooperative	—	Calm;Cooperative	Calm;Cooperative
Needs Expressed	—	—	—	Other (Comment)	—
Ability to Express Feelings	Needs assistance	—	—	Needs assistance	—
Ability to Express Needs	Needs assistance	—	—	Needs assistance	—
Ability to Express Thoughts	Needs assistance	—	—	Needs assistance	—
Ability to Understand Others	Sometimes understands	—	—	Sometimes understands	—
Charting Type	Shift assessment	Shift assessment	—	—	Shift assessment
Row Name	**01/16/25 2100**	**01/16/25 1748**	**01/16/25 0920**	**01/16/25 0115**	**01/15/25 2100**
Neuro (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	Alert	—	Responds to pain	Responds to pain	—
Orientation Level	Oriented to person	—	—	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to place	—
Cognition	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—
Speech	Slurred;Nods/gestures appropriately	—	Slurred;Nods/gestures appropriately	Slurred;Nods/gestures appropriately	—
Facial Symmetry	Other (Comment)	—	—	—	—
Swallow	Able to swallow liquids without difficulty	—	Able to swallow solids without difficulty	—	—
Pupil Assessment	No	—	—	—	—
R Pupil Reaction	—	—	—	Brisk	—
L Pupil Size (mm)	—	—	—	3	—
L Pupil Shape	—	—	—	Round	—
L Pupil Reaction	—	—	—	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	—	Grasp;Motor response;Sensation;Motor strength	—
R Hand Grasp	Moderate	—	—	Strong	—
L Hand Grasp	Moderate	—	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	Not tested	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Responds to commands	—	—	Responds to commands	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	Responds to commands	—	—	Responds to commands	—
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	—	—	Responds to commands	—
RLE Sensation	Unable to assess	—	—	Unable to assess	—
RLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	4-Can move/lift against some resistance, not full strength	—
LLE Motor Response	Responds to commands	—	—	Responds to commands	—
LLE Sensation	Pain	—	Pain	Pain;Unable to assess	—
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	—
Neuro Symptoms	None	—	—	Fatigue	—
Neuro Additional Assessments	No	—	—	—	—
Best Eye Response	—	—	—	To verbal stimuli	—
Best Verbal Response	—	—	—	Confused	—
Best Motor Response	—	—	—	Follows commands	—
Glasgow Coma Scale Score	—	—	—	13	—
HEENT (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Head and Face	—	—	—	Intact	—
R Eye	—	—	Moderately impaired vision	Moderately impaired vision	—
L Eye	—	—	Moderately impaired vision	Moderately impaired vision	—
R Ear	Deaf	—	Deaf	Deaf;Moderate hearing loss	—
L Ear	Deaf	—	Deaf	Deaf;Moderate hearing loss	—
Throat	—	—	—	Intact	—
Tongue	—	—	—	Pink;Dry	—
Voice	—	—	—	Difficulty talking	—
Mucous Membrane(s)	—	—	—	Dry;Pink	—
Teeth	Missing teeth	—	Dentures upper;Dentures lower	Dentures upper;Dentures lower	—
Respiratory (WDL)	Within Defined Limits	—	Exceptions to WDL	Within Defined Limits	—
Respiratory Pattern	—	—	Normal	Normal	—
Respiratory Depth/Rhythm	—	—	Regular	Regular	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Respiratory Effort	—	—	Unlabored	Unlabored	—
Chest Assessment	—	—	Symmetrical;Chest expansion symmetrical	Symmetrical;Chest expansion symmetrical	—
Bilateral Breath Sounds	—	—	Clear;Diminished	Clear	—
R Breath Sounds	—	—	Clear;Diminished	—	—
L Breath Sounds	—	—	Clear;Diminished	—	—
Cough	—	—	—	Able to clear secretions	—
Cardiac (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Cardiac Regularity	—	—	Regular	Irregular	—
Heart Sounds	—	—	S1, S2	S1, S2	—
Head of Bed Elevated	—	—	—	HOB 30	—
Jugular Venous Distention (JVD)	—	—	—	No	—
Cardiac Symptoms	—	—	None	None	—
Telemetry/Cardiac Monitor	—	—	Yes	Yes	—
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	—
Nurse Cardiac Rhythm Strip Review	—	Reviewed, agree with assessment	—	—	—
Pacemaker Type	—	—	Permanent	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
Cyanosis	None	—	None	None	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	Less than/equal to 2 seconds (All extremities)	—
Pulses	—	—	R radial;L radial;L femoral	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—
R Radial Pulse	—	—	Weak	Moderate	—
L Radial Pulse	—	—	Weak	Moderate	—
L Femoral Pulse	—	—	Moderate	Moderate	—
R Posterior Tibial Pulse	—	—	—	Weak	—
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	—	—	—	Weak	—
L Dorsalis Pedis Pulse	—	—	—	Weak	—
Edema	—	—	Right upper extremity	Right upper extremity	—
RUE Edema	—	—	Mild	Mild	—
PVS Additional Assessments	—	—	—	Yes	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—
LLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	—	Warm	Warm	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Integumentary (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Skin Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
Skin Condition/Temp	—	—	Warm;Dry	Warm;Dry	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	Epidermis thin with loss of subcutaneous tissue	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Peri-Wound Assessment	—	—	—	Clean;Dry	Clean;Dry
Closure	—	—	—	Staples	Staples
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Brown;Dry;Fragile;Intact;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	—	—	—	Sutures;Skin glue	Sutures;Skin glue
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Musculoskeletal (WDL)	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—
RUE	Full movement	—	Full movement	Full movement	—
LUE	Full movement	—	Full movement	Full movement	—
RLE	Weakness	—	Weakness	Weakness	—
LLE	Amputation	—	Amputation	Amputation	—
Gastrointestinal (WDL)	Within Defined Limits	—	Exceptions to WDL	Exceptions to WDL	—
Abdomen Inspection	—	—	Soft;Flat	Soft;Nondistended	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	Hypoactive	—
Abdominal Tenderness	—	—	Soft	Soft;Nontender	—
Genitourinary	Exceptions to WDL	—	Exceptions to WDL	Exceptions to WDL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

(WDL)					
Suprapubic Tenderness	No	—	—	No	—
Genitourinary Symptoms	Indwelling urinary catheter	—	Indwelling urinary catheter	Indwelling urinary catheter	—
Psychosocial (WDL)	Within Defined Limits	—	Within Defined Limits	Within Defined Limits	—
Patient Behaviors/Mood	—	—	Calm;Cooperative	Calm;Cooperative	—
Needs Expressed	—	—	—	Other (Comment)	—
Psychosocial Additional Assessments	—	—	—	Yes	—
Family Behaviors	—	—	—	Anxious	—
Rest/Sleep for Patient	—	—	—	Fair	—
Ability to Express Feelings	—	—	—	Unable to express	—
Ability to Express Needs	—	—	—	Unable to express	—
Ability to Express Thoughts	—	—	—	Unable to express	—
Charting Type	—	—	Shift assessment	Shift assessment	—

Row Name	**01/15/25 1600**
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Responds to pain
Orientation Level	Oriented to person;Disoriented to time;Disoriented to situation;Disoriented to place
Cognition	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	Slurred;Nods/gestures appropriately
R Pupil Size (mm)	3
R Pupil Shape	Round
R Pupil Reaction	Brisk
L Pupil Size (mm)	3
L Pupil Shape	Round
L Pupil Reaction	Brisk
R Hand Grasp	Strong
L Hand Grasp	Strong
R Foot Dorsiflexion	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	Not tested
R Foot Plantar Flexion	4-Can move/lift against some resistance, not full strength
L Foot Plantar	Not tested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Flexion	
RUE Motor Response	Responds to commands
RUE Sensation	Unable to assess
RUE Motor Strength	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Responds to commands
LUE Sensation	Unable to assess
LUE Motor Strength	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Responds to commands
RLE Sensation	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands
LLE Sensation	Pain;Unable to assess
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Fatigue
Head and Face	Intact
R Eye	Moderately impaired vision
L Eye	Moderately impaired vision
R Ear	Deaf;Moderate hearing loss
L Ear	Deaf;Moderate hearing loss
Throat	Intact
Tongue	Pink;Dry
Voice	Difficulty talking
Teeth	Dentures upper;Dentures lower
Respiratory (WDL)	Within Defined Limits
Respiratory Pattern	Normal
Respiratory Depth/Rhythm	Regular
Respiratory Effort	Unlabored
Bilateral Breath Sounds	Clear
Cough	Able to clear secretions
Cardiac (WDL)	Exceptions to WDL
Heart Sounds	S1, S2
Telemetry/Cardiac Monitor	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Cardiac Rhythm	Ventricular Paced
Ectopy	Premature ventricular contractions
Ectopy Frequency	Occasional
Peripheral Vascular (WDL)	Exceptions to WDL
Cyanosis	None
Capillary Refill	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	Moderate
L Radial Pulse	Moderate
L Femoral Pulse	Moderate
R Dorsalis Pedis Pulse	Weak
Edema	Right upper extremity
RUE Edema	Mild
LLE Capillary Refill	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity
LLE Temperature/Moisture	Warm
Integumentary (WDL)	Exceptions to WDL
Skin Color	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)
Skin Turgor	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Wound Bed/Base Assessment	Unable to assess
Peri-Wound Assessment	Clean;Dry
Closure	Staples
Drainage Amount	None
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	Changed
Dressing Status	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink
Drainage Amount	None
Dressing	None - Open to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

	air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed
Wound Bed/Base Assessment	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact
Closure	Sutures;Skin glue
Drainage Amount	None
Dressing	None - Open to air
Musculoskeletal (WDL)	Exceptions to WDL
RUE	Full movement
LUE	Full movement
RLE	Weakness
LLE	Amputation
Gastrointestinal (WDL)	Exceptions to WDL
Abdomen Inspection	Soft;Nondistended
Bowel Sounds (All Quadrants)	Hypoactive
Abdominal Tenderness	Soft;Nontender
Last BM Date	01/15/25
Genitourinary (WDL)	Exceptions to WDL
Genitourinary Symptoms	Indwelling urinary catheter
Urinary Incontinence	Yes
Urine Color	Yellow/straw
Urine Appearance	Clear
Psychosocial (WDL)	Within Defined Limits
Patient Behaviors/Mood	Calm;Cooperative
Charting Type	Shift assessment

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Porter, Allen, RN	Registered Nurse	Nursing	Nursing Note	Signed	01/25/25 0510

Note Text

Patient Summary

100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 3 of 16) (continued)

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16)

Blood Specimen Collection Status

Row Name	02/12/25 0438	01/27/25 0014	01/25/25 0312	01/15/25 0209
Blood Specimen Collection	Phlebotomy/lab	Phlebotomy/lab	Unit collection	Phlebotomy/lab

Cardiac Procedural HandOff

Row Name	01/13/25 16:58:29	01/10/25 13:26:24
Illness Severity	Condition holding or improving	Condition holding or improving
Biggest 24hr Concern	Access Site Bleeding/Hematoma	Access Site Bleeding/Hematoma
Synthesis by Receiver	RN Report will be given at bedside	RN Report will be given at bedside

CARE PLAN MINI-FLOWSHEET DATA

Row Name	02/27/25 0527	02/22/25 1708	02/18/25 1041	02/13/25 1720	02/13/25 0038
Cardiovascular Care Plan Interventions	—	—	—	—	Monitor patient hemodynamics;Monitor for CV signs/symptoms
No s/s of aspiration	—	—	—	Monitor: oral intake;Assess for aspiration;Assist with feeding;Maintain HOB elevation;Provide oral care	—
Moisture/Incontinence	—	—	External female catheter;Cleanse skin promptly after episodes of incontinence	Cleanse skin promptly after episodes of incontinence;Minimize linens beneath the patient;External female catheter;Zinc Oxide moisture barrier;Use disposable wicking underpad	—
Friction/Shear	—	—	Elevate/offload heels;Lift team for turns/transfers;HOB < 30 degrees	HOB < 30 degrees;Moisturize skin;Prophylactic sacral dressing in place;Educate pt re: appropriate pressure redistribution techniques	—
Death with dignity and comfor interventions	Manage symptoms and pain relief	—	—	—	—

Row Name	02/12/25 0632	01/30/25 2138	01/30/25 1641	01/27/25 1406	01/27/25 1030
Cardiovascular Care Plan Interventions	—	Monitor patient hemodynamics;Monitor for infection at surgical site;Monitor for CV signs/symptoms	Monitor for infection at surgical site;Monitor I&O	—	Monitor for CV signs/symptoms;Monitor I&O;Replace electrolytes
No s/s of	Monitor: oral	Monitor: oral	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

aspiration	intake;Provide oral care;Assess for aspiration;Assist with feeding;Assess cough;Maintain HOB elevation	intake;Assess for aspiration;Assess cough;Assist with feeding;Maintain HOB elevation;Provide oral care			
Sensory/Perception/Mobility/Activity	—	Pain management effective;Patient working with PT/OT;Turn q2 Hrs	Elevate/offload heels	Elevate/offload heels;Turn q2 Hrs	—
Moisture/Incontinence	—	Use disposable wicking underpad;External female catheter;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	Use disposable wicking underpad;External female catheter;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	Use disposable wicking underpad;Minimize linens beneath the patient;Cleanse skin promptly after episodes of incontinence	—
Impaired Nutrition	—	Assist patient to obtain adequate nutrition;Offer fluids when pt is turned	Assist patient to obtain adequate nutrition	Assist patient to obtain adequate nutrition	—
Friction/Shear	—	Use turn and position device with every turn;HOB < 30 degrees;Lift team for turns/transfers	HOB < 30 degrees;Lift team for turns/transfers;Prophylactic sacral dressing in place	Use turn and position device with every turn;HOB < 30 degrees;Elevate/offload heels;Prophylactic sacral dressing in place	—

Row Name	01/26/25 1654	01/25/25 1355	01/16/25 1324
Cardiovascular Care Plan Interventions	Monitor patient hemodynamics;Monitor daily weight	Monitor patient hemodynamics	Monitor cardiac rhythm;Monitor for CV signs/symptoms
Sensory/Perception/Mobility/Activity	—	—	Pain management effective;Patient working with PT/OT;Turn q2 Hrs
Moisture/Incontinence	Cleanse skin promptly after episodes of incontinence;Minimize linens beneath the patient	—	Use disposable wicking underpad;Minimize linens beneath the patient
Impaired Nutrition	Plan for nutritional support effective	—	Assist patient to obtain adequate nutrition;Offer fluids when pt is turned
Friction/Shear	—	—	Use turn and position device with every turn;HOB < 30 degrees

Cath Assessments

Row Name	01/10/25 13:29:02
Method	Transvenous
Temp Pacing	VVI

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Mode	
Temp Pacing Rate	60
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)

Cath Lab Pain Assessment

Row Name	01/10/25 16:46:10
Pain	No

Complex Assessment

Row Name	02/03/25 2000	01/15/25 0800	01/15/25 0400	01/15/25 0000	01/14/25 2000
Charting Type	Shift assessment	Shift assessment	Reassessment	Reassessment	Shift assessment
Verification of Asmt	—	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—
Neuro (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	Responds to voice	Responds to pain	—	—	Alert
Orientation Level	Unable to assess	Oriented to person;Oriented to place;Disoriented to time;Disoriented to situation	—	—	Oriented to person;Oriented to place
Cognition	Poor safety awareness;Poor attention/concentration;Unable to follow commands	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration
Speech	—	Slurred;Nods/gestures appropriately	—	—	Slurred;Nods/gestures appropriately
Facial Symmetry	—	—	—	—	—
Swallow	—	—	—	—	—
R Pupil Size (mm)	—	3	—	—	3
R Pupil Shape	—	Round	—	—	Round
R Pupil Reaction	—	Brisk	—	—	Brisk
L Pupil Size (mm)	—	3	—	—	3
L Pupil Shape	—	Round	—	—	Round

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Pupil Reaction	—	Brisk	—	—	Brisk
R Hand Grasp	Weak	Strong	—	—	Strong
L Hand Grasp	Weak	Strong	—	—	Strong
R Foot Dorsiflexion	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
L Foot Dorsiflexion	—	Not tested	—	—	Not tested
R Foot Plantar Flexion	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	Not tested	—	—	Not tested
RUE Motor Response	Normal extension;Normal flexion	Responds to commands	—	—	Responds to commands
RUE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	Normal extension;Normal flexion	Responds to commands	—	—	Responds to commands
LUE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
LUE Motor Strength	3-Can move or lift off bed but can't overcome resistance	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Normal extension	Responds to commands	—	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RLE Motor Strength	2-Can move on bed but unable to lift	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LLE Motor Response	—	Responds to commands	—	—	Responds to commands
LLE Sensation	Unable to assess	Pain;Unable to assess	—	—	Pain;Unable to assess
LLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Drowsiness	Fatigue	—	—	—
Relieved by	—	Rest	—	—	—
Best Eye Response	To verbal stimuli	To verbal stimuli	—	—	—
Best Verbal Response	Incomprehensible sounds	Confused	—	—	—
Best Motor Response	Localizes pain	Follows commands	—	—	—
Glasgow Coma Scale Score	10	13	—	—	—
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating	—	Positive	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Course					
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	—
Head and Face	Intact	Intact	—	—	Intact
R Eye	Severely impaired vision	Moderately impaired vision	—	—	Moderately impaired vision
L Eye	Severely impaired vision	Moderately impaired vision	—	—	Moderately impaired vision
R Ear	Moderate hearing loss	Deaf;Moderate hearing loss	—	—	Deaf;Moderate hearing loss
L Ear	Moderate hearing loss	Deaf;Moderate hearing loss	—	—	Deaf;Moderate hearing loss
Nose	Intact	—	—	—	—
Lips	Dry	—	—	—	—
Throat	Dry	Intact	—	—	—
Tongue	Dry	Pink;Dry	—	—	—
Voice	Unable to assess	Difficulty talking	—	—	—
Mucous Membrane(s)	Pink;Dry;Intact	—	—	—	—
Teeth	Missing teeth;Dentures upper;Dentures lower	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower
Neck	Trachea midline	—	—	—	—
Respiratory (WDL)	Exceptions to WDL	Within Defined Limits	—	—	Within Defined Limits
Respiratory Pattern	—	Normal	—	—	Normal
Respiratory Depth/Rhythm	Irregular	Regular	—	—	—
Respiratory Effort	Labored	Unlabored	—	—	Unlabored
Chest Assessment	Symmetrical;Chest expansion symmetrical	—	—	—	—
Bilateral Breath Sounds	Clear;Diminished	Clear	—	—	Clear
Cough	—	Able to clear secretions	—	—	Able to clear secretions
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Cardiac (WDL)	Within Defined Limits	Within Defined Limits	—	—	Within Defined Limits
Cardiac Regularity	Regular	Regular	—	—	Regular
Heart Sounds	S1, S2	S1, S2	—	—	—
Head of Bed Elevated	HOB 30	—	—	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Cardiac Symptoms	—	None	—	—	—
Permanent Pacer Type	—	Ventricular	—	—	—
Pacing Status	—	100% paced	—	—	—
Peripheral Vascular (WDL)	Exceptions to WDL	Within Defined Limits	—	—	Within Defined Limits
Cyanosis	None	None	—	—	None
Capillary Refill	Greater than 2 seconds (All	Less than/equal to 2 seconds (All	—	—	Less than/equal to 2 seconds (All

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	extremities)	extremities)			extremities)
Pulses	R radial;L radial	—	—	—	—
R Radial Pulse	Moderate	Moderate	—	—	Moderate
L Radial Pulse	Moderate	Moderate	—	—	Moderate
L Femoral Pulse	—	Moderate	—	—	Moderate
R Dorsalis Pedis Pulse	—	Weak	—	—	Weak
LLE Capillary Refill	—	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds
LLE Color	—	Appropriate for ethnicity	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	Warm	—	—	Warm
Integumentary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Skin Color	Pale	Appropriate for ethnicity	—	—	Appropriate for ethnicity
Skin Condition/Temp	Warm;Dry	Warm;Dry	—	—	Warm;Dry
Skin Integrity	See Wound/Burn LDA(s)	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Skin Turgor	—	Epidermis thin with loss of subcutaneous tissue	—	—	Epidermis thin with loss of subcutaneous tissue
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Peri-Wound Assessment	—	—	Unable to assess	—	Unable to assess
Drainage Amount	—	—	None	—	None
Dressing	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Brown;Dry;Fragile;Intact;Pink	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	Clean;Dry;Pink
Drainage Amount	—	—	None	—	None
Dressing	—	—	None - Open to air;Other (Comment)	—	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Closure	—	—	Sutures;Skin glue	—	Sutures;Skin glue
Drainage Amount	—	—	None	—	None
Dressing	—	—	Island Dressing (Primapore)	—	Island Dressing (Primapore)
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Properties	03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Musculoskeletal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
RUE	Weakness;Limited movement	Full movement	—	—	Full movement
LUE	Weakness;Limited movement	Full movement	—	—	Full movement
RLE	Weakness;Limited movement;Swelling	Weakness	—	—	Weakness
LLE	Amputation	Amputation	—	—	Amputation
Gastrointestinal (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Abdomen Inspection	Soft;Flat	Soft;Nondistended	—	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	Active;Present;Audible	Hypoactive	—	—	Hypoactive
Abdominal Tenderness	Soft	Soft;Nontender	—	—	Soft;Nontender
Passing Flatus	Yes	—	—	—	—
GI Symptoms	—	Constipation	—	—	—
Last BM Date	02/03/25	01/09/25	—	—	—
Genitourinary (WDL)	Exceptions to WDL	Exceptions to WDL	—	—	Exceptions to WDL
Genitourinary Symptoms	Diminished urine production;Other (Comment)	Indwelling urinary catheter	—	—	Indwelling urinary catheter
Urinary Incontinence	—	Yes	—	—	Yes
Urine Color	—	Yellow/straw	—	—	Yellow/straw
Urine Appearance	—	Clear	—	—	Clear
Psychosocial (WDL)	—	Within Defined Limits	—	—	Within Defined Limits
Patient Behaviors/Mood	—	Calm;Cooperative	—	—	Calm;Cooperative
Row Name	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 0800**	**01/14/25 0400**	**01/14/25 0000**
Charting Type	Reassessment	Reassessment	Shift assessment	Reassessment	Reassessment
Verification of Asmt	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment
Neuro (WDL)	—	—	Exceptions to WDL	—	—
Level of Consciousness	—	—	Alert	—	—
Orientation Level	—	—	Oriented to person;Oriented to place	—	—
Cognition	—	—	Follows commands;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—
Speech	—	—	Slurred;Nods/gestures appropriately	—	—
R Pupil Size (mm)	—	—	3	—	—
R Pupil Shape	—	—	Round	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Pupil Reaction	—	—	Brisk	—	—
L Pupil Size (mm)	—	—	3	—	—
L Pupil Shape	—	—	Round	—	—
L Pupil Reaction	—	—	Brisk	—	—
R Hand Grasp	—	—	Strong	—	—
L Hand Grasp	—	—	Strong	—	—
R Foot Dorsiflexion	—	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	4-Can move/lift against some resistance, not full strength	—	—
L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	—	—	Responds to commands	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
LUE Motor Response	—	—	Responds to commands	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
RLE Motor Response	—	—	Responds to commands	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	—	—
LLE Motor Response	—	—	Responds to commands	—	—
LLE Sensation	—	—	Pain;Unable to assess	—	—
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	—	—
Best Eye Response	—	—	Spontaneous	—	—
Best Verbal Response	—	—	Confused	—	—
Best Motor Response	—	—	Follows commands	—	—
Glasgow Coma Scale Score	—	—	14	—	—
Delirium Scale Used	—	—	Confusion Assessment Method ICU	—	—
Feature 1: Acute Onset or Fluctuating Course	—	—	Positive	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Feature 2: Inattention	—	—	Positive	—	—
Feature 4: Disorganized Thinking	—	—	Positive	—	—
HEENT (WDL)	—	—	Exceptions to WDL	—	—
Head and Face	—	—	Intact	—	—
R Eye	—	—	Moderately impaired vision	—	—
L Eye	—	—	Moderately impaired vision	—	—
R Ear	—	—	Deaf;Moderate hearing loss	—	—
L Ear	—	—	Deaf;Moderate hearing loss	—	—
Teeth	—	—	Dentures upper;Dentures lower	—	—
Respiratory (WDL)	—	—	Within Defined Limits	—	—
Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	—	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Bilateral Breath Sounds	—	—	Clear	—	—
Cough	—	—	Able to clear secretions	—	—
Cardiac (WDL)	—	—	Within Defined Limits	—	—
Cardiac Regularity	—	—	Regular	—	—
Cardiac Symptoms	—	—	None	—	—
Permanent Pacer Type	—	—	Ventricular	—	—
Pacing Status	—	—	100% paced	—	—
Peripheral Vascular (WDL)	—	—	Within Defined Limits	—	—
Cyanosis	—	—	None	—	—
Capillary Refill	—	—	Less than/equal to 2 seconds (All extremities)	—	—
R Radial Pulse	—	—	Moderate	—	—
L Radial Pulse	—	—	Moderate	—	—
L Femoral Pulse	—	—	Moderate	—	—
R Dorsalis Pedis Pulse	—	—	Weak	—	—
LLE Capillary Refill	—	—	Less than/equal to 2 seconds	—	—
LLE Color	—	—	Appropriate for ethnicity	—	—
LLE Temperature/Moisture	—	—	Warm	—	—
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Line Status	—	—	Intact and in	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

			place;Blood return noted		
Color/Movement/ Sensation	—	—	CMS Intact	—	—
Dressing	—	—	Chlorhexidine dressing	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Dressing Change Due	—	—	01/18/25	—	—
Line Interventions	—	—	Flushed per protocol;Connections checked and tightened	—	—
Hematoma Assessment	—	—	None	—	—
Integumentary (WDL)	—	—	Exceptions to WDL	—	—
Skin Color	—	—	Appropriate for ethnicity	—	—
Skin Condition/Temp	—	—	Warm;Dry	—	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	—	—
Skin Turgor	—	—	Epidermis thin with loss of subcutaneous tissue	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Musculoskeletal (WDL)	—	—	Exceptions to WDL	—	—
RUE	—	—	Full movement	—	—
LUE	—	—	Full movement	—	—
RLE	—	—	Weakness	—	—
LLE	—	—	Amputation	—	—
Gastrointestinal (WDL)	—	—	Exceptions to WDL	—	—
Abdomen Inspection	—	—	Soft;Nondistended	—	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	—	—
Abdominal Tenderness	—	—	Soft;Nontender	—	—
GI Symptoms	—	—	Constipation	—	—
Last BM Date	—	—	01/09/25	—	—
Genitourinary (WDL)	—	—	Exceptions to WDL	—	—
Genitourinary Symptoms	—	—	Indwelling urinary catheter	—	—
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Psychosocial (WDL)	—	—	Within Defined Limits	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Behaviors/Mood	—	—	Calm;Cooperative	—	—
Row Name	**01/13/25 2000**	**01/13/25 1500**	**01/13/25 1200**	**01/13/25 0800**	**01/13/25 0400**
Charting Type	Shift assessment	Reassessment	Reassessment	—	—
Verification of Asmt	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes except where noted below	—	—
Neuro (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Level of Consciousness	Alert	—	—	Alert	—
Orientation Level	Oriented to person	—	Unable to assess	Oriented to person	—
Cognition	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss	—
Speech	Slurred;Delayed responses	—	—	Slurred;Delayed responses	—
Swallow	Chokes on liquids	—	—	—	—
Pupil Assessment	Yes	—	—	—	—
R Pupil Size (mm)	3	—	—	3	—
R Pupil Shape	Round	—	—	Round	—
R Pupil Reaction	Brisk	—	—	Brisk	—
L Pupil Size (mm)	3	—	—	3	—
L Pupil Shape	Round	—	—	Round	—
L Pupil Reaction	Brisk	—	—	Brisk	—
Reflexes	Corneal;Cough;Gag	—	—	—	—
R Corneal	Intact	—	—	—	—
L Corneal	Intact	—	—	—	—
Cough	Present	—	—	—	—
Gag	Present	—	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	Grasp;Motor response;Sensation;Motor strength	—	—	—	—
R Hand Grasp	Strong	—	—	Strong	—
L Hand Grasp	Strong	—	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	Responds to commands	—	—	Responds to commands	—
RUE Sensation	Unable to assess	—	—	Unable to assess	—
RUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor	Responds to	—	—	Responds to	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Response	commands			commands	
LUE Sensation	Unable to assess	—	—	Unable to assess	—
LUE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	—	—	Responds to commands	Responds to commands
RLE Sensation	Unable to assess	—	—	Unable to assess	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	—	—	Responds to commands	Responds to commands
LLE Sensation	Pain;No numbness;No tingling	—	—	No numbness;No pain;No tingling	Pain;No numbness;No tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	Anxiety	—	—	Anxiety	—
Best Eye Response	Spontaneous	—	—	—	—
Best Verbal Response	Confused	—	—	—	—
Best Motor Response	Follows commands	—	—	—	—
Glasgow Coma Scale Score	14	—	—	—	—
Delirium Scale Used	Confusion Assessment Method ICU	—	—	—	—
Feature 1: Acute Onset or Fluctuating Course	Positive	—	—	—	—
Feature 2: Inattention	Positive	—	—	—	—
Feature 4: Disorganized Thinking	Positive	—	—	—	—
HEENT (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
R Eye	Mildly impaired vision	—	—	—	—
L Eye	Mildly impaired vision	—	—	—	—
R Ear	Moderate hearing loss	—	—	Moderate hearing loss	—
L Ear	Moderate hearing loss	—	—	Moderate hearing loss	—
Tongue	Pink;Dry	—	—	—	—
Teeth	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	Exceptions to WDL	—	—	Within Defined Limits	—
Respiratory Pattern	Normal	—	—	—	—
Respiratory Depth/Rhythm	Regular	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Respiratory Effort	Unlabored	—	—	—	—
Chest Assessment	Symmetrical;Chest expansion symmetrical	—	—	—	—
Bilateral Breath Sounds	Clear;Diminished	—	—	—	—
Oxygen Therapy	Supplemental oxygen	—	—	—	—
O2 Delivery Method	Nasal cannula	—	—	—	—
O2 Flow Rate (L/min)	3 L/min	—	—	—	—
Cardiac (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Cardiac Regularity	Regular	—	—	Regular	—
Heart Sounds	S1, S2	—	—	S1, S2	—
Head of Bed Elevated	HOB 30	—	—	—	—
Jugular Venous Distention (JVD)	No	—	—	—	—
Cardiac Additional Assessments	Permanent Pacemaker	—	—	—	—
Ventricular Output/Ampl	—	—	—	8	—
Ventricular Sens Setting	—	—	—	0.8	—
Permanent Pacer Type	Ventricular	—	—	—	—
Pacing Status	100% paced	—	—	—	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Cyanosis	None	—	—	—	—
Capillary Refill	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—
R Radial Pulse	Weak	—	—	Weak	—
L Radial Pulse	Weak	—	—	Weak	—
L Femoral Pulse	Moderate	—	—	Moderate	Moderate
R Posterior Tibial Pulse	Weak	—	—	Weak	Weak
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	Weak	—	—	Weak	Weak
L Dorsalis Pedis Pulse	—	—	—	Weak	—
LLE Capillary Refill	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	—	—	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moi	Warm	—	—	Warm	Warm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

sture					
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Intact and in place	—	—	—	—
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	—	—	—
Dressing	Chlorhexidine dressing	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Line Interventions	Connections checked and tightened	—	—	—	—
Hematoma Assessment	None	—	—	—	—
Integumentary (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Skin Color	Appropriate for ethnicity	—	—	Appropriate for ethnicity	—
Skin Condition/Temp	Warm;Dry	—	—	Warm;Dry	—
Skin Integrity	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)	—
Skin Turgor	Non-tenting	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	—	—
Peri-Wound	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Assessment					
Closure	Sutures;Skin glue	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Island Dressing (Primapore)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Musculoskeletal (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
RUE	Full movement	—	—	—	—
LUE	Full movement	—	—	—	—
RLE	Weakness	—	—	Weakness	—
LLE	Amputation;Weakness	—	—	Weakness;Surgery	—
Gastrointestinal (WDL)	Exceptions to WDL	—	—	Within Defined Limits	—
Abdomen Inspection	Soft;Flat	—	—	—	—
Bowel Sounds (All Quadrants)	Hypoactive	—	—	—	—
Abdominal Tenderness	Soft;Nontender	—	—	—	—
Last BM Date	01/09/25	—	—	01/09/25	—
Genitourinary (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Suprapubic Tenderness	No	—	—	—	—
Genitourinary Symptoms	Indwelling urinary catheter	—	—	Indwelling urinary catheter	—
Urinary Incontinence	No	—	—	—	—
Urine Color	Yellow/straw	—	—	Yellow/straw	—
Urine Appearance	Clear	—	—	—	—
Genitourinary Additional Assessments	No	—	—	—	—
Female Genitalia	Intact;Foreign object	—	—	—	—
Foreign Object	Other (Comment)	—	—	—	—
Foreign Object Location	Urethra	—	—	—	—
Psychosocial (WDL)	Exceptions to WDL	—	—	Exceptions to WDL	—
Patient Behaviors/Mood	Agitated;Anxious;Restless	—	—	Agitated;Anxious;Restless;Combative;Fearful	—
Needs Expressed	Other (Comment)	—	—	—	—
Psychosocial Additional Assessments	Yes	—	—	Yes	—
Family Behaviors	Anxious	—	—	Anxious;Cooperative	—
Rest/Sleep for Patient	Fair	—	—	—	—
Ability to Express Feelings	Unable to express	—	—	—	—
Ability to Express Needs	Unable to express	—	—	—	—
Ability to Express Thoughts	Unable to express	—	—	—	—
Ability to Understand	Rarely/never understands	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Others

Row Name	01/13/25 0000	01/12/25 2000	01/12/25 1200	01/12/25 0800	01/12/25 0400
Charting Type	Reassessment	Shift assessment	Reassessment	Shift assessment	Reassessment
Verification of Asmt	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes except where noted below	—	Asmt completed, no changes from previous assessment
Neuro (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Level of Consciousness	—	Alert	—	Alert	—
Orientation Level	—	Oriented to person	—	Oriented to person	—
Cognition	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss	—
Speech	—	Slurred;Delayed responses	—	Slurred;Delayed responses	—
Swallow	—	Chokes on liquids	—	—	—
Pupil Assessment	—	Yes	—	—	—
R Pupil Size (mm)	—	4	—	3	—
R Pupil Shape	—	Round	—	Round	—
R Pupil Reaction	—	Brisk	—	Brisk	—
L Pupil Size (mm)	—	4	—	3	—
L Pupil Shape	—	Round	—	Round	—
L Pupil Reaction	—	Brisk	—	Brisk	—
Reflexes	—	Corneal;Cough;Gag	—	—	—
R Corneal	—	Intact	—	—	—
L Corneal	—	Intact	—	—	—
Cough	—	Present	—	—	—
Gag	—	Present	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Motor response;Sensation;Motor strength	—	—	—
R Hand Grasp	—	Strong	—	Strong	—
L Hand Grasp	—	Strong	—	Strong	—
R Foot Dorsiflexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	—	Not tested	—
R Foot Plantar Flexion	—	—	—	4-Can move/lift against some resistance, not full strength	—
L Foot Plantar Flexion	—	—	—	Not tested	—
RUE Motor Response	—	Responds to commands	—	Responds to commands	—
RUE Sensation	—	Unable to assess	—	Unable to assess	—
RUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor	—	Responds to	—	Responds to	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Response		commands		commands	
LUE Sensation	—	Unable to assess	—	Unable to assess	—
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	Responds to commands	Responds to commands	—	Responds to commands	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	Unable to assess	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	Responds to commands	—	Responds to commands	Responds to commands
LLE Sensation	Pain;No numbness;No tingling	Pain;No numbness;No tingling	—	No numbness;No pain;No tingling	Pain
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance
Neuro Symptoms	—	—	**Agitation;Combative**	—	—
Best Eye Response	—	Spontaneous	—	—	—
Best Verbal Response	—	Confused	—	—	—
Best Motor Response	—	Follows commands	—	—	—
Glasgow Coma Scale Score	—	14	—	—	—
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	Positive	—
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
R Eye	—	Mildly impaired vision	—	—	—
L Eye	—	Mildly impaired vision	—	—	—
R Ear	—	Moderate hearing loss	—	Moderate hearing loss	—
L Ear	—	Moderate hearing loss	—	Moderate hearing loss	—
Tongue	—	Pink;Dry	—	—	—
Teeth	—	Dentures upper;Dentures lower	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	—	Exceptions to WDL	—	Within Defined Limits	—
Respiratory Pattern	—	Normal	—	—	—
Respiratory	—	Regular	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Depth/Rhythm					
Respiratory Effort	—	Unlabored	—	—	—
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	—	Regular	—	Regular	—
Heart Sounds	—	S1, S2	—	S1, S2	—
Head of Bed Elevated	—	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Method	—	Transvenous	—	Transvenous	—
Temp Pacing Type	—	Medtronic	—	Medtronic	—
Temp Pacing Mode	—	VVI	—	VVI	—
Temp Pacing Rate	—	80	—	70	—
Pacing Status	—	On;100% paced	—	On;100% paced	—
Ventricular Output/Ampl	—	8	—	8	—
Ventricular Stim Threshold	—	4	—	—	—
Ventricular Sens Setting	—	0.8	—	0.08	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	Less than/equal to 2 seconds (All extremities)	—
Pulses	—	R radial;L radial;L femoral;R posterior tibial;R dorsalis pedis	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—
R Radial Pulse	—	Weak	—	Weak	—
L Radial Pulse	—	Weak	—	Weak	—
L Femoral Pulse	Moderate	Moderate	—	Moderate	Weak
R Posterior Tibial Pulse	Weak	Weak	—	Weak	Weak
L Posterior Tibial Pulse	—	—	—	Weak	—
R Dorsalis Pedis Pulse	Weak	Weak	—	Weak	Weak
L Dorsalis Pedis Pulse	—	—	—	Weak	—
LLE Capillary Refill	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—	Less than/equal to 2 seconds	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	—	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Warm	Warm	—	Warm	Warm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Hematoma Assessment	—	None	—	—	—
Integumentary (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Skin Color	—	Appropriate for ethnicity	—	Appropriate for ethnicity	—
Skin Condition/Temp	—	Warm;Dry	—	Warm;Dry	—
Skin Integrity	—	See Wound/Burn LDA(s)	—	See Wound/Burn LDA(s)	—
Skin Turgor	—	Non-tenting	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
RUE	—	Full movement	—	—	—
LUE	—	Full movement	—	—	—
RLE	—	Weakness	—	Weakness	—
LLE	—	Amputation;Weakness	—	Weakness;Surgery	—
Gastrointestinal (WDL)	—	Exceptions to WDL	—	Within Defined Limits	—
Abdomen Inspection	—	Soft;Flat	—	—	—
Bowel Sounds (All Quadrants)	—	Hypoactive	—	—	—
Abdominal Tenderness	—	Soft;Nontender	—	—	—
Last BM Date	—	01/09/25	—	—	—
Genitourinary (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Suprapubic Tenderness	—	No	—	—	—
Genitourinary Symptoms	—	Indwelling urinary catheter	—	Indwelling urinary catheter	—
Urinary Incontinence	—	No	—	—	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Urine Appearance	—	Clear	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	Intact;Foreign object	—	—	—
Foreign Object	—	Other (Comment)	—	—	—
Foreign Object Location	—	Urethra	—	—	—
Psychosocial (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Patient Behaviors/Mood	—	Agitated;Anxious;Restless	—	Agitated;Anxious;Restless;Combative;Fearful	—
Needs Expressed	—	Other (Comment)	—	—	—
Psychosocial	—	Yes	—	Yes	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Additional Assessments					
Family Behaviors	—	Anxious	—	Anxious;Cooperative	—
Rest/Sleep for Patient	—	Poor	—	Poor	—
Ability to Express Feelings	—	Unable to express	—	Unable to express	—
Ability to Express Needs	—	Unable to express	—	Unable to express	—
Ability to Express Thoughts	—	Unable to express	—	Unable to express	—
Ability to Understand Others	—	Rarely/never understands	—	Rarely/never understands	—
Nursing Annotation	NPO now	—	—	—	—
Row Name	**01/12/25 0000**	**01/11/25 2000**	**01/11/25 1600**	**01/11/25 1200**	**01/11/25 0800**
Charting Type	Reassessment	Shift assessment	Reassessment	Reassessment	Shift assessment
Verification of Asmt	Asmt completed, no changes from previous assessment	—	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—
Neuro (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Level of Consciousness	—	Alert	—	—	Alert
Orientation Level	—	Oriented to person	—	—	Oriented to person
Cognition	—	Impulsive;Poor judgement;Poor safety awareness;Poor attention/concentration	—	—	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss
Speech	—	Slurred;Delayed responses	—	—	Slurred;Delayed responses
Swallow	—	Chokes on liquids	—	—	Chokes on liquids
Pupil Assessment	—	Yes	—	—	—
R Pupil Size (mm)	—	4	—	—	3
R Pupil Shape	—	Round	—	—	Round
R Pupil Reaction	—	Brisk	—	—	Brisk
L Pupil Size (mm)	—	4	—	—	3
L Pupil Shape	—	Round	—	—	Round
L Pupil Reaction	—	Brisk	—	—	Brisk
Reflexes	—	Corneal;Cough;Gag	—	—	—
R Corneal	—	Intact	—	—	—
L Corneal	—	Intact	—	—	—
Cough	—	Present	—	—	—
Gag	—	Present	—	—	—
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Motor response;Sensation;Motor strength	—	—	—
R Hand Grasp	—	Strong	—	—	Strong
L Hand Grasp	—	Strong	—	—	Strong
R Foot Dorsiflexion	—	—	—	—	4-Can move/lift against some resistance, not full strength

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Foot Dorsiflexion	—	—	—	—	Not tested
R Foot Plantar Flexion	—	—	—	—	4-Can move/lift against some resistance, not full strength
L Foot Plantar Flexion	—	—	—	—	Not tested
RUE Motor Response	—	Responds to commands	—	—	Responds to commands
RUE Sensation	—	Unable to assess	—	—	Unable to assess
RUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LUE Motor Response	—	Responds to commands	—	—	Responds to commands
LUE Sensation	—	Unable to assess	—	—	Unable to assess
LUE Motor Strength	—	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
RLE Motor Response	Responds to commands	Responds to commands	—	—	Responds to commands
RLE Sensation	Unable to assess	Unable to assess	—	—	Unable to assess
RLE Motor Strength	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—	—	4-Can move/lift against some resistance, not full strength
LLE Motor Response	Responds to commands	Responds to commands	—	—	Responds to commands
LLE Sensation	Pain	Pain	—	—	No numbness;No pain;No tingling
LLE Motor Strength	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—	—	3-Can move or lift off bed but can't overcome resistance
Best Eye Response	—	Spontaneous	—	—	Spontaneous
Best Verbal Response	—	Confused	—	—	Confused
Best Motor Response	—	Follows commands	—	—	Follows commands
Glasgow Coma Scale Score	—	14	—	—	14
Delirium Scale Used	—	Confusion Assessment Method ICU	—	—	—
Feature 1: Acute Onset or Fluctuating Course	—	Positive	—	—	Positive
Feature 2: Inattention	—	Positive	—	—	—
Feature 4: Disorganized Thinking	—	Positive	—	—	—
HEENT (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
R Eye	—	Mildly impaired vision	—	—	—
L Eye	—	Mildly impaired vision	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
L Ear	—	Moderate hearing loss	—	—	Moderate hearing loss
Tongue	—	Pink;Dry	—	—	—
Teeth	—	Dentures upper;Dentures lower	—	—	Dentures upper;Dentures lower
Respiratory (WDL)	—	Exceptions to WDL	—	—	Within Defined Limits
Respiratory Pattern	—	Normal	—	—	—
Respiratory Depth/Rhythm	—	Regular	—	—	—
Respiratory Effort	—	Unlabored	—	—	—
Chest Assessment	—	Symmetrical;Chest expansion symmetrical	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	—	—	—
Cardiac (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Cardiac Regularity	—	Regular	—	—	Regular
Heart Sounds	—	S1, S2	—	—	S1, S2
Head of Bed Elevated	—	HOB 30	—	—	—
Jugular Venous Distention (JVD)	—	No	—	—	—
Method	—	Transvenous	—	—	Transvenous
Temp Pacing Type	—	Medtronic	—	—	Medtronic
Temp Pacing Mode	—	VVI	—	—	VVI
Temp Pacing Rate	—	70	—	—	70
Pacing Status	—	On;100% paced;Back up pacemaker at bedside	—	—	Back up pacemaker at bedside;100% paced;On
Ventricular Output/Ampl	—	8	—	—	8
Ventricular Stim Threshold	—	4	—	—	4
Ventricular Sens Setting	—	0.8	—	—	0.8
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	—	—	—	—	Ventricular wires secured
Wire Care	—	—	—	—	Connected to pacer
Current Length (TTVP)	—	—	—	—	36
Dressing Status	—	—	—	—	Clean;Dry;Intact
Site Assessment	—	—	—	—	Clean;Dry;Intact
Peripheral Vascular (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Cyanosis	—	None	—	—	—
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)	—	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;L	—	—	R radial;L radial;L

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

		femoral;R posterior tibial;R dorsalis pedis			femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis
R Radial Pulse	—	Weak	—	—	Weak
L Radial Pulse	—	Weak	—	—	Weak
L Femoral Pulse	Weak	Weak	—	—	Moderate
R Posterior Tibial Pulse	Weak	Weak	—	—	Weak
L Posterior Tibial Pulse	—	—	—	—	Weak
R Dorsalis Pedis Pulse	Weak	Weak	—	—	Weak
L Dorsalis Pedis Pulse	—	—	—	—	Weak
LLE Capillary Refill	Less than/equal to 2 seconds	Less than/equal to 2 seconds	—	—	Less than/equal to 2 seconds
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	Warm	Warm	—	—	Warm
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Intact and in place
Color/Movement/Sensation	—	—	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	—	—	—	—	Chlorhexidine dressing
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/17/25
Integumentary (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity	—	—	Appropriate for ethnicity
Skin Condition/Temp	—	Warm;Dry	—	—	Warm;Dry
Skin Integrity	—	See Wound/Burn LDA(s)	—	—	See Wound/Burn LDA(s)
Skin Turgor	—	Non-tenting	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Closure	—	—	—	—	Unable to assess;Other (Comment)
Drainage Amount	—	None	—	—	None
Dressing	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Edges	—	Unable to assess	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Brown;Dry;Fragile;Intact;Pink	—	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	Clean;Dry;Pink
Drainage Amount	—	None	—	—	None
Dressing	—	None - Open to air;Other (Comment)	—	—	None - Open to air;Other (Comment)
Musculoskeletal (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
RUE	—	Full movement	—	—	—
LUE	—	Full movement	—	—	—
RLE	—	Weakness	—	—	Weakness
LLE	—	Amputation;Weakness	—	—	Weakness;Surgery
Gastrointestinal (WDL)	—	Exceptions to WDL	—	—	Within Defined Limits
Abdomen Inspection	—	Soft;Flat	—	—	—
Bowel Sounds (All Quadrants)	—	Hypoactive	—	—	—
Abdominal Tenderness	—	Soft;Nontender	—	—	—
Last BM Date	—	01/09/25	—	—	01/09/25
Genitourinary (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Suprapubic Tenderness	—	No	—	—	No
Genitourinary Symptoms	—	Indwelling urinary catheter	—	—	Indwelling urinary catheter
Urinary Incontinence	—	No	—	—	—
Urine Color	—	Yellow/straw	—	—	Yellow/straw
Urine Appearance	—	Clear	—	—	—
Genitourinary Additional Assessments	—	No	—	—	—
Female Genitalia	—	Intact;Foreign object	—	—	—
Foreign Object	—	Other (Comment)	—	—	—
Foreign Object Location	—	Urethra	—	—	—
Psychosocial (WDL)	—	Exceptions to WDL	—	—	Exceptions to WDL
Patient Behaviors/Mood	—	Agitated;Anxious;Restless	—	—	Agitated;Anxious;Restless
Needs Expressed	—	Other (Comment)	—	—	—
Psychosocial Additional Assessments	—	Yes	—	—	Yes
Family Behaviors	—	Anxious	—	—	Anxious
Rest/Sleep for Patient	—	Poor	—	—	Poor
Ability to Express Feelings	—	Needs assistance	—	—	Needs assistance
Ability to Express	—	Needs assistance	—	—	Needs assistance

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Needs					
Ability to Express Thoughts	—	Needs assistance	—	—	Needs assistance
Ability to Understand Others	—	Rarely/never understands	—	—	Rarely/never understands
Reason for Communication	—	—	—	—	—
Provider Name	—	—	—	—	APS
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Page
Response	—	—	—	—	See orders
Row Name	**01/11/25 0400**	**01/11/25 0000**	**01/10/25 2000**	**01/10/25 1800**	**01/10/25 1745**
Charting Type	Reassessment	Reassessment	Shift assessment	—	—
Verification of Asmt	Asmt completed, no changes from previous assessment	Asmt completed, no changes from previous assessment	—	—	—
Neuro (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Level of Consciousness	—	Alert	Alert	Alert	—
Orientation Level	—	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation	Disoriented to time;Disoriented to place;Disoriented to situation;Oriented to person	—
Cognition	—	—	Impulsive;Poor judgement;Short term memory loss;Appropriate for developmental age	Impulsive;Poor judgement;Short term memory loss;Appropriate for developmental age	—
Speech	—	—	Other (Comment)	Other (Comment)	—
Swallow	—	—	Able to swallow solids and liquids without difficulty	—	—
Pupil Assessment	—	—	—	No	—
R Pupil Size (mm)	—	—	3	3	—
R Pupil Shape	—	—	Round	Round	—
R Pupil Reaction	—	—	Brisk	Brisk	—
L Pupil Size (mm)	—	—	3	3	—
L Pupil Shape	—	—	Round	Round	—
L Pupil Reaction	—	—	Brisk	Brisk	—
Hand Grasp/Motor Function/Sensation Assessment	—	—	Grasp;Pronator drift;Dorsiflexion;Plantar flexion;Motor response;Sensation;Motor strength	—	—
R Hand Grasp	—	—	Strong	Strong	—
L Hand Grasp	—	—	Strong	Strong	—
R Foot Dorsiflexion	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
L Foot Dorsiflexion	—	—	Not tested	—	—
R Foot Plantar Flexion	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

L Foot Plantar Flexion	—	—	Not tested	—	—
RUE Motor Response	—	—	Responds to commands	—	—
RUE Sensation	—	—	Unable to assess	—	—
RUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	Responds to commands	—	—
LUE Sensation	—	—	Unable to assess	—	—
LUE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	Responds to commands	—	—
RLE Sensation	—	—	Unable to assess	—	—
RLE Motor Strength	—	—	4-Can move/lift against some resistance, not full strength	4-Can move/lift against some resistance, not full strength	—
LLE Motor Response	—	—	Responds to commands	Responds to commands	—
LLE Sensation	—	—	No numbness;No pain;No tingling	No numbness;No pain;No tingling	—
LLE Motor Strength	—	—	3-Can move or lift off bed but can't overcome resistance	3-Can move or lift off bed but can't overcome resistance	—
Neuro Symptoms	—	—	Forgetful	—	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Confused	Confused	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	—	—	14	14	—
Delirium Scale Used	—	—	Confusion Assessment Method ICU	Confusion Assessment Method ICU	—
Feature 1: Acute Onset or Fluctuating Course	—	—	Positive	Positive	—
Feature 2: Inattention	—	—	Positive	Positive	—
Feature 4: Disorganized Thinking	—	—	Positive	Positive	—
HEENT (WDL)	—	—	Exceptions to WDL	—	—
R Eye	—	—	Mildly impaired vision	—	—
L Eye	—	—	Mildly impaired vision	—	—
Teeth	—	—	Dentures upper;Dentures lower	—	—
Respiratory (WDL)	—	—	Within Defined Limits	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Respiratory Pattern	—	—	Normal	—	—
Respiratory Depth/Rhythm	—	—	Regular	—	—
Respiratory Effort	—	—	Unlabored	—	—
Chest Assessment	—	—	Symmetrical	—	—
Bilateral Breath Sounds	—	—	Clear;Diminished	—	—
Cardiac (WDL)	—	—	Exceptions to WDL	—	—
Cardiac Regularity	—	—	Regular	—	—
Cardiac Symptoms	—	—	None	—	—
Method	—	—	Transvenous	Transvenous	—
Temp Pacing Type	—	—	Medtronic	Medtronic	—
Temp Pacing Mode	—	—	VVI	VVI	—
Temp Pacing Rate	—	—	70	70	—
Intrinsic Rate	—	—	—	30	—
Pacing Status	—	—	100% paced;Back up pacemaker at bedside	100% paced;Back up pacemaker at bedside	—
Ventricular Output/Ampl	—	—	10	10	5
Ventricular Stim Threshold	—	—	0.5	—	0.5
Ventricular Sens Setting	—	—	2	2	2
Ventricular Sens Threshold	—	—	0.8	—	0.8
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	—	Exceptions to WDL	—	—
Cyanosis	—	—	None	—	—
Capillary Refill	—	—	Less than/equal to 2 seconds (All extremities)	—	—
Pulses	—	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis	—	—
R Radial Pulse	—	—	Weak	—	—
L Radial Pulse	—	—	Weak	—	—
L Femoral Pulse	—	—	Doppler	Doppler	—
R Posterior Tibial Pulse	—	—	Doppler	—	—
L Posterior Tibial Pulse	—	—	Unable to assess	—	—
R Dorsalis Pedis Pulse	—	—	Doppler	—	—
L Dorsalis Pedis Pulse	—	—	Unable to assess	—	—
LLE Capillary	—	—	Less than/equal to 2	Less than/equal to 2	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Refill			seconds	seconds	
LLE Color	—	—	Appropriate for ethnicity	Appropriate for ethnicity	—
LLE Temperature/Moisture	—	—	Warm	Warm	—
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Integumentary (WDL)	—	—	Exceptions to WDL	—	—
Skin Color	—	—	Appropriate for ethnicity	—	—
Skin Condition/Temp	—	—	Warm;Dry	—	—
Skin Integrity	—	—	See Wound/Burn LDA(s)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	—	Exceptions to WDL	—	—
RUE	—	—	Full movement	—	—
LUE	—	—	Full movement	—	—
RLE	—	—	Weakness	—	—
LLE	—	—	Weakness;Surgery	—	—
Gastrointestinal (WDL)	—	—	Within Defined Limits	—	—
Abdomen Inspection	—	—	Soft;Flat	—	—
Bowel Sounds (All Quadrants)	—	—	Hypoactive	—	—
Abdominal Tenderness	—	—	Soft;Nontender	—	—
RUQ Bowel Sounds	—	—	Present	—	—
LUQ Bowel Sounds	—	—	Present	—	—
RLQ Bowel Sounds	—	—	Present	—	—
LLQ Bowel Sounds	—	—	Audible	—	—
Genitourinary (WDL)	—	—	Exceptions to WDL	—	—
Genitourinary Symptoms	—	—	Indwelling urinary catheter	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Female Genitalia	—	—	Intact;Foreign object	—	—
Foreign Object Location	—	—	Urethra	—	—
Psychosocial (WDL)	—	—	Exceptions to WDL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Behaviors/Mood	—	Agitated;Anxious;Restless	Calm;Cooperative	—	—
Ability to Express Feelings	—	—	Needs assistance	—	—
Ability to Express Needs	—	—	Needs assistance	—	—
Ability to Express Thoughts	—	—	Needs assistance	—	—
Row Name	**01/10/25 1215**	**01/10/25 1210**	**01/10/25 1134**	**01/10/25 0823**	**01/10/25 0730**
Charting Type	—	—	Reassessment	Shift assessment	—
Neuro (WDL)	—	—	Exceptions to WDL	Exceptions to WDL	—
Pupil Assessment	—	—	—	No	—
RUE Motor Response	—	—	—	Responds to commands	—
RUE Motor Strength	—	—	—	4-Can move/lift against some resistance, not full strength	—
LUE Motor Response	—	—	—	Responds to commands	—
LUE Motor Strength	—	—	—	4-Can move/lift against some resistance, not full strength	—
RLE Motor Response	—	—	—	Responds to commands	—
RLE Motor Strength	—	—	—	2-Can move on bed but unable to lift	—
LLE Motor Response	—	—	—	Normal flexion;Other (Comment)	—
Best Eye Response	—	—	Spontaneous	Spontaneous	—
Best Verbal Response	—	—	Oriented	—	—
Best Motor Response	—	—	Follows commands	Follows commands	—
Glasgow Coma Scale Score	—	—	15	—	—
HEENT (WDL)	—	—	—	Exceptions to WDL	—
R Ear	—	—	—	Other (Comment)	—
L Ear	—	—	—	Other (Comment)	—
Tongue	—	—	—	Dry;Swollen	—
Mucous Membrane(s)	—	—	—	Dry;Pink	—
Teeth	—	—	—	Dentures upper;Dentures lower	—
Respiratory (WDL)	—	—	Within Defined Limits	Exceptions to WDL	—
Respiratory Pattern	—	—	—	Normal	—
Respiratory Depth/Rhythm	—	—	—	Regular	—
Respiratory Effort	—	—	—	Unlabored	—
Chest Assessment	—	—	—	Symmetrical	—
R Upper Anterior	—	—	—	Clear	—
R Upper Posterior	—	—	Clear	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

R Mid Anterior	—	—	—	Clear	—
R Mid Posterior	—	—	Clear	—	—
R Lateral	—	—	Clear	Clear	—
R Lower Anterior	—	—	—	Clear	—
R Basilar	—	—	Clear	—	—
L Upper Anterior	—	—	—	Clear	—
L Upper Posterior	—	—	Clear	—	—
L Lateral	—	—	Clear	Clear	—
L Basilar	—	—	Clear	Fine crackles	—
Cardiac (WDL)	—	Exceptions to WDL	—	Exceptions to WDL	—
Cardiac Regularity	—	—	—	Irregular	—
Heart Sounds	—	—	—	Murmur	—
Head of Bed Elevated	—	—	—	HOB 30	—
Cardiac Symptoms	Lightheaded	Syncope	—	—	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
Peripheral Vascular (WDL)	—	—	—	Exceptions to WDL	—
Cyanosis	—	—	—	—	None
Capillary Refill	—	—	—	—	Less than/equal to 2 seconds (All extremities)
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	—	—	—	—	Doppler
R Posterior Tibial Pulse	—	—	—	—	Doppler
R Dorsalis Pedis Pulse	—	—	—	—	Doppler
LLE Capillary Refill	—	—	—	—	Unable to assess
LLE Color	—	—	—	—	Appropriate for ethnicity
LLE Temperature/Moisture	—	—	—	—	Warm
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Integumentary (WDL)	—	—	—	—	Exceptions to WDL
Skin Color	—	—	—	—	Appropriate for ethnicity
Skin Condition/Temp	—	—	—	—	Warm;Dry
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Musculoskeletal (WDL)	—	—	—	—	Exceptions to WDL
RUE	—	—	—	Other (Comment)	—
LUE	—	—	—	Other (Comment)	—
RLE	—	—	—	—	Limited movement
LLE	—	—	—	—	—
Gastrointestinal (WDL)	—	—	—	Within Defined Limits	—
Abdomen Inspection	—	—	—	Soft;Flat	—
RUQ Bowel Sounds	—	—	—	Absent	—
LUQ Bowel Sounds	—	—	—	Active	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Female Genitalia	—	—	—	Intact	—
Ability to Express Feelings	—	—	—	Needs assistance	—
Ability to Express Needs	—	—	—	Needs assistance	—
Ability to Express Thoughts	—	—	—	Needs assistance	—
Ability to Understand Others	—	—	—	Sometimes understands	—
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0300**
Verification of Asmt	—	—	—	Asmt completed, no changes from previous assessment	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
R Radial Pulse	—	—	—	Weak	—
L Radial Pulse	—	—	—	Weak	—
L Femoral Pulse	Doppler	Doppler	Doppler	Doppler	Doppler
R Posterior Tibial Pulse	—	—	—	Doppler	—
R Dorsalis Pedis Pulse	—	—	—	Doppler	—
LLE Capillary Refill	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/10/25 0200**	**01/10/25 0100**	**01/10/25 0000**	**01/09/25 2300**	**01/09/25 2200**
Charting Type	—	—	Reassessment	—	—
Verification of	—	—	Asmt completed, no	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Asmt			changes from previous assessment		
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
R Radial Pulse	—	—	Weak	—	—
L Radial Pulse	—	—	Weak	—	—
L Femoral Pulse	Doppler	Doppler	Doppler	Doppler	Doppler
R Posterior Tibial Pulse	—	—	Doppler	—	—
R Dorsalis Pedis Pulse	—	—	Doppler	—	—
LLE Capillary Refill	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moisture	Dry;Warm	Dry;Warm	Dry;Warm	Dry;Warm	Cool;Dry
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/09/25 2100	01/09/25 2000
Charting Type	—	Shift assessment
Neuro (WDL)	—	Exceptions to WDL
Level of Consciousness	—	Responds to voice
Orientation Level	—	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	—	Follows commands;Poor attention/concentration
Speech	—	Slurred;Nods/gestures appropriately
Swallow	—	Other (Comment)
Pupil Assessment	—	Yes
R Pupil Size (mm)	—	3
R Pupil Shape	—	Round
R Pupil Reaction	—	Brisk
L Pupil Size (mm)	—	3
L Pupil Shape	—	Round
L Pupil Reaction	—	Brisk
Hand Grasp/Motor Function/Sensation Assessment	—	Grasp;Pronator drift;Dorsiflexion;Plantar flexion;Motor response;Sensation;Motor strength
R Hand Grasp	—	Moderate
L Hand Grasp	—	Moderate
R Foot	—	3-Can move or lift

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Dorsiflexion		off bed but can't overcome resistance
L Foot Dorsiflexion	—	Not tested
R Foot Plantar Flexion	—	3-Can move or lift off bed but can't overcome resistance
L Foot Plantar Flexion	—	Not tested
RUE Motor Response	—	Responds to commands
RUE Sensation	—	Unable to assess
RUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
LUE Motor Response	—	Responds to commands
LUE Sensation	—	Unable to assess
LUE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
RLE Motor Response	—	Responds to commands
RLE Sensation	—	Unable to assess
RLE Motor Strength	—	3-Can move or lift off bed but can't overcome resistance
LLE Motor Response	—	Responds to commands
LLE Sensation	—	Unable to assess
LLE Motor Strength	—	2-Can move on bed but unable to lift
Best Eye Response	—	Spontaneous
Best Verbal Response	—	Confused
Best Motor Response	—	Follows commands
Glasgow Coma Scale Score	—	14
Delirium Scale Used	—	Confusion Assessment Method ICU
HEENT (WDL)	—	Exceptions to WDL
R Eye	—	Mildly impaired vision
L Eye	—	Mildly impaired vision
Teeth	—	Dentures upper;Dentures lower
HEENT Interventions	—	Cardiothoracic Swallow Screen
Pre-Screen Assessment	—	Remains alert for testing;No S/S of stroke;No pre-existing modified

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

		diet, gastric tubes, tracheostomy;Voice is present and strong;HOB >30°;No non-invasive respiratory devices (Hi-Flo, continuous BiPAP);<24 hours of intubation for this episode
Peak Flow Meter	—	Patient NOT able to obtain at least 240 mL
Proceed with 3 oz water test	—	Not all criteria met
Passed Cardiothoracic RN Swallow Screen?	—	No
Respiratory (WDL)	—	Within Defined Limits
Cardiac (WDL)	—	Exceptions to WDL
Cardiac Regularity	—	Irregular
Heart Sounds	—	S1, S2
Head of Bed Elevated	—	HOB 30
Jugular Venous Distention (JVD)	—	No
Ectopy	—	None
Peripheral Vascular (WDL)	—	Exceptions to WDL
Cyanosis	—	None
Capillary Refill	—	Less than/equal to 2 seconds (All extremities)
Pulses	—	R radial;L radial;L femoral;R posterior tibial;L posterior tibial;R dorsalis pedis;L dorsalis pedis
R Radial Pulse	—	Weak
L Radial Pulse	—	Weak
L Femoral Pulse	Doppler	Doppler
R Posterior Tibial Pulse	—	Doppler
L Posterior Tibial Pulse	—	Unable to assess
R Dorsalis Pedis Pulse	—	Doppler
L Dorsalis Pedis Pulse	—	Unable to assess
PVS Additional Assessments	—	Yes
LLE Capillary Refill	Unable to assess	Unable to assess
LLE Color	Appropriate for ethnicity	Appropriate for ethnicity
LLE Temperature/Moi	Cool;Dry	Cool;Dry

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

sture		
Integumentary (WDL)	—	Exceptions to WDL
Skin Color	—	Appropriate for ethnicity
Skin Condition/Temp	—	Cool;Dry
Skin Integrity	—	See Wound/Burn LDA(s)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Musculoskeletal (WDL)	—	Exceptions to WDL
RUE	—	Weakness
LUE	—	Weakness
RLE	—	Weakness
LLE	—	Weakness
Gastrointestinal (WDL)	—	Exceptions to WDL
Abdomen Inspection	—	Soft;Nondistended
Bowel Sounds (All Quadrants)	—	Hypoactive
Abdominal Tenderness	—	Soft;Nontender
Genitourinary (WDL)	—	Exceptions to WDL
Suprapubic Tenderness	—	No
Genitourinary Symptoms	—	Indwelling urinary catheter
Urine Color	—	Yellow/straw
Urine Appearance	—	Clear
Female Genitalia	—	Intact
Psychosocial (WDL)	—	Exceptions to WDL
Patient Behaviors/Mood	—	Calm;Cooperative
Needs Expressed	—	Other (Comment)
Ability to Express Feelings	—	Needs assistance
Ability to Express Needs	—	Needs assistance
Ability to Express Thoughts	—	Needs assistance
Ability to Understand Others	—	Sometimes understands

Complex Vitals

Row Name	02/18/25 1830	02/18/25 1825	02/18/25 1750	02/18/25 1745	01/15/25 1251
Pulse	—	—	—	—	71
BP	—	—	—	—	**135/52** !
MAP (mmHg)	—	—	—	—	85
SpO2	94 %	98 %	96 %	99 %	100 %
Patient Activity	At rest	At rest	At rest	At rest	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	—
Oximetry Probe Site Changed	No	No	No	Yes	—
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen	—
O2 Delivery Method	Nasal cannula	Nasal cannula	Nasal cannula;Other (Comment)	Nasal cannula	—
O2 Flow Rate (L/min)	4 L/min	4 L/min	6 L/min	6 L/min	—
Row Name	**01/15/25 1200**	**01/15/25 0800**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**
Temp	—	37.1 °C	36.9 °C	—	37.1 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
Resp	20	18	18	16	18
BP	—	**119/47** !	**131/58** !	**152/42** !	**131/52** !
MAP (mmHg)	—	75	83	84	75
BP Site	Right Arm	Right Arm	—	Left Arm	Left Arm
BP Method	Automatic	Automatic	—	Automatic	Automatic
Patient Position	Lying	Lying	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	Ventricular Paced	—
Ectopy	Premature ventricular contractions	Premature ventricular contractions	—	—	—
Ectopy Frequency	Rare	Occasional	—	—	—
Vital Sign Reason	Routine	Routine	—	—	—
SpO2	—	95 %	95 %	93 %	98 %
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—
Row Name	**01/14/25 1638**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 1000**	**01/14/25 0900**
Temp	—	36.6 °C	36.8 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	70	70	70	70	70
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	18	16
BP	110/73	**92/40** !	**102/43** !	**99/47** !	**158/56** !
MAP (mmHg)	83	54	65	67	93
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	97 %	97 %	96 %	97 %	98 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	No/denies pain	No/denies pain	—	Pain Scale
Facial Expression	—	—	—	—	Relaxed, neutral
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain	—	—	—	—	0

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Observation Score					
Pain Interventions	—	—	—	—	Repositioned
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	Richmond Agitation Sedation Scale
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	Drowsy
Reason for Communication	—	Abnormal vitals	—	—	—
Provider Name	—	acute care	—	—	—
Method of Communication	—	Page	—	—	—

Row Name	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**	**01/14/25 0400**
Temp	**37.9 °C** !	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	71
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	18	—	—	—	16
BP	**111/46** !	**135/55** !	**136/47** !	**160/135** !	**147/43** !
MAP (mmHg)	69	86	78	142	82
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	99 %	95 %	97 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Restlessness/agitation	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Restless	—	—	—	—

Row Name	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**	**01/14/25 0000**	**01/13/25 2300**
Temp	—	—	—	36.2 °C	—
Temp src	—	—	—	Temporal	—
Pulse	71	71	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	**109/49** !	**129/36** !	**147/40** !	**106/50** !	**121/53** !
MAP (mmHg)	65	66	66	72	77

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	96 %	97 %	100 %	100 %
Oxygen Therapy	None (Room air)	—	—	Supplemental oxygen	—
O2 Delivery Method	—	Nasal cannula	Nasal cannula	Nasal cannula	—
O2 Flow Rate (L/min)	—	3 L/min	3 L/min	3 L/min	—
Row Name	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**	**01/13/25 1820**	**01/13/25 1810**
Temp	36.4 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	—	—
Resp	16	14	16	—	—
BP	124/68	**133/53** !	**130/59** !	**113/54** !	134/67
MAP (mmHg)	88	81	85	76	90
BP Site	Left Arm	Left Arm	Left Arm	—	Left Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Post-procedure
SpO2	100 %	100 %	100 %	97 %	94 %
Oxygen Therapy	—	—	—	Supplemental oxygen	—
O2 Delivery Method	—	—	—	Nasal cannula	—
O2 Flow Rate (L/min)	—	—	—	3 L/min	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Protection	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Tense, rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Light sedation	Light sedation	—
Row Name	**01/13/25 1720**	**01/13/25 1500**	**01/13/25 1400**	**01/13/25 1300**	**01/13/25 1200**
Temp	36.5 °C	—	—	—	36 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	77	80	80	80	80
Resp	16	—	—	—	—
BP	122/60	**109/49** !	**146/78** !	**124/57** !	**173/142** !
MAP (mmHg)	82	71	99	81	151
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patient Position	Lying	—	—	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Post-procedure	—	—	—	—
Arterial Line BP	—	—	—	—	78/69
Arterial Line MAP	—	—	—	—	74 mmHg
SpO2	100 %	98 %	98 %	96 %	99 %
Oxygen Therapy	Supplemental oxygen	None (Room air)	—	—	None (Room air)
O2 Delivery Method	Nasal cannula	—	—	—	—
O2 Flow Rate (L/min)	3 L/min	—	—	—	—
Facial Expression	Relaxed, neutral	—	—	—	Tense
Body Movements	Absence of movements or normal position	—	—	—	Protection
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	Sighing, moaning
Muscle Tension	Relaxed	—	—	—	Tense, rigid
Critical-Care Pain Observation Score	0	—	—	—	4
Richmond Agitation Sedation Scale (RASS)	Light sedation	—	—	—	Drowsy

Row Name	**01/13/25 1100**	**01/13/25 1000**	**01/13/25 0900**	**01/13/25 0800**	**01/13/25 0720**
Temp	—	—	—	**35.9 °C** !	—
Temp src	—	—	—	Temporal	—
Pulse	80	80	80	80	—
Resp	—	—	—	18	—
BP	**84/41** !	**116/47** !	**86/42** !	**82/44** !	—
MAP (mmHg)	56	73	56	55	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	—	—	—	Routine	—
Arterial Line BP	62/54	76/66	61/51	57/49	—
Arterial Line MAP	58 mmHg	72 mmHg	56 mmHg	53 mmHg	—
Arterial Line Location	—	—	—	Right;Radial	—
Art Line Waveform	—	—	—	Dampened	—
SpO2	96 %	97 %	96 %	95 %	—
Oxygen Therapy	—	—	—	None (Room air)	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Relaxed, neutral	Grimacing
Body Movements	—	—	—	Absence of movements or normal position	Restlessness/agitation
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	Sighing, moaning
Muscle Tension	—	—	—	Relaxed	Tense, rigid
Critical-Care Pain Observation Score	—	—	—	0	6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Row Name	01/13/25 0700	01/13/25 0600	01/13/25 0500	01/13/25 0400	01/13/25 0300
Temp	—	37.5 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	80	80	80	80	80
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	**113/47** !	**135/46** !	**114/41** !	**107/55** !	**133/57** !
MAP (mmHg)	73	78	69	74	79
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	66/59	74/66	69/63	70/65	73/65
Arterial Line MAP	63 mmHg	71 mmHg	66 mmHg	68 mmHg	69 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Dampened	Dampened	Dampened	Dampened	Dampened
SpO2	93 %	99 %	97 %	96 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Sedation Scale Used	—	—	—	Richmond Agitation Sedation Scale	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Light sedation	—

Row Name	01/13/25 0200	01/13/25 0100	01/13/25 0000	01/12/25 2300	01/12/25 2200
Temp	—	—	37.5 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	80	80	80	87	80
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	16	16
BP	—	—	**96/59** !	—	—
MAP (mmHg)	—	—	69	—	—
BP Site	—	—	Left Arm	—	—
BP Method	Art Line	Art Line	Automatic	Art Line	Art Line
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	81/57	100/45	105/46	93/73	79/66
Arterial Line MAP	69 mmHg	66 mmHg	68 mmHg	81 mmHg	71 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Dampened	Appropriate waveforms	Appropriate waveforms	Dampened	Appropriate waveforms
SpO2	97 %	95 %	98 %	100 %	95 %
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	Pain Scale	—	—
Pain Score	—	—	Patient sleeping	—	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation	—	—	Light sedation	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Sedation Scale (RASS)					
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1900**	**01/12/25 1800**	**01/12/25 1726**
Temp	—	36.5 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	80	80	87	80	80
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	16	14	—	—	—
BP	—	**90/55** !	**99/48** !	**107/58** !	—
MAP (mmHg)	—	67	63	75	—
BP Site	—	Left Arm	—	Left Arm	—
BP Method	Art Line	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	Ventricular Paced	—
Vital Sign Reason	Routine	Routine	—	Routine	—
Arterial Line BP	87/48	90/39	88/42	64/55	81/41
Arterial Line MAP	64 mmHg	57 mmHg	59 mmHg	60 mmHg	56 mmHg
Arterial Line Location	Right;Radial	Right;Radial	—	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	—	Appropriate waveforms	Appropriate waveforms
SpO2	99 %	96 %	97 %	96 %	95 %
Oxygen Therapy	None (Room air)	None (Room air)	—	None (Room air)	—
Pain Assessment	—	Pain Scale	—	—	—
Pain Score	—	Patient sleeping	—	—	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—

Row Name	**01/12/25 1700**	**01/12/25 1600**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1316**
Temp	—	36.4 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	80	80	80	80	80
Resp	—	16	16	—	—
BP	**77/41** !	120/74	**117/49** !	—	**89/57** !
MAP (mmHg)	54	91	71	—	66
BP Site	Left Arm	Left Arm	Left Arm	—	Left Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	Routine	Routine	Routine	Routine	—
Arterial Line BP	93/74	115/95	101/66	80/55	81/55
Arterial Line MAP	81 mmHg	103 mmHg	82 mmHg	66 mmHg	65 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	—
Art Line Waveform	Appropriate waveforms	Dampened	Dampened	—	—
SpO2	97 %	96 %	97 %	97 %	97 %
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Facial Expression	—	Tense	—	—	—
Body Movements	—	Protection	—	—	—
Vocalization (Extubated Patients)	—	Talking in normal tone or no sound	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Critical-Care Pain Observation Score	—	3	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—
Row Name	**01/12/25 1314**	**01/12/25 1300**	**01/12/25 1200**	**01/12/25 1110**	**01/12/25 1100**
Temp	—	—	36.8 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	80	80	80	80	80
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	18	18	—	—
BP	—	—	**72/31** !	—	**79/48** !
MAP (mmHg)	—	—	44	—	58
BP Site	—	—	Left Arm	Left Arm	Left Arm
BP Method	—	—	Automatic	Automatic	Automatic
Patient Position	—	—	Lying	Lying	Lying
Cardiac Rhythm	—	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	—	Routine	Routine	Routine	Routine
Arterial Line BP	83/53	79/67	67/47	80/53	83/57
Arterial Line MAP	65 mmHg	73 mmHg	55 mmHg	64 mmHg	67 mmHg
Arterial Line Location	—	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	—	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	98 %	97 %	96 %	98 %	97 %
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Restlessness/agitation	—
Vocalization (Extubated Patients)	—	—	—	Sighing, moaning	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	6	—
Richmond Agitation Sedation Scale (RASS)	—	—	Very agitated	—	—
Is the patient experiencing symptoms of hypoglycemia?	—	—	No	—	—
Row Name	**01/12/25 1033**	**01/12/25 1000**	**01/12/25 0905**	**01/12/25 0900**	**01/12/25 0846**
Pulse	70	70	70	70	74
Heart Rate Source	—	Monitor	—	—	—
Resp	—	16	—	18	—
BP	—	**84/39** !	—	120/83	—
MAP (mmHg)	—	54	—	93	90
BP Site	—	Left Arm	—	Left Arm	—
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Lying	—	Lying	—
Cardiac Rhythm	—	Ventricular Paced	—	Ventricular Paced	—
Vital Sign	—	Routine	—	Routine	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Reason					
Arterial Line BP	91/51	86/52	119/106	101/79	107/71
Arterial Line MAP	66 mmHg	65 mmHg	113 mmHg	91 mmHg	255 mmHg
Arterial Line Location	—	Right;Radial	—	Right;Radial	—
Art Line Waveform	—	Appropriate waveforms	—	Appropriate waveforms	—
SpO2	98 %	97 %	97 %	97 %	100 %
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Row Name	**01/12/25 0800**	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0600**	**01/12/25 0500**
Temp	36 °C	—	—	37.1 °C	—
Temp src	Temporal	—	—	Temporal	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	18	16	18	16	16
BP	**127/42** !	—	**99/45** !	—	—
MAP (mmHg)	66	—	59	—	—
BP Site	Left Arm	—	Left Arm	—	—
BP Method	Automatic	Art Line	Automatic	Art Line	Art Line
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	132/118	91/38	103/40	99/42	124/50
Arterial Line MAP	126 mmHg	55 mmHg	59 mmHg	73 mmHg	74 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Dampened	Dampened	Dampened	Appropriate waveforms
SpO2	100 %	97 %	96 %	96 %	99 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	4	—	—	—	—
Row Name	**01/12/25 0447**	**01/12/25 0420**	**01/12/25 0400**	**01/12/25 0300**	**01/12/25 0200**
Temp	—	—	37.1 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	70	69	70	70	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	16	16	16
BP Method	Art Line	—	Art Line	Art Line	Art Line
Patient Position	Lying	—	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	—	Routine	Routine	Routine
Arterial Line BP	119/50	145/58	91/80	133/57	127/57
Arterial Line MAP	77 mmHg	88 mmHg	87 mmHg	85 mmHg	85 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Dampened	Appropriate waveforms	Appropriate waveforms

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

SpO2	96 %	98 %	98 %	95 %	94 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Row Name	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**
Temp	—	36.9 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	70	70	76	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	16	14	14
BP	—	—	**117/54** !	**101/41** !	**96/53** !
MAP (mmHg)	—	—	72	58	68
BP Site	—	—	Left Arm	Left Arm	Left Arm
BP Method	Art Line	Art Line	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	143/61	143/54	119/43	113/37	120/39
Arterial Line MAP	90 mmHg	87 mmHg	70 mmHg	62 mmHg	66 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	97 %	97 %	97 %	97 %	97 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	—	—	—
Row Name	**01/11/25 2000**	**01/11/25 1900**	**01/11/25 1800**	**01/11/25 1700**	**01/11/25 1600**
Temp	36.9 °C	—	—	—	36 °C
Temp src	Temporal	—	—	—	—
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	—	—	—	—
Resp	16	—	—	—	—
BP	**116/53** !	**123/43** !	138/66	100/61	121/80
MAP (mmHg)	75	67	—	—	—
BP Site	Left Arm	Left Arm	—	—	Left Arm
BP Method	Automatic	Automatic	—	—	Automatic
Patient Position	Lying	Lying	—	—	Lying
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	—	—	Ventricular Paced
Vital Sign Reason	Routine	Routine	—	—	Routine
Arterial Line BP	119/37	115/34	141/52	106/35	97/36
Arterial Line MAP	65 mmHg	61 mmHg	82 mmHg	57 mmHg	55 mmHg
Arterial Line Location	Right;Radial	Right;Radial	—	—	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	—	—	Appropriate waveforms
SpO2	95 %	97 %	99 %	96 %	94 %
Oxygen Therapy	None (Room air)	None (Room air)	—	—	None (Room air)
Pain Assessment	CPOT	—	—	—	CPOT
Facial Expression	Relaxed, neutral	—	—	—	Tense
Body Movements	Restlessness/agitation	—	—	—	Protection
Vocalization (Extubated	Talking in normal tone or no sound	—	—	—	Sighing, moaning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Patients)					
Muscle Tension	Relaxed	—	—	—	Very tense or rigid
Critical-Care Pain Observation Score	2	—	—	—	5
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Row Name	**01/11/25 1500**	**01/11/25 1400**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1143**
Temp	—	—	—	36 °C	—
Pulse	70	70	70	70	70
Resp	—	—	18	16	—
BP	**126/53** !	**120/37** !	—	**94/41** !	—
BP Site	Left Arm	Left Arm	—	Left Arm	—
BP Method	Automatic	Automatic	Art Line	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	—
Vital Sign Reason	Routine	—	Routine	Routine	—
Arterial Line BP	90/49	78/42	90/44	104/36	97/33
Arterial Line MAP	65 mmHg	58 mmHg	62 mmHg	57 mmHg	54 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	Right;Radial	—
Art Line Waveform	Dampened	—	Appropriate waveforms	Dampened	—
SpO2	95 %	100 %	100 %	100 %	96 %
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	CPOT	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—
Row Name	**01/11/25 1100**	**01/11/25 1038**	**01/11/25 1000**	**01/11/25 0905**	**01/11/25 0900**
Pulse	70	70	70	70	70
Resp	18	—	18	—	16
BP Method	Art Line	—	Art Line	—	Art Line
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	—	Ventricular Paced
Vital Sign Reason	Routine	—	Routine	—	Routine
Arterial Line BP	124/42	111/40	113/43	108/37	112/41
Arterial Line MAP	71 mmHg	—	66 mmHg	59 mmHg	66 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	—	Right;Radial
Art Line Waveform	Dampened	—	Dampened	—	Appropriate waveforms
SpO2	99 %	98 %	99 %	100 %	99 %
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Row Name	**01/11/25 0800**	**01/11/25 0700**	**01/11/25 0600**	**01/11/25 0500**	**01/11/25 0400**
Temp	**35.8 °C** !	—	—	36.9 °C	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Temp src	Temporal	—	—	Temporal	—
Pulse	74	70	73	70	70
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	16	16	18	**21** !	—
BP Method	Art Line	Art Line	Art Line	Art Line	Art Line
Patient Position	Lying	Lying	Lying	—	—
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced	Ventricular Paced
Ectopy	—	—	—	—	Premature ventricular contractions
Ectopy Frequency	—	—	—	—	Occasional
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
Arterial Line BP	130/48	106/39	118/46	107/62	115/50
Arterial Line MAP	80 mmHg	65 mmHg	71 mmHg	83 mmHg	75 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms	Appropriate waveforms
SpO2	97 %	96 %	98 %	96 %	98 %
Pulse Oximetry Type	—	Continuous	Continuous	Continuous	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	CPOT	—	—	—	—
Facial Expression	Grimacing	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Crying out, sobbing	—	—	—	—
Muscle Tension	Very tense or rigid	—	—	—	—
Critical-Care Pain Observation Score	7	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Alert and calm	—	—	—	—
Weight	—	—	43.8 kg (96 lb 8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Row Name	**01/11/25 0300**	**01/11/25 0234**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**
Pulse	70	70	70	70	70
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	**22** !	—	—	19	—
BP Method	Art Line	—	—	Art Line	—
Cardiac Rhythm	Ventricular Paced	—	—	Ventricular Paced	—
Ectopy	None	—	—	None	—
Vital Sign Reason	Routine	—	—	Routine	—
Arterial Line BP	102/43	92/38	92/38	101/40	100/39
Arterial Line MAP	64 mmHg	56 mmHg	56 mmHg	61 mmHg	58 mmHg
Arterial Line Location	Right;Radial	—	—	Right;Radial	—
Art Line Waveform	Appropriate waveforms	—	—	Appropriate waveforms	—
SpO2	99 %	96 %	100 %	95 %	96 %
Pulse Oximetry Type	Continuous	—	—	Continuous	—
Oximetry Probe	Yes	—	Yes	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Site Changed					
Oxygen Therapy	None (Room air)	—	—	None (Room air)	—
Reason for Communication	—	Evaluate	—	—	—
Provider Name	—	Christina Grabar	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Face to face	—	—	—
Response	—	See orders	—	—	—
Row Name	**01/11/25 0123**	**01/11/25 0116**	**01/11/25 0100**	**01/11/25 0000**	**01/10/25 2300**
Temp	—	—	—	37.2 °C	—
Temp src	—	—	—	Temporal	—
Pulse	70	70	70	70	76
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	16	18	16
BP Method	—	—	Art Line	Art Line	Art Line
Patient Position	—	—	—	Lying	—
Cardiac Rhythm	—	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Ectopy	—	—	None	—	—
Vital Sign Reason	—	—	Routine	Routine	Routine
Arterial Line BP	92/36	96/37	122/46	123/46	101/37
Arterial Line MAP	55 mmHg	56 mmHg	72 mmHg	72 mmHg	60 mmHg
Arterial Line Location	—	—	—	Right;Radial	Right;Radial
Art Line Waveform	—	—	—	Appropriate waveforms	Appropriate waveforms
SpO2	95 %	97 %	97 %	96 %	99 %
Pulse Oximetry Type	—	—	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	—	—	No	No	No
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Sedation Scale Used	—	—	—	Richmond Agitation Sedation Scale	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Row Name	**01/10/25 2255**	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**
Pulse	70	70	70	70	70
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	19	—	18
BP Method	—	—	Art Line	—	Art Line
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Vital Sign Reason	—	—	Routine	—	Routine
Arterial Line BP	98/36	117/44	125/47	93/36	126/50
Arterial Line MAP	56 mmHg	69 mmHg	74 mmHg	57 mmHg	77 mmHg
Arterial Line Location	—	—	Right;Radial	—	Right;Radial
Art Line Waveform	—	—	Appropriate waveforms	—	Appropriate waveforms
SpO2	95 %	95 %	97 %	96 %	96 %
Pulse Oximetry Type	—	—	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	Yes	—	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Row Name	**01/10/25 2000**	**01/10/25 1936**	**01/10/25 1900**	**01/10/25 1845**	**01/10/25 1830**
Temp	37.1 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	—	70	70	73
Heart Rate Source	Monitor	—	Monitor	Monitor	Monitor
Resp	18	—	18	**12** !	16
BP Method	Art Line	—	Art Line	Art Line	Art Line
Cardiac Rhythm	Ventricular Paced	—	Ventricular Paced	Ventricular Paced	Ventricular Paced
Heart Block Type	—	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Ectopy	None	—	None	None	None
Vital Sign Reason	Routine	—	Post-operative	Post-procedure	Post-procedure
Arterial Line BP	100/37	103/37	131/46	131/50	108/41
Arterial Line MAP	60 mmHg	57 mmHg	76 mmHg	77 mmHg	65 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	Right;Radial	Right;Radial
Art Line Waveform	Appropriate waveforms	—	Appropriate waveforms	Appropriate waveforms	—
SpO2	99 %	—	100 %	100 %	100 %
Pulse Oximetry Type	Continuous	—	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	No	—	No	No	No
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	None (Room air)
Pain Score	0	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Alert and calm	—	—	—	—
Reason for Communication	Evaluate	—	—	—	—
Provider Name	Christina Grabar	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Row Name	**01/10/25 1815**	**01/10/25 1800**	**01/10/25 1745**	**01/10/25 1600**	**01/10/25 1545**
Temp	—	—	36.2 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	70	70	70	**39** !	**38** !
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	15	16	18	—	—
BP Method	Art Line	Art Line	Art Line	Art Line	Art Line
Cardiac Rhythm	Ventricular Paced	Ventricular Paced	Ventricular Paced	Heart Block	Heart Block
Heart Block Type	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Ectopy	None	None	None	None	None
Vital Sign Reason	Post-procedure	Post-procedure	Post-procedure	Routine	Routine
Arterial Line BP	107/33	—	125/30	132/31	149/39
Arterial Line MAP	60 mmHg	—	58 mmHg	61 mmHg	72 mmHg
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	Right;Radial	Right;Radial
Art Line	Appropriate	Appropriate	Appropriate	Appropriate	Appropriate

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Waveform	waveforms	waveforms	waveforms	waveforms	waveforms
SpO2	100 %	—	100 %	98 %	100 %
Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	Continuous
Oximetry Probe Site Changed	No	No	No	No	No
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	No/denies pain	No/denies pain	—
Pain Score	—	—	0	0	—
Pain Descriptor Scale	—	—	None	None	—
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	—
Row Name	**01/10/25 1530**	**01/10/25 1520**	**01/10/25 1515**	**01/10/25 1510**	**01/10/25 1500**
Pulse	**40** !	**38** !	**39** !	**39** !	**41** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	—	—
BP	—	—	—	—	**144/35** !
MAP (mmHg)	—	—	—	—	75
BP Method	Art Line	—	Art Line	—	Art Line
Patient Position	—	—	—	—	Lying
Cardiac Rhythm	Heart Block	—	Heart Block	—	Heart Block
Heart Block Type	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)
Ectopy	None	—	None	—	None
Vital Sign Reason	Routine	—	Routine	—	Routine
Arterial Line BP	137/33	145/40	133/35	140/36	148/40
Arterial Line MAP	63 mmHg	71 mmHg	63 mmHg	67 mmHg	73 mmHg
Arterial Line Location	Right;Radial	—	Right;Radial	—	Right;Radial
Art Line Waveform	Appropriate waveforms	—	Appropriate waveforms	—	Appropriate waveforms
SpO2	100 %	100 %	100 %	100 %	96 %
Pulse Oximetry Type	Continuous	—	Continuous	—	Continuous
Oximetry Probe Site Changed	No	—	No	—	No
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	—	Pain Scale
Pain Score	—	—	—	—	0
Pain Descriptor Scale	—	—	—	—	None
Row Name	**01/10/25 1455**	**01/10/25 1450**	**01/10/25 1440**	**01/10/25 1430**	**01/10/25 1420**
Pulse	**29** !	**38** !	60	**39** !	60
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
BP Method	—	Art Line	Art Line	Art Line	—
Cardiac Rhythm	—	Heart Block	Ventricular Paced	Heart Block	—
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—
Ectopy	—	None	None	None	—
Arterial Line BP	145/37	140/39	150/52	140/40	132/38
Arterial Line MAP	64 mmHg	69 mmHg	86 mmHg	70 mmHg	70 mmHg
Arterial Line	—	Right;Radial	Radial;Right	Right;Radial	Right;Radial

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Location					
SpO2	98 %	100 %	—	96 %	—
Oxygen Therapy	—	None (Room air)	—	None (Room air)	—
Patient Observations	—	1 amp calcium chloride pushed via central line by anesthesia fellow/provider	—	—	—

Row Name	**01/10/25 1410**	**01/10/25 1400**	**01/10/25 1350**	**01/10/25 1340**	**01/10/25 1330**
Temp	—	36.7 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	60	60	60	—	—
Heart Rate Source	Monitor	Monitor	Monitor	—	Monitor
BP	—	**130/41** !	**142/44** !	—	—
MAP (mmHg)	—	76	75	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Cardiac Rhythm	—	—	Ventricular Paced	—	Ventricular Paced
Heart Block Type	—	—	—	—	2nd degree AVB (Mobitz II)
Ectopy	—	—	—	—	None
Arterial Line BP	96/27	135/46	138/47	—	—
Arterial Line MAP	51 mmHg	77 mmHg	78 mmHg	—	—
Arterial Line Location	Right;Radial	Right;Radial	Right;Radial	—	—
Art Line Waveform	—	Appropriate waveforms	Appropriate waveforms	—	—
Nursing Annotation	—	—	—	pt returned from cath lab	—

Row Name	**01/10/25 1300**	**01/10/25 1240**	**01/10/25 1235**	**01/10/25 1230**	**01/10/25 1225**
Pulse	—	**37** !	**37** !	**38** !	**35** !
BP	—	**140/0** !	**150/34** !	**153/41** !	**152/47** !
MAP (mmHg)	—	—	78	81	86
BP Method	—	Doppler	—	—	—
SpO2	—	100 %	99 %	99 %	99 %
Nursing Annotation	T cath lab for transvenous pacemaker placement	—	—	—	—

Row Name	**01/10/25 1220**	**01/10/25 1218**	**01/10/25 1215**	**01/10/25 1210**	**01/10/25 1205**
Pulse	**33** !	**31** !	**35** !	**29** !	**29** !
BP	**147/33** !	—	**128/37** !	**113/43** !	—
MAP (mmHg)	78	78	72	65	—
SpO2	99 %	100 %	99 %	100 %	100 %
Nursing Annotation	—	atropine .5mg	—	atropine .5mg IV	—

Row Name	**01/10/25 1200**	**01/10/25 1146**	**01/10/25 1135**	**01/10/25 1100**	**01/10/25 1044**
Temp src	—	—	Temporal	—	—
Pulse	**34** !	**34** !	**39** !	**34** !	**40** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
BP	**98/32** !	**121/28** !	**143/52** !	**109/44** !	**126/28** !
MAP (mmHg)	56	61	86	66	65
BP Site	Right Arm	Right Arm	Right Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Sitting	Lying	Lying
SpO2	100 %	100 %	100 %	99 %	100 %
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

Row Name	01/10/25 1015	01/10/25 1000	01/10/25 0937	01/10/25 0900	01/10/25 0823
Temp	—	—	—	36.7 °C	—
Temp src	—	—	—	Temporal	—
Pulse	**34** !	**37** !	**42** !	**41** !	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	—	—	—	20	16
BP	**106/29** !	**116/28** !	**123/31** !	**125/46** !	—
MAP (mmHg)	55	59	65	68	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	—
BP Method	Automatic	Automatic	Automatic	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Cardiac Rhythm	—	Heart Block	—	Heart Block	—
Heart Block Type	—	2nd degree AVB (Mobitz II)	—	2nd degree AVB (Mobitz II)	—
SpO2	100 %	99 %	100 %	99 %	—
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oximetry Probe Site Changed	—	No	—	—	No
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)

Row Name	01/10/25 0800	01/10/25 0700	01/10/25 0600	01/10/25 0500	01/10/25 0400
Temp	—	—	—	—	36.3 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	**41** !	**41** !	**41** !	**39** !	**46** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	15	14
BP	**132/35** !	**132/34** !	**139/32** !	**140/32** !	**120/33** !
MAP (mmHg)	71	68	69	72	62
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	—	Heart Block	Heart Block	Heart Block	Heart Block
Heart Block Type	—	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)	2nd degree AVB (Mobitz II)
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	99 %	99 %	99 %	98 %	98 %
Patient Activity	—	At rest	At rest	At rest	At rest
Pulse Oximetry Type	—	Continuous	Continuous	Continuous	Continuous
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	—	Pain Scale
Pain Score	—	—	—	—	Patient sleeping

Row Name	01/10/25 0300	01/10/25 0200	01/10/25 0100	01/10/25 0000	01/09/25 2300
Temp	—	—	—	36.6 °C	—
Temp src	—	—	—	Temporal	—
Pulse	**46** !	**39** !	**43** !	**41** !	**38** !
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	14	**12** !	16	14	16
BP	**133/32** !	**133/33** !	**129/34** !	**135/31** !	124/70
MAP (mmHg)	68	68	65	69	86
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Cardiac Rhythm	Heart Block	Heart Block	Heart Block	Heart Block	Heart Block
Heart Block Type	2nd degree AVB	2nd degree AVB	2nd degree AVB	—	1st degree AVB

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

	(Mobitz II)	(Mobitz II)	(Mobitz II)		
Vital Sign Reason	Routine	Routine	Routine	Routine	Routine
SpO2	98 %	99 %	99 %	99 %	100 %
Patient Activity	At rest	At rest	At rest	At rest	At rest
Pulse Oximetry Type	Continuous	Continuous	Continuous	Continuous	Continuous
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Reason for Communication	Critical lab value	—	—	Other (Comment)	—
Provider Name	Grabar, C	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Waiting for response	—	—	See orders	—
Notification Time	0253	—	—	—	—
Row Name	**01/09/25 2200**	**01/09/25 2100**	**01/09/25 2000**	**01/09/25 1935**	**01/09/25 1900**
Temp	—	—	36.2 °C	—	—
Temp src	—	—	Temporal	—	—
Pulse	**32** !	**35** !	**42** !	**23** !	**22** !
Heart Rate Source	—	—	Monitor	—	—
Resp	16	16	18	—	18
BP	**121/29** !	**110/31** !	**134/39** !	—	**148/39** !
MAP (mmHg)	63	55	71	—	78
BP Site	Left Arm	Left Arm	Left Arm	—	Right Arm
BP Method	Automatic	Automatic	Automatic	—	Automatic
Patient Position	Lying	Lying	Lying	—	—
Cardiac Rhythm	Heart Block	Heart Block	Heart Block	—	Sinus Bradycardia
Heart Block Type	1st degree AVB	1st degree AVB	1st degree AVB	—	—
Vital Sign Reason	Routine	Routine	Routine	—	Post-operative
SpO2	100 %	100 %	100 %	100 %	100 %
Patient Activity	At rest	At rest	At rest	—	—
Pulse Oximetry Type	Continuous	Continuous	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	No	—	Yes
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	—	—	No/denies pain	—	Pain Scale
Pain Score	—	—	—	—	0
Pain Descriptor Scale	—	—	—	—	None
Sedation Scale Used	—	—	Richmond Agitation Sedation Scale	—	Richmond Agitation Sedation Scale
Richmond Agitation Sedation Scale (RASS)	—	—	Alert and calm	—	Alert and calm
Reason for Communication	—	Other (Comment)	—	—	—
Provider Name	—	Grabar MD	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	See orders	—	—	—
Notification Time	—	2100	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 4 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16)

Custom Formula Data

Row Name	03/08/25 1000	03/08/25 0900	03/07/25 2103	03/07/25 2100	03/07/25 1410
Glasgow Coma Scale Numeric	—	10	10	—	—
Feature 3: Altered Level of Consciousness	—	Positive	—	—	—
Braden / Braden Q Calculated Score	12	—	—	12	—
Mobility Score	4	—	—	4	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	6	—	—	6	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	0	—	—	0	—
Communication/Sensory Score	3	—	—	3	—
Behavior Score	6	—	—	6	—
Fall Risk Calculated Score	31 (Hester Davis)	—	—	31 (Hester Davis)	—
Overall CAM	—	Negative	—	—	Negative
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/07/25 1000	03/07/25 0146	03/06/25 2100	03/06/25 1841	03/06/25 1509
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	Positive
Braden / Braden Q Calculated Score	12	—	11	—	—
Mobility Score	4	—	4	—	—
Medications Score	1	—	0	—	—
Mental Status/LOC/Awareness Score	6	—	9	—	—
Toileting Needs Score	4	—	4	—	—
Volume/Electrolyte Status Score	0	—	0	—	—
Communication/Sensory Score	3	—	1	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	31 (Hester Davis)	—	31 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/06/25 1202	03/06/25 0830	03/05/25 1900	03/05/25 1617	03/05/25 1300
Feature 3: Altered Level of	Positive	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Consciousness					
Braden / Braden Q Calculated Score	—	11	11	—	—
Mobility Score	—	4	4	4	—
Medications Score	—	0	0	0	—
Mental Status/LOC/Awareness Score	—	9	9	9	—
Toileting Needs Score	—	4	4	4	—
Volume/Electrolyte Status Score	—	0	0	0	—
Communication/Sensory Score	—	1	1	1	—
Behavior Score	—	6	6	6	—
Fall Risk Calculated Score	—	31 (Hester Davis)	31 (Hester Davis)	31 (Hester Davis)	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	25
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	25
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/05/25 0950	03/04/25 2200	03/04/25 2000	03/04/25 1609	03/04/25 0200
Braden / Braden Q Calculated Score	11	—	—	12	—
Mobility Score	4	3	—	3	3
Medications Score	1	1	—	1	1
Mental Status/LOC/Awareness Score	3	3	—	3	3
Toileting Needs Score	5	5	—	5	5
Volume/Electrolyte Status Score	0	4	—	4	4
Communication/Sensory Score	1	1	—	1	1
Behavior Score	6	6	—	6	6
Fall Risk Calculated Score	23 (Hester Davis)	26 (Hester Davis)	—	26 (Hester Davis)	26 (Hester Davis)
SCD VTE Phophy	—	—	Yes	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/04/25 0036	03/03/25 1000	03/03/25 0810	03/02/25 2000	03/02/25 0946
Temp (in Celsius) for APACHE IV	—	—	36.3	—	—
Glasgow Coma Scale Numeric	11	—	—	—	—
Braden / Braden	—	12	—	—	11

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Q Calculated Score					
Mobility Score	—	3	—	3	3
Medications Score	—	1	—	1	1
Mental Status/LOC/Awareness Score	—	3	—	4	4
Toileting Needs Score	—	5	—	3	3
Volume/Electrolyte Status Score	—	4	—	0	1
Communication/Sensory Score	—	1	—	3	3
Behavior Score	—	6	—	4	4
Fall Risk Calculated Score	—	26 (Hester Davis)	—	21 (Hester Davis)	22 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	03/02/25 0900	03/02/25 0019	03/01/25 1900	03/01/25 0900	02/28/25 2100
Glasgow Coma Scale Numeric	9	9	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	12
Mobility Score	—	—	3	3	3
Medications Score	—	—	1	1	1
Mental Status/LOC/Awareness Score	—	—	4	4	4
Toileting Needs Score	—	—	3	4	3
Volume/Electrolyte Status Score	—	—	1	0	1
Communication/Sensory Score	—	—	3	2	2
Behavior Score	—	—	4	4	4
Fall Risk Calculated Score	—	—	22 (Hester Davis)	21 (Hester Davis)	21 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/28/25 1146	02/28/25 0445	02/27/25 2000	02/27/25 1139	02/27/25 0155
Feature 3: Altered Level of Consciousness	—	Positive	—	—	Positive
Braden / Braden Q Calculated Score	12	—	11	11	—
Mobility Score	3	—	4	4	—
Medications Score	1	—	1	1	—
Mental Status/LOC/Awareness Score	4	—	4	4	—
Toileting Needs	3	—	3	3	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Volume/Electrolyte Status Score	1	—	1	1	—
Communication/Sensory Score	2	—	3	3	—
Behavior Score	4	—	4	4	—
Fall Risk Calculated Score	21 (Hester Davis)	—	23 (Hester Davis)	23 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/27/25 0000	02/26/25 1957	02/26/25 0900	02/26/25 0100	02/25/25 2100
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	—
Braden / Braden Q Calculated Score	11	—	10	—	—
Mobility Score	4	—	4	—	4
Medications Score	1	—	1	—	1
Mental Status/LOC/Awareness Score	4	—	4	—	4
Toileting Needs Score	3	—	3	—	3
Volume/Electrolyte Status Score	1	—	1	—	1
Communication/Sensory Score	3	—	3	—	3
Behavior Score	4	—	4	—	4
Fall Risk Calculated Score	23 (Hester Davis)	—	23 (Hester Davis)	—	23 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	02/25/25 2019	02/25/25 1300	02/25/25 1219	02/25/25 0451	02/24/25 2123
Glasgow Coma Scale Numeric	8	—	—	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	Positive
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	4	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	6	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	4	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	26 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/24/25 2035**	**02/24/25 2025**	**02/24/25 1137**	**02/24/25 0618**	**02/24/25 0610**
Temp (in Celsius) for APACHE IV	—	—	—	—	36.2
Glasgow Coma Scale Numeric	11	—	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	4	—	4	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	4	—	4	—	—
Toileting Needs Score	3	—	3	—	—
Volume/Electrolyte Status Score	7	—	7	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	27 (Hester Davis)	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/24/25 0348**	**02/24/25 0012**	**02/23/25 2155**	**02/23/25 2127**	**02/23/25 2119**
Temp (in Celsius) for APACHE IV	—	36	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	12
Feature 3: Altered Level of Consciousness	Positive	—	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	10
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	4
Toileting Needs Score	—	—	—	—	3
Volume/Electrolyte Status Score	—	—	—	—	7
Communication/Sensory Score	—	—	—	—	1
Behavior Score	—	—	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	—	—	—	27 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/23/25 1100**	**02/23/25 1047**	**02/23/25 0815**	**02/23/25 0638**	**02/23/25 0608**
Temp (in Celsius) for APACHE IV	—	36.1	—	—	35.8
Glasgow Coma Scale Numeric	—	—	11	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
ROX Index	6.52	—	—	—	—
Row Name	**02/23/25 0303**	**02/23/25 0018**	**02/22/25 2100**	**02/22/25 1943**	**02/22/25 1733**
Temp (in Celsius) for APACHE IV	—	—	—	36.1	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	—	Positive
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/22/25 1619**	**02/22/25 1546**	**02/22/25 0955**	**02/22/25 0941**	**02/21/25 2236**
Temp (in Celsius) for APACHE IV	36.1	—	—	36.6	—
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	Positive
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	4	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	7	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Row Name	**02/21/25 2100**	**02/21/25 1700**	**02/21/25 1442**	**02/21/25 1412**	**02/21/25 1328**
Temp (in Celsius) for APACHE IV	—	36.8	—	—	—
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	Positive
Mobility Score	4	—	—	—	—
Medications Score	1	—	—	—	—
Mental Status/LOC/Awareness Score	0	—	—	—	—
Toileting Needs Score	3	—	—	—	—
Volume/Electrolyte Status Score	1	—	—	—	—
Communication/Sensory Score	3	—	—	—	—
Behavior Score	1	—	—	—	—
Fall Risk Calculated Score	16 (Hester Davis)	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	—	16.96	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	02/21/25 1258	02/21/25 1223	02/21/25 1153	02/21/25 1130	02/21/25 0900
Glasgow Coma Scale Numeric	—	—	—	13	—
Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/21/25 0800	02/21/25 0749	02/21/25 0747	02/21/25 0307	02/21/25 0000
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	45.7 kilograms	—	—	—
Weight kg (view-only)	—	45.7	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.5	—	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Feature 3: Altered Level of Consciousness	—	—	—	Positive	—
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/20/25 2246	02/20/25 2238	02/20/25 1626	02/20/25 1533	02/20/25 1518
Temp (in Celsius) for APACHE IV	36.4	—	—	36.5	36.5
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/20/25 1325	02/20/25 1320	02/20/25 1019	02/20/25 0859	02/20/25 0801
Temp (in Celsius) for APACHE IV	36	—	—	36.4	—
Feature 3: Altered Level of Consciousness	—	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	0
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	1
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	20 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Final Assessment Time: 1701

Row Name	02/20/25 0133	02/19/25 2307	02/19/25 2300	02/19/25 2120	02/19/25 1551
Temp (in Celsius) for APACHE IV	—	36.5	—	—	36.2
Glasgow Coma Scale Numeric	—	—	14	—	—
Feature 3: Altered Level of Consciousness	Positive	—	—	—	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	4	—
Medications Score	—	—	1	1	—
Mental Status/LOC/Awareness Score	—	—	0	0	—
Toileting Needs Score	—	—	7	7	—
Volume/Electrolyte Status Score	—	—	1	1	—
Communication/Sensory Score	—	—	3	3	—
Behavior Score	—	—	1	1	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	20 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/19/25 1545	02/19/25 1526	02/19/25 1500	02/19/25 1224	02/19/25 0947
Temp (in Celsius) for APACHE IV	—	—	—	36.3	36.6
Glasgow Coma Scale Numeric	14	—	—	—	—
Braden / Braden Q Calculated Score	—	10	—	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	0	—	—
Toileting Needs Score	—	—	7	—	—
Volume/Electrolyte Status Score	—	—	1	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Properties	03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Row Name	**02/19/25 0400**	**02/19/25 0047**	**02/18/25 2226**	**02/18/25 2132**	**02/18/25 2057**
Temp (in Celsius) for APACHE IV	36.1	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	—
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	0	—	—
Toileting Needs Score	—	—	7	—	—
Volume/Electrolyte Status Score	—	—	1	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Hester Davis Fall Risk Category	—	—	High Risk	—	—
Injury Risk Assessment Score	—	—	High Risk for Injury	—	—
Hester Davis Fall Risk Total	—	—	20	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Age Adjustment	—	—	3	—	—
ROX Index	7.05	—	—	—	—
Row Name	**02/18/25 2054**	**02/18/25 1602**	**02/18/25 1339**	**02/18/25 0809**	**02/18/25 0806**
Temp (in Celsius) for APACHE IV	36.5	36.5	—	—	36.4
Glasgow Coma Scale Numeric	—	—	—	11	—
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	Final Assessment Time: 1701				
ROX Index	6.6	—	—	—	6.17
Row Name	**02/18/25 0800**	**02/18/25 0233**	**02/17/25 2032**	**02/17/25 2030**	**02/17/25 2000**
Temp (in Celsius) for APACHE IV	—	—	36.1	—	—
Glasgow Coma Scale Numeric	—	—	—	11	—
Feature 3: Altered Level of Consciousness	—	Positive	—	—	—
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	4	—	—	—	6
Medications Score	1	—	—	—	0
Mental Status/LOC/Awareness Score	—	—	—	—	7
Toileting Needs Score	—	—	—	—	4
Volume/Electrolyte Status Score	—	—	—	—	4
Communication/Sensory Score	—	—	—	—	5
Behavior Score	—	—	—	—	6
Fall Risk Calculated Score	—	—	—	—	35 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	—	—	7.94	—	—
Row Name	**02/17/25 1647**	**02/17/25 1416**	**02/17/25 1407**	**02/17/25 1042**	**02/17/25 0757**
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.7 kilograms	—	—	—	—
Weight kg (view-only)	46.7	—	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.4	—	36.4
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	11	—
Braden / Braden Q Calculated Score	—	11	—	—	—
Mobility Score	—	6	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Medications Score	—	0	—	—	—
Mental Status/LOC/Awareness Score	—	7	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	6	—	—	—
Fall Risk Calculated Score	—	33 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/16/25 2200	02/16/25 1538	02/16/25 1000	02/16/25 0937	02/16/25 0759
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	0 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.1 kilograms	—
Weight kg (view-only)	—	—	—	50.1	—
Temp (in Celsius) for APACHE IV	—	36.6	—	—	36.3
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	12	—	13	—	—
Mobility Score	4	—	4	—	—
Medications Score	0	—	0	—	—
Mental Status/LOC/Awareness Score	7	—	7	—	—
Toileting Needs Score	4	—	4	—	—
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	2	—	2	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	30 (Hester Davis)	—	30 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/16/25 0752	02/16/25 0516	02/15/25 2124	02/15/25 1646	02/15/25 1101
Temp (in Celsius) for APACHE IV	—	36.3	36.2	36.2	—
Glasgow Coma Scale Numeric	—	—	11	—	—
Feature 3: Altered Level of Consciousness	—	—	Negative	—	—
Braden / Braden Q Calculated Score	—	—	—	—	13
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	4	—	4
Volume/Electrolyte Status Score	—	—	4	—	3
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	6	—	6
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	33 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
ROX Index	3.07	—	—	—	—

Row Name	02/15/25 0933	02/15/25 0100	02/15/25 0054	02/14/25 2044	02/14/25 1702
Temp (in Celsius) for APACHE IV	36.8	—	36.6	—	36.5
Glasgow Coma Scale Numeric	—	—	10	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	6	—	6	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	7	—	7	—
Toileting Needs Score	—	4	—	4	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	6	—	6	—
Fall Risk	—	36 (Hester Davis)	—	36 (Hester Davis)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Calculated Score	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/14/25 1515	02/14/25 0811	02/14/25 0800	02/14/25 0646	02/13/25 2030
Temp (in Celsius) for APACHE IV	—	36.6	—	36.1	—
Glasgow Coma Scale Numeric	10	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	12
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	4	—	3
Volume/Electrolyte Status Score	—	—	6	—	6
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	6	—	6
Fall Risk Calculated Score	—	—	36 (Hester Davis)	—	35 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/13/25 2006	02/13/25 1539	02/13/25 1536	02/13/25 1500	02/13/25 0813
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	45.6 kilograms	—	—	—
Weight kg (view-only)	—	45.6	—	—	—
Temp (in Celsius) for APACHE IV	36.7	—	36.1	—	36.4
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	40	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	40	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/13/25 0809	02/13/25 0359	02/12/25 2300	02/12/25 1910	02/12/25 1508
Temp (in Celsius) for APACHE IV	—	36.5	—	36	36.4
Braden / Braden Q Calculated Score	12	—	—	—	—
Mobility Score	6	—	6	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	7	—	7	—	—
Toileting Needs Score	3	—	5	—	—
Volume/Electrolyte Status Score	6	—	6	—	—
Communication/Sensory Score	3	—	3	—	—
Behavior Score	6	—	6	—	—
Fall Risk Calculated Score	35 (Hester Davis)	—	37 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/12/25 1130	02/12/25 0800	02/12/25 0418	02/11/25 2000	02/11/25 1638
Temp (in Celsius) for APACHE IV	36	—	36.1	—	36.3
Braden / Braden Q Calculated Score	—	12	—	12	—
Mobility Score	—	6	—	6	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	7	—	7	—
Toileting Needs Score	—	5	—	5	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	6	—	6	—
Fall Risk Calculated Score	—	37 (Hester Davis)	—	37 (Hester Davis)	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Properties	Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/11/25 1138	02/11/25 0901	02/11/25 0700	02/10/25 2318	02/10/25 2100
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	45.5 kilograms	—	—	—	—
Weight kg (view-only)	45.5	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.4	—	36.2	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	5	—	5
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	2	—	2
Fall Risk Calculated Score	—	—	31 (Hester Davis)	—	31 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/10/25 1636	02/10/25 1600	02/10/25 1300	02/10/25 1000	02/10/25 0900
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	0 (m^2)	—	—	—
Weight taken by scale (kg)	—	47.4 kilograms	—	—	—
Weight kg (view-only)	—	47.4	—	—	—
Temp (in Celsius) for APACHE IV	36	—	—	—	36

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	7	—
Toileting Needs Score	—	—	—	5	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	2	—
Fall Risk Calculated Score	—	—	—	31 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	—	36 cm^2	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	100	—	—
Wound Surface Area (cm^2)	—	—	3 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	—	3.6 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—

Row Name	02/10/25 0000	02/09/25 2143	02/09/25 1528	02/09/25 0900	02/09/25 0800
Temp (in Celsius) for APACHE IV	—	36.6	36.3	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	5	—	—	5	—
Volume/Electrolyt	4	—	—	4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

e Status Score					
Communication/Sensory Score	3	—	—	3	—
Behavior Score	2	—	—	2	—
Fall Risk Calculated Score	31 (Hester Davis)	—	—	31 (Hester Davis)	—
SCD VTE Phophy	—	—	—	—	Yes
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/09/25 0754	02/09/25 0753	02/08/25 2300	02/08/25 2100	02/08/25 1516
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	0 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.6 kilograms	—	—	—	—
Weight kg (view-only)	46.6	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36	37	—	36.1
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	—	8	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/08/25 0902	02/08/25 0741	02/08/25 0052	02/08/25 0038	02/07/25 2100
Temp (in Celsius) for APACHE IV	36.6	—	36.2	—	—
Glasgow Coma Scale Numeric	—	—	—	8	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	6	—	—	3
Medications Score	—	1	—	—	1
Mental Status/LOC/Awareness Score	—	7	—	—	9
Toileting Needs Score	—	5	—	—	5
Volume/Electrolyt	—	4	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

e Status Score					
Communication/Sensory Score	—	3	—	—	3
Behavior Score	—	2	—	—	6
Fall Risk Calculated Score	—	31 (Hester Davis)	—	—	34 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/07/25 1607	02/07/25 1300	02/07/25 0900	02/07/25 0803	02/07/25 0800
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.2 kilograms	—
Weight kg (view-only)	—	—	—	50.2	—
Temp (in Celsius) for APACHE IV	36.2	—	—	—	36.2
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	8	8	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	9	—	—
Toileting Needs Score	—	—	5	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	6	—	—
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	—
SCD VTE Phophy	—	—	—	—	Yes
BMI (Calculated)	—	—	—	19.6	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	02/07/25 0613	02/06/25 2107	02/06/25 2105	02/06/25 2100	02/06/25 1715
Temp (in Celsius) for APACHE IV	36	—	36.5	—	36.8
Glasgow Coma Scale Numeric	—	10	—	—	—
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	3	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	9	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	4	—
Behavior Score	—	—	—	6	—
Fall Risk Calculated Score	—	—	—	34 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/06/25 1600	02/06/25 0908	02/06/25 0900	02/06/25 0600	02/05/25 1900
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	50.4 kilograms	—
Weight kg (view-only)	—	—	—	50.4	—
Temp (in Celsius) for APACHE IV	—	36.6	—	—	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	3
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	9	—	9

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Toileting Needs Score	—	—	4	—	4
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	4	—	3
Behavior Score	—	—	6	—	4
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	31 (Hester Davis)
BMI (Calculated)	—	—	—	19.6	—
PT Activites TOTAL Time Minute(s)	54	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	54	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/05/25 1700	02/05/25 1300	02/05/25 0900	02/05/25 0853	02/05/25 0600
Admission Weight (kg)	—	—	—	—	45.54
Dubois BSA	—	—	—	—	1.39 (m^2)
Weight taken by scale (kg)	—	—	—	—	49.2 kilograms
Weight kg (view-only)	—	—	—	—	49.2
Temp (in Celsius) for APACHE IV	36.1	—	—	36.3	—
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1606.4 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	45.54 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1606.4 ounces
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	3	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	9	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	4	—	—	—
Fall Risk Calculated Score	—	31 (Hester Davis)	—	—	—
BMI (Calculated)	—	—	—	—	19.6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/04/25 2339	02/04/25 2200	02/04/25 1606	02/04/25 0800	02/04/25 0754
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.7 kilograms	—
Weight kg (view-only)	—	—	—	52.7	—
Temp (in Celsius) for APACHE IV	36.3	—	36	—	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	—	—	—	9
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	—	3	—	3	—
Medications Score	—	1	—	1	—
Mental Status/LOC/Awareness Score	—	9	—	9	—
Toileting Needs Score	—	4	—	4	—
Volume/Electrolyte Status Score	—	4	—	4	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	4	—	4	—
Fall Risk Calculated Score	—	31 (Hester Davis)	—	31 (Hester Davis)	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/04/25 0753	02/04/25 0704	02/03/25 2336	02/03/25 2000	02/03/25 1622
Temp (in Celsius) for APACHE IV	36.6	35.9	—	—	36.2
Glasgow Coma Scale Numeric	—	—	—	10	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	9	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	31 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/03/25 1515	02/03/25 0854	02/03/25 0845	02/02/25 2238	02/02/25 2200
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.5 kilograms	—	—	—	—
Weight kg (view-only)	52.5	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.6	—	36.3	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	14	—	14
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	7	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	27 (Hester Davis)	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	-1400	—	—
Wound Surface Area (cm^2)	—	—	3.75 cm^2	—	—
Wound Volume (cm^3)	—	—	0.375 cm^3	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	—	24 cm^2	—	—
Wound Volume (cm^3)	—	—	0 cm^3	—	—

Row Name	02/02/25 2000	02/02/25 1648	02/02/25 1200	02/02/25 1100	02/02/25 0041
Temp (in Celsius) for APACHE IV	—	36.9	—	—	36.5
Glasgow Coma Scale Numeric	—	—	—	13	13
Braden / Braden Q Calculated Score	14	—	14	—	—
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs Score	1	—	1	—	—
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	20 (Hester Davis)	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/01/25 1900	02/01/25 1700	02/01/25 1000	02/01/25 0856	02/01/25 0815
Temp (in Celsius) for APACHE IV	—	36	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs	1	—	1	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Volume/Electrolyte Status Score	4	—	4	—	—
Communication/Sensory Score	1	—	1	—	—
Behavior Score	4	—	4	—	—
Fall Risk Calculated Score	20 (Hester Davis)	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	02/01/25 0749	02/01/25 0600	01/31/25 2340	01/31/25 1930	01/31/25 1558
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	52 kilograms	—	—	—
Weight kg (view-only)	—	52	—	—	—
Temp (in Celsius) for APACHE IV	—	—	36.4	—	36.5
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	14	—	—	—	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	7	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	4	—
Communication/Sensory Score	—	—	—	6	—
Behavior Score	—	—	—	6	—
Fall Risk Calculated Score	—	—	—	37 (Hester Davis)	—
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/31/25 1500	01/31/25 0901	01/31/25 0900	01/31/25 0853	01/30/25 2351
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.2 kilograms	—	—	—	—
Weight kg (view-only)	52.2	—	—	—	—
Temp (in Celsius) for APACHE IV	—	—	—	36	36.1
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	6	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	7	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	4	—	—
Communication/Sensory Score	—	—	6	—	—
Behavior Score	—	—	6	—	—
Fall Risk Calculated Score	—	—	37 (Hester Davis)	—	—
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/30/25 2100	01/30/25 1549	01/30/25 0836	01/30/25 0800	01/29/25 2306
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.4 kilograms	—
Weight kg (view-only)	—	—	—	52.4	—
Temp (in Celsius) for APACHE IV	—	36.3	36.9	—	36.7
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation	—	—	—	45.54 kg	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	4	—	—	4	—
Communication/Sensory Score	6	—	—	6	—
Behavior Score	6	—	—	7	—
Fall Risk Calculated Score	37 (Hester Davis)	—	—	38 (Hester Davis)	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/29/25 1900	01/29/25 1615	01/29/25 1605	01/29/25 1239	01/29/25 1145
Temp (in Celsius) for APACHE IV	—	—	36.1	—	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	—	13	—
Mobility Score	6	—	—	6	—
Medications Score	1	—	—	1	—
Mental Status/LOC/Awareness Score	7	—	—	7	—
Toileting Needs Score	4	—	—	4	—
Volume/Electrolyte Status Score	4	—	—	4	—
Communication/Sensory Score	6	—	—	6	—
Behavior Score	7	—	—	7	—
Fall Risk Calculated Score	38 (Hester Davis)	—	—	38 (Hester Davis)	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	60
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment	—	—	—	—	60

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Timed Codes in Minutes	
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	01/29/25 0735	01/28/25 1942	01/28/25 1930	01/28/25 1100	01/28/25 0900
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	52.3 kilograms	—
Weight kg (view-only)	—	—	—	52.3	—
Temp (in Celsius) for APACHE IV	36.3	36.5	—	36	—
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	—	11	—	11
Braden / Braden Q Calculated Score	—	—	13	—	13
Mobility Score	—	—	6	—	6
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	7	—	7
Toileting Needs Score	—	—	3	—	3
Volume/Electrolyte Status Score	—	—	4	—	4
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	7	—	7
Fall Risk Calculated Score	—	—	34 (Hester Davis)	—	34 (Hester Davis)
BMI (Calculated)	—	—	—	19.6	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/28/25 0429	01/28/25 0000	01/27/25 2346	01/27/25 2200	01/27/25 2007
Temp (in Celsius) for APACHE IV	36	—	—	—	36
Glasgow Coma Scale Numeric	—	—	10	—	—
Mobility Score	—	6	—	4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Medications Score	—	1	—	0	—
Mental Status/LOC/Awareness Score	—	7	—	3	—
Toileting Needs Score	—	7	—	7	—
Volume/Electrolyte Status Score	—	6	—	6	—
Communication/Sensory Score	—	3	—	3	—
Behavior Score	—	3	—	1	—
Fall Risk Calculated Score	—	36 (Hester Davis)	—	27 (Hester Davis)	—
Overall CAM	—	—	Negative	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/27/25 2003	01/27/25 1400	01/27/25 1036	01/27/25 0938	01/27/25 0900
Temp (in Celsius) for APACHE IV	—	—	36	—	—
Glasgow Coma Scale Numeric	11	—	11	8	—
Braden / Braden Q Calculated Score	—	—	—	—	9
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	0
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	7
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	1
Fall Risk Calculated Score	—	—	—	—	27 (Hester Davis)
Overall CAM	Negative	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	90 cm^2	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	0.5 cm^2	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	—	24 cm^2	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/27/25 0829	01/27/25 0100	01/26/25 2347	01/26/25 2332	01/26/25 2153
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	52.4 kilograms	—	—	—	—
Weight kg (view-only)	52.4	—	—	—	—
Temp (in Celsius) for APACHE IV	36.3	—	—	36.2	—
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Glasgow Coma Scale Numeric	—	—	12	—	12
Braden / Braden Q Calculated Score	—	10	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	0	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	7	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	5	—	—	—
Fall Risk Calculated Score	—	28 (Hester Davis)	—	—	—
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/26/25 1735	01/26/25 1503	01/26/25 1300	01/26/25 0915	01/26/25 0731
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	52 kilograms	—	—	—
Weight kg (view-only)	—	52	—	—	—
Temp (in Celsius) for APACHE IV	36.6	36.8	—	—	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation	—	45.54 kg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Braden / Braden Q Calculated Score	—	—	—	—	11
Mobility Score	—	—	4	—	—
Medications Score	—	—	0	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	3	—	—
Communication/Sensory Score	—	—	4	—	—
Behavior Score	—	—	5	—	—
Fall Risk Calculated Score	—	—	25 (Hester Davis)	—	—
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Healing %	—	—	—	-300	—
Wound Surface Area (cm^2)	—	—	—	1 cm^2	—
Wound Volume (cm^3)	—	—	—	0.1 cm^3	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	01/26/25 0448	01/25/25 2119	01/25/25 2047	01/25/25 1737	01/25/25 1258
Temp (in Celsius) for APACHE IV	36	—	36.2	36.2	36.3
Braden / Braden Q Calculated Score	—	11	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	0	—	—	—
Toileting Needs Score	—	3	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	4	—	—	—
Fall Risk Calculated Score	—	20 (Hester Davis)	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701

Row Name	01/25/25 1053	01/25/25 1050	01/25/25 1000	01/25/25 0812	01/25/25 0300
Temp (in Celsius) for APACHE IV	—	—	—	36.1	36.3
Braden / Braden Q Calculated Score	—	—	10	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	0	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	3	—	—
Volume/Electrolyte Status Score	—	—	3	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	4	—	—
Fall Risk Calculated Score	—	—	20 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	0.25 cm^2	—	—	—
Wound Volume (cm^3)	—	0.025 cm^3	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Surface Area (cm^2)	24 cm^2	—	—	—	—
Wound Volume (cm^3)	0 cm^3	—	—	—	—

Row Name	01/24/25 2155	01/24/25 1531	01/24/25 0900	01/24/25 0833	01/24/25 0820
Temp (in Celsius) for APACHE IV	36.1	36.2	—	36	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	4	—	—
Volume/Electrolyte Status Score	—	—	2	—	—
Communication/Sensory Score	—	—	4	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	22 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Surface Area (cm^2)	—	—	—	—	0.25 cm^2

Row Name	01/24/25 0006	01/23/25 2200	01/23/25 2000	01/23/25 1534	01/23/25 1400
Temp (in Celsius) for APACHE IV	36.2	—	—	36.3	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	2	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	1	—	—	—
Fall Risk Calculated Score	—	21 (Hester Davis)	—	—	—
SCD VTE Phophy	—	—	Yes	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	31
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	31
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

Row Name	01/23/25 0900	01/23/25 0850	01/23/25 0800	01/23/25 0600	01/23/25 0040
Temp (in Celsius) for APACHE IV	—	35.9	—	—	36.1
Glasgow Coma Scale Numeric	14	—	—	—	—
Braden / Braden Q Calculated Score	—	—	12	—	—
Mobility Score	—	—	4	4	—
Medications Score	—	—	1	1	—
Mental Status/LOC/Awareness Score	—	—	4	4	—
Toileting Needs Score	—	—	1	1	—
Volume/Electrolyte Status Score	—	—	2	2	—
Communication/Sensory Score	—	—	3	3	—
Behavior Score	—	—	0	0	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	—	18 (Hester Davis)	18 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/22/25 2300**	**01/22/25 2119**	**01/22/25 1635**	**01/22/25 1518**	**01/22/25 1439**
Temp (in Celsius) for APACHE IV	—	36.8	—	36	—
Glasgow Coma Scale Numeric	14	—	—	—	—
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
OT Total Treatment Timed Codes in Mins	—	—	—	—	11
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Exercise/Activity Time Rows	—	—	—	—	11
Row Name	**01/22/25 0903**	**01/22/25 0900**	**01/22/25 0800**	**01/22/25 0007**	**01/21/25 2130**
Temp (in Celsius) for APACHE IV	36.2	—	—	37.2	—
Glasgow Coma Scale Numeric	—	14	—	—	14
Braden / Braden Q Calculated Score	—	—	12	—	12
Mobility Score	—	—	4	—	4
Medications Score	—	—	1	—	1
Mental Status/LOC/Awareness Score	—	—	4	—	4
Toileting Needs Score	—	—	1	—	1
Volume/Electrolyte Status Score	—	—	6	—	6
Communication/Sensory Score	—	—	3	—	3
Behavior Score	—	—	0	—	0
Fall Risk Calculated Score	—	—	22 (Hester Davis)	—	22 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/21/25 1528**	**01/21/25 1100**	**01/21/25 1041**	**01/21/25 0928**	**01/21/25 0900**
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	49.1 kilograms	—	—	—
Weight kg (view-only)	—	49.1	—	—	—
Temp (in Celsius) for APACHE IV	36.7	—	36.8	36.6	—
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation	—	45.54 kg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Weight - Calculated (kg)					
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Glasgow Coma Scale Numeric	—	—	—	—	15
BMI (Calculated)	—	19.6	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/21/25 0527	01/20/25 2216	01/20/25 2145	01/20/25 1545	01/20/25 1000
Admission Weight (kg)	—	—	—	—	45.54
Dubois BSA	—	—	—	—	1.39 (m^2)
Weight taken by scale (kg)	—	—	—	—	52.2 kilograms
Weight kg (view-only)	—	—	—	—	52.2
Temp (in Celsius) for APACHE IV	36.4	—	36.5	36	—
Drug Calculation Weight - Calculated (oz)	—	—	—	—	1606.4 oz
Drug Calculation Weight - Calculated (kg)	—	—	—	—	45.54 kg
Weight for Calculations - Calculated (oz)	—	—	—	—	1606.4 ounces
Braden / Braden Q Calculated Score	—	12	—	—	13
Mobility Score	—	4	—	—	4
Medications Score	—	1	—	—	1
Mental Status/LOC/Awareness Score	—	4	—	—	4
Toileting Needs Score	—	1	—	—	1
Volume/Electrolyte Status Score	—	6	—	—	6
Communication/Sensory Score	—	3	—	—	3
Behavior Score	—	0	—	—	0
Fall Risk Calculated Score	—	23 (Hester Davis)	—	—	23 (Hester Davis)
BMI (Calculated)	—	—	—	—	19.6
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/20/25 0946	01/20/25 0730	01/20/25 0255	01/19/25 2121	01/19/25 1931
Temp (in Celsius) for APACHE IV	36.7	—	—	—	36.3
Feature 3: Altered Level of Consciousness	—	Positive	Positive	Positive	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/19/25 1900	01/19/25 1540	01/19/25 1227	01/19/25 1123	01/19/25 0900

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Temp (in Celsius) for APACHE IV	—	35.7	—	36.1	—
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	—	Positive	—	—
Braden / Braden Q Calculated Score	—	—	—	—	13
Mobility Score	6	—	—	—	6
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	4	—	—	—	4
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	6	—	—	—	6
Communication/Sensory Score	3	—	—	—	3
Behavior Score	0	—	—	—	0
Fall Risk Calculated Score	25 (Hester Davis)	—	—	—	25 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/19/25 0820	01/19/25 0812	01/19/25 0454	01/19/25 0030	01/18/25 2100
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	56.2 kilograms	—	—	—	—
Weight kg (view-only)	56.2	—	—	—	—
Temp (in Celsius) for APACHE IV	—	36.8	36.3	36.8	36.8
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Mobility Score	—	—	—	—	6
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	5
Toileting Needs Score	—	—	—	—	1
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	0
Fall Risk Calculated Score	—	—	—	—	26 (Hester Davis)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/18/25 1612**	**01/18/25 1531**	**01/18/25 1230**	**01/18/25 1033**	**01/18/25 0815**
Temp (in Celsius) for APACHE IV	36.6	—	36.4	—	36.1
Glasgow Coma Scale Numeric	—	14	—	—	—
Braden / Braden Q Calculated Score	—	—	—	11	—
Mobility Score	—	—	—	6	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	5	—
Toileting Needs Score	—	—	—	1	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	0	—
Fall Risk Calculated Score	—	—	—	26 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/18/25 0200**	**01/18/25 0032**	**01/17/25 2033**	**01/17/25 1529**	**01/17/25 1400**
Temp (in Celsius) for APACHE IV	—	36.2	36.8	36.6	—
Mobility Score	4	—	—	—	4
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	5	—	—	—	5
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	6	—	—	—	9
Communication/Sensory Score	3	—	—	—	3
Behavior Score	0	—	—	—	0
Fall Risk Calculated Score	24 (Hester Davis)	—	—	—	27 (Hester Davis)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Row Name	**01/17/25 1118**	**01/17/25 1028**	**01/17/25 0739**	**01/17/25 0343**	**01/17/25 0200**
Admission Weight (kg)	—	—	45.54	—	—
Dubois BSA	—	—	1.39 (m^2)	—	—
Weight taken by scale (kg)	—	—	54.7 kilograms	—	—
Weight kg (view-only)	—	—	54.7	—	—
Temp (in Celsius) for APACHE IV	36.6	—	36.4	36.4	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	—	—	—	4
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	1
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	3
Behavior Score	—	—	—	—	0
Fall Risk Calculated Score	—	—	—	—	22 (Hester Davis)
BMI (Calculated)	—	—	19.6	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/17/25 0024	01/16/25 1936	01/16/25 1605	01/16/25 1300	01/16/25 1220
Temp (in Celsius) for APACHE IV	36.5	36.4	36.9	—	37
Mobility Score	—	—	—	4	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	5	—
Toileting Needs Score	—	—	—	1	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	3	—
Behavior Score	—	—	—	0	—
Fall Risk Calculated Score	—	—	—	24 (Hester Davis)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/16/25 1140	01/16/25 1001	01/16/25 0742	01/16/25 0739	01/16/25 0353
Admission Weight (kg)	—	—	45.54	—	—
Dubois BSA	—	—	1.39 (m^2)	—	—
Weight taken by scale (kg)	—	—	54 kilograms	—	—
Weight kg (view-only)	—	—	54	—	—
Temp (in Celsius) for APACHE IV	—	—	—	36.2	36.4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
BMI (Calculated)	—	—	19.6	—	—
PT Activites TOTAL Time Minute(s)	60	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	60	—	—	—	—

Row Name	**01/16/25 0115**	**01/15/25 1912**	**01/15/25 1900**	**01/15/25 1404**	**01/15/25 1200**
Temp (in Celsius) for APACHE IV	36	36.7	—	36.1	36.8
Glasgow Coma Scale Numeric	13	—	—	—	—
Braden / Braden Q Calculated Score	12	—	—	—	—
Mobility Score	3	—	3	—	—
Medications Score	1	—	1	—	—
Mental Status/LOC/Awareness Score	3	—	3	—	—
Toileting Needs Score	3	—	3	—	—
Volume/Electrolyte Status Score	6	—	6	—	—
Communication/Sensory Score	3	—	3	—	—
Behavior Score	2	—	2	—	—
Fall Risk Calculated Score	25 (Hester Davis)	—	25 (Hester Davis)	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	**01/15/25 1010**	**01/15/25 0800**	**01/15/25 0400**	**01/14/25 2000**	**01/14/25 1600**
Temp (in Celsius) for APACHE IV	—	37.1	36.9	37.1	36.6
Glasgow Coma Scale Numeric	—	13	—	—	—
Braden / Braden Q Calculated Score	—	12	—	—	—
Mobility Score	—	3	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Toileting Needs Score	—	1	—	—	—
Volume/Electrolyte Status Score	—	0	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	2	—	—	—
Fall Risk Calculated Score	—	17 (Hester Davis)	—	—	—
Overall CAM-ICU	—	Positive	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Exercise/Activity Time Rows	25	—	—	—	—

Row Name	01/14/25 1200	01/14/25 0900	01/14/25 0800	01/14/25 0000	01/13/25 2200
Temp (in Celsius) for APACHE IV	36.8	—	37.9	36.2	36.4
Glasgow Coma Scale Numeric	—	—	14	—	—
Feature 3: Altered Level of Consciousness	Negative	Positive	Positive	—	—
Braden / Braden Q Calculated Score	—	—	13	—	—
Mobility Score	—	—	4	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	1	—	—
Volume/Electrolyte Status Score	—	—	0	—	—
Communication/Sensory Score	—	—	3	—	—
Behavior Score	—	—	1	—	—
Fall Risk Calculated Score	—	—	17 (Hester Davis)	—	—
SCD VTE Phophy	—	—	Yes	—	—
Overall CAM-ICU	—	—	Positive	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/13/25 2000	01/13/25 1820	01/13/25 1720	01/13/25 1200	01/13/25 0800
Temp (in Celsius) for APACHE IV	—	—	36.5	36	35.9
Glasgow Coma Scale Numeric	14	—	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	Positive	—
Braden / Braden Q Calculated Score	11	—	—	—	11
Mobility Score	3	—	—	—	3
Medications Score	1	—	—	—	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mental Status/LOC/Awareness Score	0	—	—	—	0
Toileting Needs Score	1	—	—	—	1
Volume/Electrolyte Status Score	4	—	—	—	4
Communication/Sensory Score	2	—	—	—	2
Behavior Score	1	—	—	—	1
Fall Risk Calculated Score	16 (Hester Davis)	—	—	—	16 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	—
Overall CAM-ICU	Positive	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/13/25 0743	01/13/25 0600	01/13/25 0400	01/13/25 0000	01/12/25 2000
Temp (in Celsius) for APACHE IV	—	37.5	—	37.5	36.5
Glasgow Coma Scale Numeric	—	—	—	—	14
Feature 3: Altered Level of Consciousness	—	—	Positive	Positive	Negative
Braden / Braden Q Calculated Score	—	—	—	—	12
Mobility Score	—	—	—	—	3
Medications Score	—	—	—	—	1
Mental Status/LOC/Awareness Score	—	—	—	—	3
Toileting Needs Score	—	—	—	—	4
Volume/Electrolyte Status Score	—	—	—	—	6
Communication/Sensory Score	—	—	—	—	1
Behavior Score	—	—	—	—	3
Fall Risk Calculated Score	—	—	—	—	25 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	Yes
Overall CAM-ICU	—	—	—	—	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/12/25 1600	01/12/25 1200	01/12/25 1110	01/12/25 1033	01/12/25 0900
Temp (in Celsius) for APACHE IV	36.4	36.8	—	—	—
Feature 3: Altered Level of Consciousness	Negative	Positive	Positive	Positive	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/12/25 0846	01/12/25 0835	01/12/25 0834	01/12/25 0800	01/12/25 0635
Temp (in Celsius) for APACHE IV	—	—	—	36	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Feature 3: Altered Level of Consciousness	Positive	Positive	Positive	—	Positive
Braden / Braden Q Calculated Score	—	—	—	12	—
Mobility Score	—	—	—	3	—
Medications Score	—	—	—	1	—
Mental Status/LOC/Awareness Score	—	—	—	3	—
Toileting Needs Score	—	—	—	4	—
Volume/Electrolyte Status Score	—	—	—	6	—
Communication/Sensory Score	—	—	—	1	—
Behavior Score	—	—	—	3	—
Fall Risk Calculated Score	—	—	—	25 (Hester Davis)	—
SCD VTE Phophy	—	—	—	Yes	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/12/25 0600	01/12/25 0447	01/12/25 0400	01/12/25 0100	01/12/25 0000
Admission Weight (kg)	45.54	—	—	—	—
Dubois BSA	1.39 (m^2)	—	—	—	—
Weight taken by scale (kg)	46.4 kilograms	—	—	—	—
Weight kg (view-only)	46.4	—	—	—	—
Temp (in Celsius) for APACHE IV	37.1	—	37.1	—	36.9
Drug Calculation Weight - Calculated (oz)	1606.4 oz	—	—	—	—
Drug Calculation Weight - Calculated (kg)	45.54 kg	—	—	—	—
Weight for Calculations - Calculated (oz)	1606.4 ounces	—	—	—	—
Feature 3: Altered Level of Consciousness	—	Positive	—	Positive	Positive
BMI (Calculated)	19.6	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/11/25 2320	01/11/25 2000	01/11/25 1600	01/11/25 1200	01/11/25 1022
Temp (in Celsius) for APACHE IV	—	36.9	36	36	—
Glasgow Coma Scale Numeric	—	14	—	—	—
Feature 3: Altered Level of Consciousness	Positive	Positive	—	—	Positive
Braden / Braden Q Calculated	—	13	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Score					
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	3	—	—	—
Toileting Needs Score	—	4	—	—	—
Volume/Electrolyte Status Score	—	4	—	—	—
Communication/Sensory Score	—	3	—	—	—
Behavior Score	—	6	—	—	—
Fall Risk Calculated Score	—	29 (Hester Davis)	—	—	—
SCD VTE Phophy	—	Yes	—	—	—
Overall CAM-ICU	—	Positive	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/11/25 0800	01/11/25 0600	01/11/25 0500	01/11/25 0000	01/10/25 2000
Admission Weight (kg)	—	45.54	—	—	—
Dubois BSA	—	1.39 (m^2)	—	—	—
Weight taken by scale (kg)	—	43.77 kilograms	—	—	—
Weight kg (view-only)	—	43.77	—	—	—
Temp (in Celsius) for APACHE IV	35.8	—	36.9	37.2	37.1
Drug Calculation Weight - Calculated (oz)	—	1606.4 oz	—	—	—
Drug Calculation Weight - Calculated (kg)	—	45.54 kg	—	—	—
Weight for Calculations - Calculated (oz)	—	1606.4 ounces	—	—	—
Glasgow Coma Scale Numeric	14	—	—	—	14
Feature 3: Altered Level of Consciousness	Negative	—	—	Positive	Negative
Braden / Braden Q Calculated Score	12	—	—	—	13
Mobility Score	4	—	—	—	4
Medications Score	1	—	—	—	1
Mental Status/LOC/Awareness Score	3	—	—	—	1
Toileting Needs Score	4	—	—	—	1
Volume/Electrolyte Status Score	4	—	—	—	2
Communication/Sensory Score	3	—	—	—	1
Behavior Score	1	—	—	—	4

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	24 (Hester Davis)	—	—	—	17 (Hester Davis)
SCD VTE Phophy	Yes	—	—	—	Yes
BMI (Calculated)	—	19.6	—	—	—
Overall CAM-ICU	—	—	—	—	Positive
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/10/25 1800	01/10/25 1745	01/10/25 1400	01/10/25 1134	01/10/25 1049
Temp (in Celsius) for APACHE IV	—	36.2	36.7	—	—
Glasgow Coma Scale Numeric	14	—	—	15	—
Feature 3: Altered Level of Consciousness	—	Negative	—	—	—
PT Activites TOTAL Time Minute(s)	—	—	—	—	55
Overall CAM-ICU	Positive	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Total Treatment Timed Codes in Minutes	—	—	—	—	55

Row Name	01/10/25 0900	01/10/25 0800	01/10/25 0759	01/10/25 0600	01/10/25 0400
Admission Weight (kg)	—	—	—	45.54	—
Dubois BSA	—	—	—	1.39 (m^2)	—
Weight taken by scale (kg)	—	—	—	45.8 kilograms	—
Weight kg (view-only)	—	—	—	45.8	—
Temp (in Celsius) for APACHE IV	36.7	—	—	—	36.3
Drug Calculation Weight - Calculated (oz)	—	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	—	1606.4 ounces	—
Braden / Braden Q Calculated Score	—	13	—	—	—
Mobility Score	—	4	—	—	—
Medications Score	—	1	—	—	—
Mental Status/LOC/Awareness Score	—	1	—	—	—
Toileting Needs Score	—	1	—	—	—
Volume/Electrolyte Status Score	—	7	—	—	—
Communication/Sensory Score	—	1	—	—	—
Behavior Score	—	0	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Fall Risk Calculated Score	—	18 (Hester Davis)	—	—	—
SCD VTE Phophy	—	—	Yes	—	—
BMI (Calculated)	—	—	—	19.6	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

Row Name	01/10/25 0000	01/09/25 2014	01/09/25 2000	01/09/25 1900	01/09/25 1830
Dubois BSA	—	—	1.39 (m^2)	—	—
Temp (in Celsius) for APACHE IV	36.6	—	36.2	—	—
Glasgow Coma Scale Numeric	—	—	14	—	15
Feature 3: Altered Level of Consciousness	—	—	Negative	Negative	—
Received flu vaccine	—	Yes	—	—	—
Braden / Braden Q Calculated Score	—	—	14	—	—
Mobility Score	—	—	3	—	—
Medications Score	—	—	1	—	—
Mental Status/LOC/Awareness Score	—	—	3	—	—
Toileting Needs Score	—	—	1	—	—
Volume/Electrolyte Status Score	—	—	2	—	—
Communication/Sensory Score	—	—	1	—	—
Behavior Score	—	—	0	—	—
Fall Risk Calculated Score	—	—	16 (Hester Davis)	—	—
SCD VTE Phophy	—	—	Yes	—	—
VENOUS FOOT PUMP	—	—	Yes	—	—
IBW/kg (Calculated) Female	—	—	45.5 kg	—	—
IBW (Calculated, kg)	—	—	45.5	—	—
Proposed Low Range Vt 6mL/kg	—	—	273 mL/kg	—	—
Proposed Moderate Range Vt 8mL/kg	—	—	364 mL/kg	—	—
Proposed High Range Vt 10mL/kg	—	—	455 mL/kg	—	—
Hamwi IBW/kg (Calculated) Female	—	—	45.36	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Weight in (lb) to have BMI = 25	—	—	127.7	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	01/09/25 1750	01/09/25 1059	01/09/25 1033	01/09/25 1026
Admission Weight (kg)	—	—	45.54	—
Dubois BSA	—	—	0 (m^2)	—
Weight taken by scale (kg)	—	—	45.54 kilograms	—
Weight kg (view-only)	—	—	45.54	—
Temp (in Celsius) for APACHE IV	36	—	36.8	36.9 (P)
Drug Calculation Weight - Calculated (oz)	—	—	1606.4 oz	—
Drug Calculation Weight - Calculated (kg)	—	—	45.54 kg	—
Weight for Calculations - Calculated (oz)	—	—	1606.4 ounces	—
Glasgow Coma Scale Numeric	—	14	—	—

Daily Cares/Safety

Row Name	03/08/25 0647	03/08/25 0500	03/08/25 0300	03/08/25 0100	03/07/25 2300
Repositioned	—	Supine	Semi Fowler's	Semi Fowler's	Supine;Refused by patient
Head of Bed Elevated	—	HOB Flat	HOB less than 20	HOB less than 20	HOB Flat
Pressure Redistribution	—	Pillows	Pillows	Pillows	Pillows
Incontinence Protective Devices	Absorbent pad;Changed	—	—	—	—
Row Name	**03/07/25 2058**	**03/07/25 2000**	**03/07/25 1900**	**03/07/25 1147**	**03/07/25 1100**
Repositioned	Supine	—	Other(comment);Supine	—	Other(comment)
Head of Bed Elevated	HOB Flat	—	HOB Flat	—	—
Pressure Redistribution	Pillows	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	—
Row Name	**03/07/25 1000**	**03/07/25 0900**	**03/07/25 0800**	**03/07/25 0658**	**03/07/25 0500**
Repositioned	Refused by patient	Other(comment)	—	Refused by patient	Supine;Other(comment)
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Anti-Embolism Devices	—	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**03/07/25 0300**	**03/07/25 0135**	**03/07/25 0100**	**03/07/25 0000**	**03/06/25 2251**
Repositioned	Supine;Pillow support;Other(comment)	—	Supine;Pillow support	Other(comment)	Other(comment)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	Pillows	—	—
Oral Care	—	Lip moisturizer applied;Mouth swabbed	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**03/06/25 2100**	**03/06/25 2000**	**03/06/25 1900**	**03/06/25 1700**	**03/06/25 1500**
Repositioned	Other(comment)	Refused by patient;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Pressure Redistribution	—	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**03/06/25 1300**	**03/06/25 1130**	**03/06/25 1100**	**03/06/25 0900**	**03/06/25 0700**
Repositioned	Other(comment)	—	Other(comment)	Refused by patient;Other(comment)	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Skin Care	—	Other (Comment)	—	—	—
Row Name	**03/05/25 1609**	**03/05/25 1501**	**03/05/25 1217**	**03/05/25 1100**	**03/05/25 0948**
Highest Level of Mobility for this Event (Nursing)	—	—	Transferred to chair/commode	Transferred to chair/commode	Bed activity
Level of Assistance	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Assistive Device	—	—	Transfer Device	Transfer Device	—
Number of Assistive Personnel	—	—	2	2	2
Repositioned	Supine;Semi Fowler's;Pillow support	Lying right side;Pillow support	Supine;Pillow support	Sitting;Up in chair	Supine;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows	Pillows;Foot of bed elevated	—	—	Pillows
Hygiene	—	Bed pad change;Full linen change	Bed pad change	—	Gown change;Bed pad change;Full linen change
Incontinence Protective Devices	—	Changed;Absorbent pad	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**03/05/25 0800**	**03/05/25 0759**	**03/05/25 0409**	**03/05/25 0209**	**03/05/25 0009**
Repositioned	—	Semi Fowler's;Pillow support	Supine	Supine	Supine;Refused by patient
Pressure Redistribution	—	—	—	Pillows	—
Reason for No	Patient Refused	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mechanical Prophylaxis					
Row Name	**03/04/25 2209**	**03/04/25 2009**	**03/04/25 2000**	**03/04/25 1751**	**03/04/25 1608**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Ambulation Response	—	—	—	Tolerated well	Tolerated well
Number of Assistive Personnel	—	—	—	2	2
Repositioned	Supine;Refused by patient	Supine;Semi Fowler's;Pillow support;Refused by patient	—	Supine;Pillow support	Supine;Pillow support
Head of Bed Elevated	—	HOB 45	—	HOB 45	HOB 45
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	—	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	Other (Comment)	—
Row Name	**03/04/25 1239**	**03/04/25 1040**	**03/04/25 0800**	**03/04/25 0400**	**03/04/25 0200**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Supine;Pillow support	Supine;Pillow support;Refused by patient	Semi Fowler's	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support
Positioning Devices	—	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	HOB 30	Self regulated	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Gown change;Bed pad change;Peri care	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Skin Care	Barrier cream	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**03/04/25 0000**	**03/03/25 2200**	**03/03/25 1758**	**03/03/25 1600**	**03/03/25 1400**
Repositioned	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's	Semi Fowler's	Lying right side	Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	Self regulated	HOB 45
Pressure Redistribution	—	—	Pillows	Pillows	Pillows
Row Name	**03/03/25 1232**	**03/03/25 1222**	**03/03/25 1123**	**03/03/25 0955**	**03/03/25 0917**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Bed activity	Bed activity	—
Level of Assistance	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—
Ambulation Response	—	Tolerated well	Tolerated well	Tolerated well	—
Number of Assistive Personnel	—	2	2	2	—
Repositioned	—	Semi Fowler's;Pillow support;Other(comment)	Semi Fowler's;Lying left side;Pillow support	Semi Fowler's;Lying right side;Pillow support	Lying left side
Head of Bed Elevated	—	Self regulated	Self regulated	—	HOB 45
Pressure Redistribution	—	Pillows	Pillows	Pillows	Pillows
Side Rails Up for Patient Safety and Mobility	—	Yes	—	—	—
Hygiene	Bed pad change;Peri care	Bed pad change;Peri care;Full linen change	Bed pad change;Peri care	Gown change;Bed pad change;Peri care	—
Antiseptic Care	Antiseptic Wipe	Antiseptic Wipe	Antiseptic Wipe	Antiseptic Wipe	—
Incontinence Protective Devices	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	—
Skin Care	Foam skin cleanser;Barrier cream	Foam skin cleanser;Barrier cream	—	Foam skin cleanser	—
Level of Assistance	Dependent	Dependent	Dependent	Dependent	—
Row Name	**03/03/25 0827**	**03/03/25 0759**	**03/03/25 0746**	**03/03/25 0516**	**03/03/25 0337**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	—	—	—	Maximum assist, patient does 25-49%
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	2
Repositioned	Turns self;Semi Fowler's;Pillow support	—	Supine	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	HOB 45	—	HOB 45	HOB 30	—
Pressure Redistribution	Pillows	—	Pillows	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	Full linen change;Bed pad change;Peri care	—	—	—	Bed pad change;Peri care
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Oral Care	Mouth suctioned	—	—	—	—
Incontinence Protective Devices	Applied;Changed;Absorbent pad	—	—	—	—
Skin Care	Foam skin cleanser;Barrier cream	—	—	—	Foam skin cleanser;Barrier cream
Level of Assistance	Dependent	—	—	—	Dependent
Row Name	**03/03/25 0124**	**03/02/25 2330**	**03/02/25 2146**	**03/02/25 2040**	**03/02/25 2000**
Repositioned	Supine;Refused by patient	Pillow support;Supine	Pillow support	Lying right side;Semi Fowler's	—
Positioning Devices	—	—	—	Lift Team	—
Head of Bed Elevated	—	—	HOB 30	HOB 30	—
Pressure Redistribution	—	—	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**03/02/25 1746**	**03/02/25 1516**	**03/02/25 1400**	**03/02/25 1300**	**03/02/25 1247**
Number of Assistive Personnel	—	—	—	2	1
Repositioned	Pillow support;Other(comment)	Semi Fowler's;Pillow support	Supine;Lying right side	—	Pillow support;Semi Fowler's
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Hygiene	—	Peri care;Bed pad change	Peri care;Bed pad change	Peri care;Bed pad change	Bed pad change;Peri care
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	—	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Applied;Changed;Absorbent pad	Changed;Applied
Skin Care	—	—	—	Barrier cream	Barrier cream
Row Name	**03/02/25 1154**	**03/02/25 1100**	**03/02/25 0900**	**03/02/25 0753**	**03/02/25 0700**
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Lying left side;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	—	Semi Fowler's;Pillow support;Refused by patient
Pressure Redistribution	—	—	—	—	Pillows
Reason for No	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mechanical Prophylaxis					
Hygiene	Bed pad change;Full linen change	—	—	—	—
Incontinence Protective Devices	Changed;Applied;Absorbent pad	—	—	—	—
Skin Care	Barrier cream	—	—	—	—
Row Name	**03/02/25 0500**	**03/02/25 0300**	**03/02/25 0100**	**03/01/25 2300**	**03/01/25 2040**
Repositioned	Pillow support;Supine	Semi Fowler's;Pillow support	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support	Lying left side;Pillow support
Positioning Devices	Lift Team	—	Over Head Lift	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	—	—	—	—	Pillows
Row Name	**03/01/25 1837**	**03/01/25 1700**	**03/01/25 1500**	**03/01/25 1259**	**03/01/25 1100**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Number of Assistive Personnel	—	—	—	2	—
Repositioned	Supine;Pillow support;Refused by patient	Supine;Pillow support	Supine;Pillow support	Lying right side;Pillow support	Refused by patient
Head of Bed Elevated	—	—	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows;Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**03/01/25 0950**	**03/01/25 0914**	**03/01/25 0800**	**03/01/25 0746**	**03/01/25 0500**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	2	—	—	—	2
Repositioned	Lying left side;Pillow support	Supine	—	Refused by patient;Supine	Lying left side;Pillow support
Head of Bed Elevated	HOB 30	—	—	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Peri care	—	—	—	Bed pad change;Peri care
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Oral Care	—	—	—	—	Mouth swabbed
Incontinence Protective	Changed;Absorbent pad	—	—	—	Absorbent pad;Removed;Chan

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Devices					ged;Applied
Skin Care	Barrier cream	—	—	—	Barrier cream
Level of Assistance	Dependent	—	—	—	Dependent
Additional Comfort/Environmental Interventions	—	—	—	—	Warm blanket
Warm Blanket	—	—	—	—	Applied
Row Name	**03/01/25 0346**	**03/01/25 0146**	**03/01/25 0000**	**02/28/25 2320**	**02/28/25 2137**
Highest Level of Mobility for this Event (Nursing)	—	—	Bed activity	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Repositioned	Refused by patient;Semi Fowler's	Semi Fowler's;Refused by patient	Lying right side	Refused by patient;Semi Fowler's	Semi Fowler's;Refused by patient
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	HOB less than 20
Pressure Redistribution	Pillows	Pillows	—	Pillows	Pillows
Hygiene	—	—	Peri care;Bed pad change;Gown change	—	—
Oral Care	—	—	Mouth swabbed	—	—
Incontinence Protective Devices	—	—	Absorbent pad;Removed;Changed;Applied	—	—
Row Name	**02/28/25 2000**	**02/28/25 1946**	**02/28/25 1746**	**02/28/25 1622**	**02/28/25 1425**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Transferred to chair/commode
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Assistive Device	—	—	—	—	Transfer Device
Number of Assistive Personnel	—	—	—	—	2
Repositioned	—	Semi Fowler's;Other(comment)	Lying left side	Supine	Sitting;Up in chair
Positioning Devices	—	—	—	Over Head Lift	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	—	Bed pad change
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**02/28/25 1324**	**02/28/25 1118**	**02/28/25 0928**	**02/28/25 0843**	**02/28/25 0800**
Repositioned	Supine;Pillow support	Lying right side;Pillow support	—	Lying left side;Pillow support	—
Head of Bed	HOB 30	HOB 30	—	HOB 45	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Elevated					
Pressure Redistribution	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated	—	Pillows;Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Row Name	**02/28/25 0700**	**02/28/25 0628**	**02/27/25 1701**	**02/27/25 1600**	**02/27/25 1331**
Repositioned	Supine	—	Lying left side;Pillow support	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	HOB less than 20	—	HOB less than 20
Pressure Redistribution	—	—	Pillows	—	Pillows
Hygiene	—	Bed pad change;Partial linen change	Gown change;Bed pad change;Full linen change;Peri care	—	Peri care;Bed pad change
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	Applied;Changed;Absorbent pad
Level of Assistance	—	—	Dependent	—	Dependent
Row Name	**02/27/25 1200**	**02/27/25 1000**	**02/27/25 0800**	**02/27/25 0600**	**02/27/25 0400**
Repositioned	Semi Fowler's;Supine;Pillow support	Refused by patient;Sitting;Semi Fowler's	Sitting;Semi Fowler's	Sitting;Semi Fowler's	Supine;Semi Fowler's;Lying left side;Pillow support
Head of Bed Elevated	—	HOB less than 20	HOB less than 20	—	—
Pressure Redistribution	—	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/27/25 0200**	**02/27/25 0000**	**02/26/25 2000**	**02/26/25 1900**	**02/26/25 1217**
Repositioned	Semi Fowler's;Pillow support	Supine;Pillow support;Lying right side	—	—	Supine;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Incontinence Protective Devices	—	—	—	Applied;Absorbent undergarment	—
Row Name	**02/26/25 1019**	**02/26/25 0918**	**02/26/25 0825**	**02/26/25 0815**	**02/26/25 0800**
Repositioned	Refused by patient	Lying right side;Pillow support	Supine	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	—	Bed pad change	—
Row Name	**02/26/25 0619**	**02/26/25 0419**	**02/26/25 0158**	**02/26/25 0019**	**02/25/25 2217**
Repositioned	Lying right side;Pillow support	Lying right side;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows	Pillows	Pillows
Row Name	**02/25/25 2019**	**02/25/25 2000**	**02/25/25 1817**	**02/25/25 1619**	**02/25/25 1419**
Repositioned	Supine;Semi Fowler's;Pillow support	—	Semi Fowler's;Supine;Pillow support	Semi Fowler's;Lying left side;Pillow support	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Oral Care	Mouth swabbed	—	—	—	—
Row Name	**02/25/25 1137**	**02/25/25 0937**	**02/25/25 0800**	**02/25/25 0737**	**02/25/25 0537**
Repositioned	Supine;Pillow support	Semi Fowler's	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/25/25 0304**	**02/25/25 0100**	**02/24/25 2337**	**02/24/25 2107**	**02/24/25 2000**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/24/25 1937**	**02/24/25 1737**	**02/24/25 1537**	**02/24/25 1337**	**02/24/25 1137**
Repositioned	Semi Fowler's	Semi Fowler's;Pillow support;Other(comment)	Semi Fowler's;Pillow support	Pillow support;Semi Fowler's;Other(comment)	Pillow support;Semi Fowler's;Other(comment)
Head of Bed Elevated	HOB 30	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Row Name	**02/24/25 0815**	**02/24/25 0800**	**02/24/25 0615**	**02/24/25 0352**	**02/24/25 0215**
Repositioned	Semi Fowler's;Pillow support	—	Semi Fowler's	Semi Fowler's;Pillow support	Lying right side
Head of Bed Elevated	—	—	HOB 30	HOB 30	—
Pressure Redistribution	—	—	Heels elevated off bed	Foot of bed elevated	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/24/25 0015**	**02/23/25 2215**	**02/23/25 2015**	**02/23/25 2000**	**02/23/25 0600**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Semi Fowler's;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support	—	Lying left side
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB less than 20
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—	Pillows;Heels elevated off bed
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**02/23/25 0430**	**02/23/25 0230**	**02/23/25 0030**	**02/22/25 2250**	**02/22/25 2100**
Repositioned	Lying left side	Lying right side	Lying left side	Lying right side;Pillow support	Semi Fowler's
Positioning Devices	Lift Team	Lift Team	Lift Team	—	—
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB less than 20	HOB 30	—
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—	—
Row Name	**02/22/25 2000**	**02/22/25 1945**	**02/22/25 1742**	**02/22/25 1538**	**02/22/25 1355**
Repositioned	—	Lying left side;Pillow support	Semi Fowler's;Pillow support	Lying left side;Pillow support	Other(comment);Lying right side
Positioning Devices	—	—	Lift Team	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	Self regulated
Pressure Redistribution	—	—	Pillows	—	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care	—
Row Name	**02/22/25 1155**	**02/22/25 0900**	**02/22/25 0800**	**02/22/25 0700**	**02/22/25 0500**
Repositioned	Semi Fowler's;Pillow support	Lying right side;Pillow support	—	Semi Fowler's;Pillow support	Lying right side;Lying left side;Semi Fowler's
Head of Bed Elevated	HOB 30	HOB 30	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Antiseptic Care	—	Other (Comment)	—	—	—
Row Name	**02/22/25 0300**	**02/22/25 0100**	**02/21/25 2300**	**02/21/25 2100**	**02/21/25 1955**
Repositioned	Lying right side;Lying left side;Semi Fowler's	Refused by patient;Supine;Semi Fowler's	Lying left side	Refused by patient;Semi Fowler's;Supine	—
Head of Bed Elevated	HOB 30	—	HOB 30	—	—
Pressure Redistribution	—	—	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/21/25 1900**	**02/21/25 1800**	**02/21/25 1600**	**02/21/25 1400**	**02/21/25 1200**
Repositioned	Supine;Pillow support	Lying left side	Lying right side	Lying left side	Lying right side
Head of Bed	HOB less than 20	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Elevated					
Row Name	**02/21/25 1000**	**02/21/25 0900**	**02/21/25 0800**	**02/21/25 0753**	**02/21/25 0500**
Repositioned	Lying left side;Pillow support	—	—	Supine	Lying right side;Lying left side;Semi Fowler's;Pillow support
Pressure Redistribution	—	Pillows	—	—	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Hygiene	Bed pad change;Peri care	—	—	Bed pad change;Peri care	Bed pad change;Peri care
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Row Name	**02/21/25 0300**	**02/21/25 0100**	**02/21/25 0000**	**02/20/25 2300**	**02/20/25 1959**
Repositioned	Lying right side;Pillow support	Refused by patient;Supine;Semi Fowler's	—	Lying right side;Lying left side;Pillow support	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Bed pad change;Peri care	—	—
Oral Care	—	—	Mouth swabbed;with mouthwash	—	—
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/20/25 1900**	**02/20/25 1800**	**02/20/25 1700**	**02/20/25 1500**	**02/20/25 1300**
Repositioned	Refused by patient;Lying left side;Pillow support	Lying left side;Pillow support	Semi Fowler's	Pillow support;Lying right side	Turns self;Semi Fowler's
Head of Bed Elevated	HOB less than 20	—	—	—	—
Hygiene	—	Partial linen change;Bed pad change;Peri care	—	—	—
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	—	Changed;Absorbent pad	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**02/20/25 1100**	**02/20/25 0900**	**02/20/25 0800**	**02/20/25 0500**	**02/20/25 0300**
Repositioned	Lying left side;Pillow support	Lying right side;Pillow support	—	Refused by patient	Lying right side;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Full linen change;Bed pad change;Peri care	—	—	—	—
Antiseptic Care	Antiseptic Wipe	Antiseptic Wipe	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**02/20/25 0100**	**02/19/25 2300**	**02/19/25 2120**	**02/19/25 2000**	**02/19/25 1855**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Lying left side;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support;Lying right side	—	Refused by patient;Other(comment)
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Oral Care	—	—	**Mouth swabbed**	—	—

Row Name	**02/19/25 1600**	**02/19/25 1545**	**02/19/25 1400**	**02/19/25 1225**	**02/19/25 1122**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Moderate assist, patient does 50-74%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side;Pillow support	Supine	Lying right side	Lying left side;Pillow support	Lying right side;Pillow support
Positioning Devices	—	—	Turn & Position Device	—	—
Head of Bed Elevated	HOB 45	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Hygiene	—	—	Peri care;Bed pad change	—	Bed pad change;Peri care
Incontinence Protective Devices	—	—	Absorbent undergarment;Changed	—	Changed;Absorbent pad
Skin Care	—	—	Barrier cream	—	Barrier cream
Level of Assistance	—	—	Moderate assist	—	Moderate assist

Row Name	**02/19/25 1026**	**02/19/25 0900**	**02/19/25 0800**	**02/19/25 0621**	**02/19/25 0426**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Level of Assistance	—	Moderate assist, patient does 50-74%	—	—	—
Repositioned	Semi Fowler's	Semi Fowler's;Pillow support	—	Lying right side	Supine;Semi Fowler's
Positioning Devices	Turn & Position Device	—	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	Partial linen change;Bed pad change;Peri care	—	Partial linen change;Peri care	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Antiseptic Care	—	Antiseptic Wipe	—	—	—
Oral Care	—	—	—	Mouth swabbed	—
Incontinence Protective Devices	—	Changed;Applied;Absorbent pad	—	—	—
Skin Care	—	Barrier cream	—	—	—
Level of Assistance	—	Moderate assist	—	—	—
Row Name	**02/19/25 0226**	**02/19/25 0052**	**02/18/25 2226**	**02/18/25 2057**	**02/18/25 2030**
Repositioned	Lying right side	Lying right side	Lying left side	Lying left side	—
Positioning Devices	—	Lift Team	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	—	—
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Hygiene	—	—	—	—	Partial linen change;Peri care
Row Name	**02/18/25 2000**	**02/18/25 1722**	**02/18/25 1605**	**02/18/25 1400**	**02/18/25 1216**
Highest Level of Mobility for this Event (Nursing)	—	—	Bed activity	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Number of Assistive Personnel	—	—	2	—	—
Repositioned	—	Supine;Refused by patient;Other(comment)	Lying right side;Pillow support	Supine	Semi Fowler's
Positioning Devices	—	—	Lift Team	—	—
Head of Bed Elevated	—	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	—	Pillows;Foot of bed elevated	—	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Mouth suctioned;Lip moisturizer applied	—	—
Incontinence Protective Devices	—	—	Changed;Absorbent pad	—	—
Row Name	**02/18/25 0934**	**02/18/25 0816**	**02/18/25 0800**	**02/18/25 0616**	**02/18/25 0416**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Lying left side;Pillow	Semi	—	Semi	Semi

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	support	Fowler's;Pillow support		Fowler's;Refused by patient	Fowler's;Refused by patient
Positioning Devices	Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	Self regulated	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Peri care	—	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Row Name	**02/18/25 0216**	**02/17/25 2325**	**02/17/25 2216**	**02/17/25 2030**	**02/17/25 2016**
Arm Bands On	—	—	—	ID;Allergies	—
Highest Level of Mobility for this Event (Nursing)	—	—	—	Lying in bed	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying left side;Semi Fowler's;Refused by patient	Refused by patient;Semi Fowler's	Semi Fowler's	—	Refused by patient;Lying left side;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 30	Self regulated	Self regulated	—	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	—	Pillows
Row Name	**02/17/25 2000**	**02/17/25 1816**	**02/17/25 1649**	**02/17/25 1616**	**02/17/25 1416**
Repositioned	—	Refused by patient;Other(comment);Pillow support	—	Refused by patient	Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 30
Pressure Redistribution	—	Pillows	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Gown change;Bed pad change;Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Incontinence Protective Devices	—	—	Applied;Changed	—	—
Level of Assistance	—	—	Moderate assist	—	—
Row Name	**02/17/25 1000**	**02/17/25 0800**	**02/17/25 0400**	**02/17/25 0142**	**02/16/25 2307**
Repositioned	Other(comment);Pillow support	Supine;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's	Supine;Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure	Pillows	Pillows	Pillows	Pillows	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution					
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/16/25 2149**	**02/16/25 2000**	**02/16/25 1800**	**02/16/25 1540**	**02/16/25 1516**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying right side;Supine	Semi Fowler's	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support;Other(comment)	Pillow support
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB less than 20	—	HOB less than 20	HOB less than 20	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/16/25 1400**	**02/16/25 1101**	**02/16/25 0937**	**02/16/25 0900**	**02/16/25 0800**
Repositioned	Pillow support	Pillow support;Other(comment)	Supine;Refused by patient	—	—
Positioning Devices	Turn & Position Device	Turn & Position Device	—	—	—
Head of Bed Elevated	Self regulated	HOB 45	HOB less than 20	—	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**02/16/25 0701**	**02/16/25 0301**	**02/16/25 0100**	**02/15/25 2300**	**02/15/25 2124**
Repositioned	Pillow support	Lying left side;Pillow support	Refused by patient	Refused by patient	Supine
Head of Bed Elevated	HOB 30	—	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**02/15/25 1830**	**02/15/25 1647**	**02/15/25 1501**	**02/15/25 1301**	**02/15/25 1101**
Repositioned	Lying right side;Pillow support	Supine	Up in chair	Up in chair	Up in chair
Positioning Devices	Turn & Position Device	Over Head Lift	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Row Name	**02/15/25 0800**	**02/15/25 0600**	**02/15/25 0400**	**02/15/25 0200**	**02/15/25 0000**
Repositioned	Refused by patient	Refused by patient	Refused by patient	Refused by patient	Lying left side;Pillow support

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/14/25 2228**	**02/14/25 2200**	**02/14/25 2000**	**02/14/25 1515**	**02/14/25 1400**
Repositioned	—	Refused by patient	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Lying left side;Lying right side	Refused by patient
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Peri care	—	—	Bed pad change	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Level of Assistance	Moderate assist	—	—	—	—
Row Name	**02/14/25 1300**	**02/14/25 1252**	**02/14/25 1200**	**02/14/25 1000**	**02/14/25 0809**
Repositioned	—	Lying right side;Pillow support	Refused by patient	Refused by patient;Supine	Refused by patient
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Row Name	**02/14/25 0738**	**02/14/25 0609**	**02/14/25 0409**	**02/14/25 0209**	**02/14/25 0009**
Repositioned	—	Refused by patient	Refused by patient	Refused by patient	Refused by patient
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/13/25 2209**	**02/13/25 2009**	**02/13/25 2000**	**02/13/25 1834**	**02/13/25 1735**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Refused by patient	Semi Fowler's	—	Refused by patient	Semi Fowler's;Lying left side;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**02/13/25 1538**	**02/13/25 1409**	**02/13/25 1209**	**02/13/25 1009**	**02/13/25 0858**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Level of Assistance	Dependent, patient does less than 25%	—	—	—	—
Ambulation Response	Tolerated well	—	—	—	—
Repositioned	Turns self;Semi Fowler's;Pillow support;Other(com	Pillow support;Lying left side;Turns self	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Sitting;Up in chair;Tilt back in chair

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	ment)				
Positioning Devices	Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	—	—	—
Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Hygiene	—	—	—	—	Gown change;Bed pad change;Full linen change
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Incontinence Protective Devices	—	—	—	—	Applied;Changed;Removed;Absorbent pad
Row Name	**02/13/25 0809**	**02/13/25 0800**	**02/13/25 0400**	**02/13/25 0000**	**02/12/25 2056**
Repositioned	Sitting	—	Lying left side;Pillow support	Lying right side;Lying left side	Semi Fowler's;Supine;Pillow support
Positioning Devices	Over Head Lift;Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	—	—	HOB less than 20	HOB 30
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	Bed pad change;Partial linen change	Gown change;Bed pad change;Peri care	—
Row Name	**02/12/25 2000**	**02/12/25 1634**	**02/12/25 1633**	**02/12/25 1513**	**02/12/25 1323**
Repositioned	—	Semi Fowler's;Supine;Pillow support	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	Gown change;Bed pad change;Peri care;Partial linen change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Mouth swabbed	—	—
Incontinence Protective Devices	—	—	Applied;Changed;Absorbent pad	—	—
Skin Care	—	—	Barrier cream	—	—
Level of Assistance	—	—	Moderate assist	—	—
Additional Comfort/Environmental Interventions	—	—	Warm blanket	—	—
Warm Blanket	—	—	Applied	—	—
Row Name	**02/12/25 1132**	**02/12/25 1000**	**02/12/25 0830**	**02/12/25 0800**	**02/12/25 0559**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	—	Semi Fowler's;Pillow support	Supine;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**02/12/25 0410**	**02/12/25 0400**	**02/12/25 0200**	**02/11/25 2346**	**02/11/25 2200**
Repositioned	—	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's;Pillow support;Refused by patient
Hygiene	Gown change;Bed pad change;Peri care	—	—	—	—
Oral Care	Other (Comment)	—	—	—	—
Incontinence Protective Devices	Changed;Absorbent pad	—	—	—	—
Row Name	**02/11/25 2000**	**02/11/25 1800**	**02/11/25 1623**	**02/11/25 1413**	**02/11/25 1214**
Repositioned	Semi Fowler's;Pillow support	Supine;Semi Fowler's	Lying left side	Lying right side	Supine;Semi Fowler's
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/11/25 1139**	**02/11/25 1130**	**02/11/25 0903**	**02/11/25 0614**	**02/11/25 0411**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Sitting;Up in chair;Tilt back in chair	Lying right side;Pillow support	Lying left side;Pillow support
Positioning Devices	—	Over Head Lift	Over Head Lift	Lift Team	Lift Team
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Hygiene	—	—	Bed pad change;Full linen change	Peri care;Bed pad change	—
Antiseptic Care	—	—	Chlorhexidine Wipe	—	—
Skin Care	—	—	Barrier cream	Barrier cream	—
Level of Assistance	—	—	Dependent	Dependent	—
Row Name	**02/11/25 0317**	**02/11/25 0102**	**02/10/25 2319**	**02/10/25 2000**	**02/10/25 1830**
Repositioned	Lying right side;Pillow support	Pillow support;Refused by patient;Lying left side	Lying left side;Pillow support	Turns self;Lying right side	Lying left side;Pillow support
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 90	HOB 90
Pressure Redistribution	—	—	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Row Name	02/10/25 1600	02/10/25 1400	02/10/25 1200	02/10/25 1000	02/10/25 0800
Repositioned	Lying right side;Pillow support	Sitting;Up in chair	Lying right side;Pillow support	Lying right side;Pillow support;Semi Fowler's	Sitting
Head of Bed Elevated	HOB 90	—	—	—	HOB 90
Pressure Redistribution	—	—	—	Heels elevated off bed	Pillows
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Oral Care	—	—	—	Other (Comment)	—
Row Name	**02/10/25 0700**	**02/10/25 0500**	**02/10/25 0300**	**02/10/25 0100**	**02/09/25 2300**
Repositioned	Semi Fowler's;Lying right side;Pillow support	Other(comment);Pillow support	Refused by patient;Semi Fowler's;Pillow support	Refused by patient;Semi Fowler's	Refused by patient;Semi Fowler's
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Row Name	**02/09/25 2100**	**02/09/25 2000**	**02/09/25 1900**	**02/09/25 1700**	**02/09/25 1600**
Repositioned	Semi Fowler's	—	Semi Fowler's	Supine	Lying right side
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/09/25 1500**	**02/09/25 1400**	**02/09/25 1300**	**02/09/25 1200**	**02/09/25 1023**
Repositioned	Lying right side	Supine	Supine	Lying right side	Lying right side;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB less than 20	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Hygiene	—	—	—	—	Full linen change;Bed pad change;Gown change
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Row Name	**02/09/25 0900**	**02/09/25 0800**	**02/09/25 0600**	**02/09/25 0400**	**02/09/25 0200**
Repositioned	Lying right side	Supine	Lying left side;Pillow support	Pillow support;Lying right side	Semi Fowler's;Pillow support
Positioning Devices	—	—	Lift Team	Lift Team	—
Head of Bed Elevated	HOB less than 20	HOB less than 20	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**02/09/25 0000**	**02/08/25 2224**	**02/08/25 2000**	**02/08/25 1643**	**02/08/25 1430**
Repositioned	Lying right	Lying left side	Lying left side	Lying right	Lying left side;Pillow

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

	side;Pillow support			side;Pillow support	support
Positioning Devices	Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	HOB less than 20	—	HOB 30	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed;Foot of bed elevated	Pillows;Heels elevated off bed;Foot of bed elevated
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	Peri care;Bed pad change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**02/08/25 1230**	**02/08/25 1058**	**02/08/25 1040**	**02/08/25 0900**	**02/08/25 0737**
Repositioned	Lying right side;Pillow support	Up in chair	—	Up in chair	—
Positioning Devices	Over Head Lift	Lift Team	—	Over Head Lift	—
Head of Bed Elevated	HOB 30	—	—	HOB 45	—
Pressure Redistribution	Pillows;Heels elevated off bed	Seat Cushion	—	Seat Cushion	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Bed pad change;Full linen change;Peri care	—	—
Row Name	**02/08/25 0700**	**02/08/25 0400**	**02/08/25 0200**	**02/08/25 0038**	**02/07/25 1900**
Repositioned	Refused by patient;Supine;Other(comment)	Refused by patient;Lying right side	Lying right side;Refused by patient	Lying right side;Pillow support	Refused by patient
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Row Name	**02/07/25 1800**	**02/07/25 1700**	**02/07/25 1600**	**02/07/25 1451**	**02/07/25 1300**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Lying in bed	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Refused by patient	Refused by patient	Refused by patient	Refused by patient	Semi Fowler's;Pillow support;Refused by patient
Head of Bed Elevated	HOB 30	—	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Hygiene	—	Full linen change;Peri care	—	—	—
Antiseptic Care	—	Antiseptic Wipe	—	—	—
Oral Care	—	Mouth swabbed	—	—	—
Incontinence Protective Devices	—	Changed	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Level of Assistance	—	Dependent	—	—	—
Row Name	**02/07/25 1150**	**02/07/25 0951**	**02/07/25 0900**	**02/07/25 0803**	**02/07/25 0800**
Highest Level of Mobility for this Event (Nursing)	Lying in bed	Lying in bed	—	Lying in bed	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	Dependent, patient does less than 25%	—
Ambulation Response	Tolerated well	Tolerated well	—	Tolerated well	—
Repositioned	Semi Fowler's;Pillow support;Other(comment)	Pillow support;Semi Fowler's;Lying right side	—	Semi Fowler's;Pillow support;Other(comment)	—
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	Pillows	Pillows	—	—	—
Side Rails Up for Patient Safety and Mobility	Yes	Yes	—	—	—
Anti-Embolism Devices	—	—	—	—	SCDs in use
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Antiseptic Care	—	—	Patient Refusal	—	—
Oral Care	Mouth swabbed;Lip moisturizer applied;Mouth suctioned	—	—	—	—
Row Name	**02/07/25 0617**	**02/07/25 0400**	**02/07/25 0200**	**02/07/25 0000**	**02/06/25 2108**
Repositioned	Lying right side	Supine	Lying left side	Lying right side;Pillow support	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	—
Side Rails Up for Patient Safety and Mobility	Yes	Yes	—	—	—
Hygiene	Partial linen change;Bed pad change	—	—	—	Partial linen change;Bed pad change
Row Name	**02/06/25 2107**	**02/06/25 2000**	**02/06/25 1900**	**02/06/25 1700**	**02/06/25 1500**
Highest Level of Mobility for this Event (Nursing)	Bed activity	—	—	—	—
Repositioned	Supine;Semi Fowler's;Pillow support	—	Refused by patient	Supine;Semi Fowler's;Pillow support	Supine;Pillow support
Positioning Devices	—	—	—	Lift Team	Over Head Lift
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	Gown change;Bed pad change;Peri	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

				care	
Oral Care	—	—	—	Mouth swabbed	—
Incontinence Protective Devices	—	—	—	Changed	—
Row Name	**02/06/25 1300**	**02/06/25 1100**	**02/06/25 1000**	**02/06/25 0800**	**02/06/25 0700**
Repositioned	Up in chair	Up in chair	Up in chair	—	Refused by patient
Positioning Devices	—	—	Over Head Lift	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/06/25 0500**	**02/06/25 0300**	**02/06/25 0100**	**02/05/25 2352**	**02/05/25 2300**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Lying left side;Pillow support	Lying right side;Pillow support;Semi Fowler's	Refused by patient;Semi Fowler's;Pillow support
Positioning Devices	—	—	Turn & Position Device	Turn & Position Device	—
Head of Bed Elevated	HOB 45	—	HOB 45	HOB 45	HOB 45
Pressure Redistribution	Foot of bed elevated;Pillows;Heels elevated off bed	Pillows;Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Pillows	Foot of bed elevated;Pillows	Heels elevated off bed;Foot of bed elevated;Pillows
Hygiene	—	—	—	Bed pad change;Peri care	—
Incontinence Protective Devices	—	—	—	Changed	—
Skin Care	—	—	—	Barrier cream	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 1901**	**02/05/25 1900**	**02/05/25 1659**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Lying in bed	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Assistive Device	—	—	—	—	Transfer Device
Number of Assistive Personnel	—	—	—	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Refused by patient;Semi Fowler's	Semi Fowler's;Pillow support	Lying right side;Pillow support
Positioning Devices	Lift Team	—	—	Lift Team	—
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	Peri care;Bed pad	—	—	Peri care;Gown

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

		change			change;Bed pad change
Antiseptic Care	—	Antiseptic Wipe	—	—	Antiseptic Wipe
Level of Assistance	—	Dependent	—	—	Dependent
Row Name	**02/05/25 1557**	**02/05/25 1500**	**02/05/25 1455**	**02/05/25 1405**	**02/05/25 1400**
Highest Level of Mobility for this Event (Nursing)	Transferred to chair/commode	—	Transferred to chair/commode	—	—
Level of Assistance	—	—	Dependent, patient does less than 25%	—	—
Assistive Device	—	—	Transfer Device	—	—
Repositioned	Sitting;Up in chair	—	Up in chair	—	—
Hygiene	—	Full linen change	—	Partial linen change	Peri care
Incontinence Protective Devices	—	—	—	—	Changed
Skin Care	—	—	—	—	Barrier cream
Row Name	**02/05/25 1355**	**02/05/25 1000**	**02/05/25 0800**	**02/05/25 0535**	**02/04/25 1900**
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	—	Semi Fowler's	Lying right side;Pillow support
Positioning Devices	Lift Team	Lift Team	—	Lift Team;Turn & Position Device	—
Head of Bed Elevated	HOB 45	—	—	HOB 30	—
Pressure Redistribution	—	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Preventative Border Silicone Dressing Location	—	—	—	Sacrum;Spine	—
Skin Under Sacrum Dressing Assessed?	—	—	—	Yes	—
Sacrum Dressing Status	—	Changed/New	—	Changed/New	—
Skin Under Under Spine Dressing Assessed?	—	Yes	—	Yes	—
Spine Dressing Status	—	Clean	—	Clean	—
Hygiene	—	Partial linen change;Peri care	—	Full linen change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Incontinence Protective Devices	—	Changed	—	Protective pad	—
Skin Care	—	Barrier cream	—	Barrier cream	—
Level of Assistance	—	Dependent	—	Dependent	—
Row Name	**02/04/25 1700**	**02/04/25 1500**	**02/04/25 1400**	**02/04/25 1212**	**02/04/25 0932**
Highest Level of	—	—	—	—	Bed activity

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility for this Event (Nursing)					
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Ambulation Response	—	—	—	—	Tolerated well
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Semi Fowler's;Pillow support	Lying left side;Pillow support	Semi Fowler's;Pillow support	Lying right side;Pillow support;Semi Fowler's	Lying left side;Pillow support;Semi Fowler's
Positioning Devices	—	—	—	Turn & Position Device;Lift Team	Turn & Position Device;Lift Team
Head of Bed Elevated	—	—	—	HOB 60	—
Pressure Redistribution	—	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	—	Gown change;Bed pad change	Bed pad change
Antiseptic Care	—	—	—	Chlorhexidine Wipe	—
Incontinence Protective Devices	—	—	—	—	Applied;Absorbent pad;Changed;Removed
Skin Care	—	—	—	Barrier cream	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Row Name	**02/04/25 0900**	**02/04/25 0800**	**02/04/25 0700**	**02/04/25 0542**	**02/04/25 0325**
Repositioned	—	—	Pillow support;Lying right side	Lying right side;Pillow support	Supine;Semi Fowler's
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	—	HOB 30	HOB less than 20
Pressure Redistribution	—	—	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Row Name	**02/04/25 0229**	**02/03/25 2348**	**02/03/25 2200**	**02/03/25 2000**	**02/03/25 1642**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side;Pillow support;Refused by patient	Lying left side;Pillow support;Refused by patient	Lying left side;Pillow support	Supine;Pillow support	Lying left side;Pillow support
Head of Bed Elevated	—	HOB 30	HOB 30	—	HOB 45
Pressure	—	—	Heels elevated off	Heels elevated off	Heels elevated off

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution			bed	bed	bed;Pillows
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Hygiene	—	—	—	—	Bed pad change
Row Name	**02/03/25 1425**	**02/03/25 1103**	**02/03/25 1000**	**02/03/25 0926**	**02/03/25 0854**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	—	—	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Pillow support;Lying right side	Lying right side;Pillow support	Lying right side;Pillow support	—	Lying left side;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated;Heels elevated off bed	—	Pillows;Foot of bed elevated
Hygiene	—	—	—	—	Peri care;Bed pad change
Antiseptic Care	—	—	—	—	Antiseptic Wipe
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	—	Dependent
Additional Comfort/Environmental Interventions	—	—	—	Warm blanket	—
Warm Blanket	—	—	—	Applied	—
Row Name	**02/03/25 0800**	**02/03/25 0503**	**02/03/25 0400**	**02/03/25 0200**	**02/03/25 0000**
Repositioned	—	Lying right side;Pillow support	Pillow support;Lying right side	Other(comment)	Semi Fowler's;Pillow support
Positioning Devices	—	Lift Team	Lift Team	—	—
Head of Bed Elevated	—	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	—	Pillows;Foot of bed elevated	—	—	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**02/02/25 2248**	**02/02/25 2000**	**02/02/25 1800**	**02/02/25 1600**	**02/02/25 1400**
Repositioned	Lying left side;Pillow support	Lying left side	Lying right side	Supine	Lying left side
Positioning Devices	—	Lift Team	—	—	Lift Team
Head of Bed Elevated	HOB 30	HOB 45	HOB 45	HOB 45	HOB 45
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Hygiene	Peri care;Full linen change;Bed pad change	—	—	—	—
Incontinence Protective Devices	Changed	—	—	—	—
Row Name	**02/02/25 1200**	**02/02/25 0800**	**02/02/25 0600**	**02/02/25 0400**	**02/02/25 0200**
Repositioned	Up in chair	—	Semi Fowler's;Pillow support	Lying left side;Pillow support	Refused by patient
Positioning Devices	Over Head Lift	—	Lift Team	Lift Team	—
Head of Bed Elevated	HOB 90	—	HOB 90	HOB 90	—
Pressure Redistribution	Seat Cushion;Occiput Cushion	—	Pillows;Heels elevated off bed;Foot of bed elevated	Pillows;Heels elevated off bed;Foot of bed elevated	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	Peri care;Bed pad change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Oral Care	—	—	—	Mouth moisturizer;Mouth suctioned	—
Incontinence Protective Devices	—	—	—	Applied;Absorbent pad	—
Skin Care	—	—	—	Barrier cream	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**02/02/25 0041**	**02/02/25 0000**	**02/01/25 2038**	**02/01/25 1928**	**02/01/25 1846**
Arm Bands On	—	ID;Allergies	—	—	—
Family/Significant Other Update	—	Visiting	—	—	—
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Ambulation Response	—	Tolerated well	—	—	—
Number of Assistive Personnel	—	2	—	—	—
Repositioned	Supine	Semi Fowler's;Pillow support	Lying left side	—	Refused by patient
Positioning Devices	—	Lift Team	Lift Team	—	—
Head of Bed Elevated	—	HOB 90	HOB 30	—	—
Pressure Redistribution	—	Pillows	Pillows;Foot of bed elevated	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Hygiene	—	—	Peri care;Bed pad change	—	Patient Refused
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Skin Care	—	—	Barrier cream	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**02/01/25 1700**	**02/01/25 1500**	**02/01/25 1200**	**02/01/25 0900**	**02/01/25 0800**
Repositioned	Refused by patient	Lying right side;Semi Fowler's	Up in chair	Supine	—
Positioning Devices	—	Over Head Lift	Over Head Lift	—	—
Head of Bed Elevated	—	HOB 45	—	—	—
Pressure Redistribution	—	Pillows	Pillows	—	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	Patient Refused
Hygiene	—	Bed pad change;Peri care	—	—	—
Oral Care	—	—	Mouth swabbed	—	—
Row Name	**02/01/25 0700**	**02/01/25 0500**	**02/01/25 0300**	**02/01/25 0100**	**01/31/25 2300**
Repositioned	Lying right side	Lying left side	Supine	Lying left side	Supine
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Row Name	**01/31/25 2100**	**01/31/25 2000**	**01/31/25 1930**	**01/31/25 1900**	**01/31/25 1601**
Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Supine	—	—	Supine	Supine;Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	—	—	HOB 30	—
Pressure Redistribution	Pillows;Heels elevated off bed	—	—	Pillows;Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**01/31/25 1500**	**01/31/25 1300**	**01/31/25 1151**	**01/31/25 0901**	**01/31/25 0900**
Is an interpreter used?	—	—	—	No	—
Highest Level of Mobility for this Event (Nursing)	—	—	Transferred to chair/commode	Bed activity	—
Level of Assistance	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—
Assistive Device	—	—	Transfer Device	Transfer Belt	—
Ambulation Response	—	—	With pre-medication	—	—
Number of Assistive Personnel	—	—	2	2	—
Repositioned	Supine	Up in chair	Sitting;Up in chair;Tilt back in chair	Lying right side;Pillow support	—
Positioning Devices	Over Head Lift	—	—	Turn & Position Device;Lift Team	—
Head of Bed Elevated	HOB 60	Other (Comment)	—	HOB 60	—
Pressure	Pillows	Pillows;Occiput	—	Pillows	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution		Cushion			
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	—
Range of Motion	—	—	—	Right arm;Left arm;Active	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change	—	—
Antiseptic Care	—	—	Chlorhexidine Wipe	—	Chlorhexidine Wipe
Safety Equipment at Bedside	—	—	—	Suction	—
Row Name	**01/31/25 0800**	**01/31/25 0644**	**01/31/25 0600**	**01/31/25 0400**	**01/31/25 0200**
Repositioned	Lying right side	—	Semi Fowler's;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support
Positioning Devices	—	—	—	Turn & Position Device;Lift Team	Turn & Position Device;Lift Team
Head of Bed Elevated	HOB 30	—	—	HOB 30	HOB 30
Pressure Redistribution	Pillows	—	—	Pillows	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	Bed pad change;Peri care	—	Bed pad change;Peri care	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/30/25 2351**	**01/30/25 2155**	**01/30/25 2100**	**01/30/25 2000**	**01/30/25 1937**
Arm Bands On	—	—	ID;Allergies	—	—
Family/Significant Other Update	—	—	Visiting	—	—
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	—	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	—	Supine;Pillow support	—
Positioning Devices	Turn & Position Device;Lift Team	—	—	—	—
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	Bed pad change	Peri care;Bed pad change	—	—	—
Oral Care	Mouth swabbed	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**01/30/25 1756**	**01/30/25 1551**	**01/30/25 1530**	**01/30/25 1421**	**01/30/25 1358**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Transferred to chair/commode	Transferred to chair/commode	Transferred to chair/commode
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Assistive Device	—	Transfer Device	—	—	—
Number of Assistive Personnel	—	2	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Sitting;Up in chair	Sitting;Tilt back in chair;Other(comment)	Sitting;Tilt back in chair
Pressure Redistribution	—	Pillows	—	—	—
Hygiene	—	Peri care;Bed pad change	—	—	—
Oral Care	Mouth swabbed	Mouth swabbed	—	—	—
Row Name	**01/30/25 1229**	**01/30/25 1027**	**01/30/25 0837**	**01/30/25 0520**	**01/30/25 0000**
Highest Level of Mobility for this Event (Nursing)	Transferred to chair/commode	—	Lying in bed	—	—
Level of Assistance	Dependent, patient does less than 25%	—	Dependent, patient does less than 25%	—	—
Assistive Device	Transfer Device;Wheelchair; Other (Comment)	—	—	—	—
Number of Assistive Personnel	2	—	—	—	—
Repositioned	Sitting;Up in chair;Tilt back in chair;Other(comment)	Supine;Pillow support	Refused by patient;Other(comment)	Lying left side	Lying right side
Positioning Devices	Over Head Lift;Lift Team	—	—	Lift Team	Lift Team
Head of Bed Elevated	—	—	—	HOB 45	HOB 45
Pressure Redistribution	Pillows	—	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	—	—	Yes	Yes
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	Bed pad change;Full linen change	—	Gown change	Bed pad change;Peri care	Bed pad change;Peri care
Antiseptic Care	—	—	Chlorhexidine Wipe	—	—
Oral Care	Mouth swabbed	—	Mouth swabbed	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/29/25 2300**	**01/29/25 2130**	**01/29/25 1937**	**01/29/25 1843**	**01/29/25 1631**
Repositioned	Lying left side;Pillow support	Pillow support;Lying left side	Supine;Semi Fowler's;Refused by patient	Refused by patient;Supine;Pillow support	Supine
Positioning Devices	Lift Team	—	—	—	Lift Team
Head of Bed Elevated	HOB 45	—	—	HOB 45	HOB 45
Pressure Redistribution	Pillows	—	—	Pillows	Pillows
Side Rails Up for Patient Safety and Mobility	Yes	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	—	Bed pad change
Oral Care	Mouth swabbed	—	—	—	—
Row Name	**01/29/25 1615**	**01/29/25 1300**	**01/29/25 1052**	**01/29/25 0930**	**01/29/25 0800**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Repositioned	Supine;Refused by patient;Other(comment)	Lying right side;Pillow support	Lying left side;Pillow support	Semi Fowler's	—
Head of Bed Elevated	—	HOB 30	HOB 45	HOB 45	—
Pressure Redistribution	—	Pillows	Heels elevated off bed	—	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	—	Peri care;Bed pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Incontinence Protective Devices	—	—	Absorbent pad;Changed	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/29/25 0738**	**01/29/25 0521**	**01/29/25 0321**	**01/29/25 0130**	**01/28/25 2330**
Repositioned	Supine;Pillow support	Lying right side;Pillow support;Semi Fowler's	Refused by patient;Supine;Pillow support;Semi Fowler's	Refused by patient;Lying right side;Pillow support	Lying right side;Pillow support
Head of Bed Elevated	—	HOB 45	HOB 45	HOB 30	HOB 30
Pressure Redistribution	—	Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Heels elevated off bed	Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated
Hygiene	Peri care;Bed pad change	—	—	—	—
Row Name	**01/28/25 2130**	**01/28/25 2000**	**01/28/25 1930**	**01/28/25 1600**	**01/28/25 1403**
Repositioned	Sitting	—	Semi Fowler's;Refused by patient	Semi Fowler's;Pillow support;Refused by patient	Semi Fowler's;Pillow support;Lying right side
Positioning Devices	Lift Team	—	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 60	—	HOB 60	—	HOB 45
Pressure Redistribution	Pillows	—	Pillows	—	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	Partial linen change;Bed pad change;Pad change
Row Name	**01/28/25 1300**	**01/28/25 1205**	**01/28/25 1100**	**01/28/25 0900**	**01/28/25 0805**
Arm Bands On	—	—	—	ID;Allergies	—
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	—
Level of Assistance	—	—	—	Dependent, patient does less than 25%	—
Repositioned	Lying left side;Pillow support	Refused by patient;Semi Fowler's;Pillow support	Semi Fowler's;Pillow support;Refused by patient	—	Semi Fowler's;Refused by patient;Pillow support
Positioning Devices	Lift Team	Lift Team	—	—	Lift Team
Head of Bed Elevated	HOB 60	HOB 45	Self regulated	—	Self regulated

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Pressure Redistribution	Pillows	Pillows	Pillows	—	Pillows
Hygiene	—	—	—	Gown change;Full linen change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Row Name	**01/28/25 0800**	**01/28/25 0605**	**01/28/25 0445**	**01/28/25 0159**	**01/27/25 2346**
Highest Level of Mobility for this Event (Nursing)	—	—	—	Bed activity	Bed activity
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	2	2
Repositioned	—	Supine;Pillow support	Supine;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support
Positioning Devices	—	Lift Team	—	Lift Team	Lift Team
Head of Bed Elevated	—	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	Pillows	Pillows;Heels elevated off bed	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care;Pad change;Bed pad change	—
Skin Care	—	—	—	Barrier film	—
Level of Assistance	—	—	—	Dependent	—
Row Name	**01/27/25 2300**	**01/27/25 2000**	**01/27/25 1900**	**01/27/25 1805**	**01/27/25 1700**
Highest Level of Mobility for this Event (Nursing)	—	Bed activity	Lying in bed	—	Bed activity
Repositioned	Supine;Pillow support	Lying left side;Pillow support	Refused by patient	Lying right side;Pillow support;Refused by patient	Lying right side;Pillow support
Head of Bed Elevated	—	HOB 30	—	HOB 30	HOB 45
Pressure Redistribution	—	—	—	Foot of bed elevated	Pillows;Heels elevated off bed
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	Peri care;Bed pad change	—	—	Peri care;Bed pad change
Skin Care	—	Barrier cream	—	—	Barrier cream
Level of Assistance	—	Dependent	—	—	Dependent
Row Name	**01/27/25 1400**	**01/27/25 1200**	**01/27/25 0940**	**01/27/25 0800**	**01/27/25 0731**
Arm Bands On	—	—	ID;Allergies	—	—
Family/Significant Other Update	—	—	Visiting;Updated	—	—
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Bed activity	—	Bed activity
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—
Number of Assistive	2	2	2	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Personnel					
Repositioned	Lying left side	Lying right side	Lying left side;Pillow support	—	Lying right side
Positioning Devices	Lift Team	Lift Team	Lift Team	—	Lift Team
Head of Bed Elevated	HOB 45	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated;Heels elevated off bed	Pillows;Foot of bed elevated	—	Foot of bed elevated
Side Rails Up for Patient Safety and Mobility	Yes	Yes	Yes	—	—
Range of Motion	Passive	Passive	Passive	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Feeding	—	—	Other (Comment)	—	—
Hygiene	Pad change	Pad change	Peri care;Full linen change;Pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	Mouth suctioned;Other (Comment)	—	—	—
Incontinence Protective Devices	Absorbent pad;Changed	Absorbent pad;Changed	Absorbent pad;Changed	—	—
Skin Care	Barrier cream	Barrier cream	Barrier cream	—	—
Level of Assistance	Dependent	Dependent	Dependent	—	—
Safety Equipment at Bedside	—	Suction	—	—	—
Row Name	**01/27/25 0600**	**01/27/25 0331**	**01/27/25 0159**	**01/26/25 2347**	**01/26/25 2100**
Arm Bands On	—	—	—	—	ID;Allergies
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	Bed activity	Bed activity	Bed activity
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Lying left side	Lying right side;Pillow support	Lying left side;Pillow support	Lying right side	Lying left side;Supine
Positioning Devices	Lift Team	—	Lift Team	Lift Team	Lift Team
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 45
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Hygiene	—	—	—	Peri care;Bed pad change	Peri care;Partial linen change
Antiseptic Care	—	—	—	Antiseptic Wipe	Antiseptic Wipe
Incontinence Protective Devices	—	—	—	—	Absorbent pad
Skin Care	—	—	—	—	Barrier cream
Level of Assistance	—	—	—	Dependent	Dependent
Row Name	**01/26/25 2000**	**01/26/25 1850**	**01/26/25 1739**	**01/26/25 1531**	**01/26/25 1303**
Highest Level of	—	Bed activity	Bed activity	Bed activity	Transferred to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Mobility for this Event (Nursing)					chair/commode
Level of Assistance	—	—	—	Dependent, patient does less than 25%	Dependent, patient does less than 25%
Assistive Device	—	—	—	Other (Comment)	Other (Comment);Wheelchair
Distance Ambulated (ft)	—	—	—	—	0 ft
Ambulation Response	—	—	—	With pre-medication	—
Number of Assistive Personnel	—	—	—	2	—
Repositioned	—	Lying right side;Semi Fowler's;Pillow support	Refused by patient	Lying left side;Pillow support	Sitting;Other(comment)
Head of Bed Elevated	—	HOB 30	—	HOB 30	—
Pressure Redistribution	—	Pillows;Foot of bed elevated	—	Heels elevated off bed	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	Peri care;Bed pad change;Full linen change;Pad change	—
Incontinence Protective Devices	—	—	—	Absorbent pad;Changed	—
Skin Care	—	—	—	Barrier cream;Other (Comment)	—
Level of Assistance	—	—	—	Dependent	—

Row Name	**01/26/25 1230**	**01/26/25 1113**	**01/26/25 0900**	**01/26/25 0800**	**01/26/25 0400**
Repositioned	Refused by patient	Lying right side	—	Supine	Semi Fowler's
Head of Bed Elevated	—	HOB 45	—	HOB 30	HOB 45
Pressure Redistribution	—	Pillows;Heels elevated off bed	—	Pillows	—
Side Rails Up for Patient Safety and Mobility	—	Yes	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	—	Other (Comment)	—	—

Row Name	**01/26/25 0200**	**01/25/25 2348**	**01/25/25 2200**	**01/25/25 2100**	**01/25/25 2000**
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support
Head of Bed Elevated	HOB 30	HOB 45	HOB 30	HOB 30	HOB 30

Row Name	**01/25/25 1919**	**01/25/25 1903**	**01/25/25 1900**	**01/25/25 1745**	**01/25/25 1600**
Repositioned	—	—	Lying left side	Lying right side;Pillow support	Lying left side
Head of Bed Elevated	—	—	HOB 30	HOB 30	HOB 30
Pressure Redistribution	—	—	Pillows	—	Pillows
Reason for No Mechanical	Patient Refused	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Prophylaxis					
Hygiene	—	Full linen change;Bed pad change	—	—	—
Oral Care	—	Mouth suctioned;Mouth swabbed	—	—	—
Row Name	**01/25/25 1400**	**01/25/25 1255**	**01/25/25 1230**	**01/25/25 1200**	**01/25/25 1130**
Repositioned	Lying left side;Pillow support	Lying left side	Tilt back in chair	Tilt back in chair	Tilt back in chair
Head of Bed Elevated	HOB 30	HOB 30	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Row Name	**01/25/25 1102**	**01/25/25 1030**	**01/25/25 1000**	**01/25/25 0900**	**01/25/25 0815**
Repositioned	Tilt back in chair	Tilt back in chair	Tilt back in chair	—	Lying right side;Pillow support
Head of Bed Elevated	—	—	—	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Hygiene	Full linen change;Bed pad change	—	Partial linen change;Peri care	—	Full linen change;Gown change;Bed pad change
Antiseptic Care	—	—	—	Other (Comment)	—
Oral Care	—	—	—	—	Mouth swabbed;Mouth moisturizer;Lip moisturizer applied
Incontinence Protective Devices	—	—	—	—	Applied
Row Name	**01/25/25 0800**	**01/25/25 0600**	**01/25/25 0400**	**01/25/25 0200**	**01/25/25 0000**
Repositioned	—	Lying left side;Pillow support	Lying right side;Pillow support	Semi Fowler's;Pillow support;Other(comment)	Lying right side;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	Self regulated	—	—	HOB less than 20
Pressure Redistribution	—	—	—	—	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Oral Care	—	—	—	—	Mouth swabbed
Row Name	**01/24/25 2202**	**01/24/25 2200**	**01/24/25 2100**	**01/24/25 2000**	**01/24/25 1900**
Repositioned	Lying left side	Lying right side	Other(comment)	Turns self	Other(comment)
Positioning Devices	Lift Team	—	—	—	—
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Oral Care	Mouth swabbed	—	—	Mouth swabbed	—
Row Name	**01/24/25 1700**	**01/24/25 1500**	**01/24/25 1300**	**01/24/25 1100**	**01/24/25 0820**
Arm Bands On	—	—	—	—	ID;Allergies
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Bed activity
Level of Assistance	—	—	—	—	Maximum assist, patient does 25-49%
Assistive Device	—	—	—	—	Wheelchair
Repositioned	Lying left side;Semi Fowler's;Pillow support	Semi Fowler's;Lying right side;Pillow support	Semi Fowler's;Refused by patient	Turns self;Semi Fowler's	Semi Fowler's;Pillow support
Positioning Devices	Lift Team	Lift Team	Lift Team	Lift Team	—
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	Self regulated	—
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Range of Motion	—	—	—	—	Active;All extremities
Hygiene	—	—	—	Partial linen change;Full linen change;Gown change	—
Antiseptic Care	—	—	—	Antiseptic Wipe	—
Incontinence Protective Devices	—	—	—	Changed;Absorbent pad	—
Row Name	**01/24/25 0800**	**01/24/25 0557**	**01/24/25 0400**	**01/24/25 0146**	**01/24/25 0027**
Repositioned	—	Supine;Pillow support	Lying right side	Turns self	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Hygiene	—	—	—	—	Partial linen change
Row Name	**01/24/25 0000**	**01/23/25 2200**	**01/23/25 2000**	**01/23/25 1800**	**01/23/25 1537**
Repositioned	Lying left side;Pillow support	Turns self;Pillow support	Refused by patient;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Turns self;Supine
Head of Bed Elevated	—	—	HOB 45	HOB 45	—
Anti-Embolism Devices	—	—	SCDs in use	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**01/23/25 1400**	**01/23/25 1230**	**01/23/25 1000**	**01/23/25 0900**	**01/23/25 0800**
Arm Bands On	—	—	—	ID;Allergies	—
Repositioned	Sitting;Up in chair	Semi Fowler's;Pillow support	Pillow support;Lying left side	—	Sitting;Semi Fowler's
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Hygiene	—	Full linen change;Bed pad change;Gown change;Bathed;Peri care	—	—	—
Antiseptic Care	—	—	—	Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Level of Assistance	—	Dependent	—	—	—
Row Name	**01/23/25 0500**	**01/23/25 0300**	**01/23/25 0100**	**01/22/25 2300**	**01/22/25 2130**
Repositioned	Supine;Semi Fowler's;Pillow support	Semi Fowler's;Supine	Lying right side;Pillow support	Supine;Pillow support	Supine
Positioning Devices	—	—	—	Lift Team	—
Pressure Redistribution	—	—	—	Pillows	—
Row Name	**01/22/25 2000**	**01/22/25 1930**	**01/22/25 1500**	**01/22/25 1330**	**01/22/25 1130**
Repositioned	—	Lying left side	Lying right side	Semi Fowler's	Semi Fowler's;Pillow support
Head of Bed Elevated	—	—	—	HOB 60	—
Reason for No Mechanical Prophylaxis	Patient Refused	—	—	—	—
Row Name	**01/22/25 0904**	**01/22/25 0900**	**01/22/25 0800**	**01/22/25 0730**	**01/22/25 0530**
Arm Bands On	—	ID;Allergies	—	—	—
Repositioned	Semi Fowler's;Pillow support	—	—	Lying left side	Lying right side;Pillow support
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Row Name	**01/22/25 0330**	**01/22/25 0130**	**01/21/25 2237**	**01/21/25 2100**	**01/21/25 1620**
Repositioned	Semi Fowler's	Lying left side;Pillow support	Lying left side;Pillow support	Lying left side;Pillow support	Lying right side;Supine;Pillow support
Positioning Devices	—	—	—	—	Lift Team
Head of Bed Elevated	—	—	HOB 30	HOB Flat	HOB 45
Pressure Redistribution	—	—	Pillows	Pillows	Pillows;Foot of bed elevated
Hygiene	—	—	Full linen change	—	—
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad
Row Name	**01/21/25 1329**	**01/21/25 1048**	**01/21/25 0800**	**01/21/25 0600**	**01/21/25 0400**
Highest Level of Mobility for this Event (Nursing)	Bed activity	Bed activity	—	—	—
Level of Assistance	Dependent, patient does less than 25%	Dependent, patient does less than 25%	—	—	—
Number of Assistive Personnel	2	2	—	—	—
Repositioned	Lying right side;Pillow support	Lying right side;Pillow support	Lying left side;Pillow support	Pillow support;Semi Fowler's	Semi Fowler's;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 45	HOB 30
Pressure Redistribution	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	Pillows;Foot of bed elevated	—	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Incontinence Protective	Changed;Absorbent pad	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Devices					
Skin Care	—	Barrier cream	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/21/25 0200**	**01/21/25 0000**	**01/20/25 2200**	**01/20/25 2000**	**01/20/25 1800**
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Supine
Head of Bed Elevated	HOB 45	—	HOB 60	HOB 45	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**01/20/25 1545**	**01/20/25 1410**	**01/20/25 1200**	**01/20/25 1014**	**01/20/25 0900**
Repositioned	Lying left side;Pillow support	Supine;Refused by patient	Supine	Lying right side;Pillow support	—
Head of Bed Elevated	—	—	—	HOB 30	—
Hygiene	—	—	—	Partial linen change	—
Antiseptic Care	—	—	—	—	Other (Comment)
Additional Comfort/Environmental Interventions	—	—	—	Warm blanket	—
Warm Blanket	—	—	—	Applied	—
Row Name	**01/20/25 0800**	**01/20/25 0715**	**01/19/25 1947**	**01/19/25 1600**	**01/19/25 1130**
Repositioned	—	Supine	—	Lying right side;Pillow support	Lying left side
Positioning Devices	—	—	—	—	Turn & Position Device
Head of Bed Elevated	—	—	—	HOB 30	HOB less than 20
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	Patient Refused	—	Patient Refused	—	—
Row Name	**01/19/25 1033**	**01/19/25 0900**	**01/19/25 0833**	**01/19/25 0800**	**01/19/25 0633**
Repositioned	Refused by patient;Supine	—	Refused by patient	—	Semi Fowler's
Head of Bed Elevated	HOB less than 20	—	HOB 30	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	Chlorhexidine Wipe	—	—	—
Row Name	**01/19/25 0433**	**01/19/25 0233**	**01/19/25 0033**	**01/18/25 2033**	**01/18/25 2000**
Repositioned	Lying left side	Refused by patient	Refused by patient	Lying left side;Pillow support	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Row Name	**01/18/25 1750**	**01/18/25 1520**	**01/18/25 1433**	**01/18/25 1233**	**01/18/25 0949**
Level of Assistance	—	Dependent, patient does less than 25%	—	—	—
Repositioned	Lying right side;Pillow support	Supine;Semi Fowler's;Pillow support	Supine;Semi Fowler's;Pillow support	Lying left side;Pillow support	Lying right side
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Foot of bed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Redistribution	elevated off bed;Foot of bed elevated	elevated off bed	elevated off bed	elevated off bed	elevated
Row Name	**01/18/25 0900**	**01/18/25 0826**	**01/18/25 0800**	**01/18/25 0228**	**01/18/25 0028**
Repositioned	—	Lying right side;Pillow support	—	Lying left side;Semi Fowler's	Semi Fowler's;Pillow support;Lying right side
Positioning Devices	—	Turn & Position Device	—	Lift Team	—
Head of Bed Elevated	—	HOB 30	—	HOB 45	—
Pressure Redistribution	—	Foot of bed elevated;Pillows	—	—	Foot of bed elevated
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	Peri care	—	—	—
Antiseptic Care	Patient Refusal	—	—	—	—
Level of Assistance	—	Dependent	—	—	—
Row Name	**01/17/25 2228**	**01/17/25 1943**	**01/17/25 1828**	**01/17/25 1600**	**01/17/25 1428**
Highest Level of Mobility for this Event (Nursing)	—	—	—	—	Transferred to chair/commode
Level of Assistance	—	—	—	—	Dependent, patient does less than 25%
Number of Assistive Personnel	—	—	—	—	2
Repositioned	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Semi Fowler's;Pillow support	Lying left side;Pillow support	Sitting;Tilt back in chair
Positioning Devices	Lift Team	—	—	Turn & Position Device;Over Head Lift	Lift Team;Over Head Lift
Head of Bed Elevated	HOB 60	HOB 60	—	—	—
Pressure Redistribution	Foot of bed elevated	Foot of bed elevated	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Hygiene	—	—	—	—	Bed pad change
Row Name	**01/17/25 1228**	**01/17/25 1119**	**01/17/25 0840**	**01/17/25 0837**	**01/17/25 0744**
Arm Bands On	—	—	ID;Allergies	—	—
Repositioned	Lying right side;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support	Lying right side;Pillow support	—
Positioning Devices	Turn & Position Device;Lift Team	—	—	Turn & Position Device;Lift Team	—
Pressure Redistribution	Pillows	—	Pillows	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	—	—	Patient Refused
Preventative Border Silicone Dressing Location	—	—	—	Sacrum	—
Skin Under Sacrum Dressing Assessed?	—	—	—	Yes	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 5 of 16) (continued)

Sacrum Dressing Status	—	—	—	Changed/New	—
Hygiene	—	—	Gown change;Bed pad change;Full linen change	—	—
Antiseptic Care	—	—	—	Chlorhexidine Wipe	—
Row Name	**01/17/25 0605**	**01/17/25 0346**	**01/17/25 0109**		
Repositioned	Supine	Lying left side	Supine		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16)

Daily Cares/Safety

Row Name	01/16/25 2315	01/16/25 2136	01/16/25 2100	01/16/25 2000	01/16/25 1915
Repositioned	Lying right side	Lying left side	Lying right side	—	Lying right side
Positioning Devices	—	Lift Team	—	—	—
Head of Bed Elevated	—	HOB 60	—	—	—
Pressure Redistribution	—	Pillows	—	—	—
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Row Name	**01/16/25 1715**	**01/16/25 1606**	**01/16/25 1318**	**01/16/25 1200**	**01/16/25 1032**
Repositioned	Lying left side;Pillow support	Supine	Semi Fowler's;Pillow support	Sitting;Up in chair	Supine;Semi Fowler's;Pillow support
Positioning Devices	Turn & Position Device;Lift Team	—	Over Head Lift;Lift Team	Over Head Lift;Lift Team	Turn & Position Device
Head of Bed Elevated	—	HOB 60	HOB 45	—	HOB 45
Pressure Redistribution	—	Pillows	Pillows	—	Pillows
Hygiene	—	—	—	—	Gown change;Peri care
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Incontinence Protective Devices	—	—	—	—	Applied;Changed;Removed;Absorbent pad
Additional Comfort/Environmental Interventions	—	—	—	—	Warm blanket
Warm Blanket	—	—	—	—	Applied
Row Name	**01/16/25 0915**	**01/16/25 0800**	**01/16/25 0740**	**01/16/25 0515**	**01/16/25 0315**
Repositioned	Semi Fowler's;Pillow support	—	Supine;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Semi Fowler's
Head of Bed Elevated	—	—	—	HOB 30	HOB 30
Pressure Redistribution	—	—	—	Pillows	Pillows
Reason for No Mechanical Prophylaxis	—	Patient Refused	—	—	—
Row Name	**01/16/25 0115**	**01/15/25 2243**	**01/15/25 2000**	**01/15/25 1947**	**01/15/25 1800**
Repositioned	Lying right side;Pillow support	Lying right side;Supine	—	Lying left side;Semi Fowler's	Supine;Semi Fowler's
Head of Bed Elevated	—	HOB less than 20	—	HOB 30	—
Pressure Redistribution	Pillows	Pillows	—	Pillows	—
Reason for No Mechanical Prophylaxis	—	—	Patient Refused	—	—
Hygiene	—	—	—	—	Peri care
Row Name	**01/15/25 1605**	**01/15/25 1000**	**01/15/25 0803**	**01/15/25 0800**	**01/15/25 0600**
Repositioned	Lying left side	Lying right side	—	Lying left side	Lying right side
Positioning Devices	—	Turn & Position Device	—	Turn & Position Device	—
Head of Bed Elevated	HOB 30	HOB 45	—	HOB 30	HOB 30

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Pressure Redistribution	Pillows	—	—	—	Pillows
Reason for No Mechanical Prophylaxis	—	—	—	Patient Refused	—
Antiseptic Care	—	—	Other (Comment)	—	—
Row Name	**01/15/25 0400**	**01/15/25 0200**	**01/15/25 0000**	**01/14/25 2200**	**01/14/25 2000**
Repositioned	Supine	Lying left side	Lying right side	Supine	Lying left side
Positioning Devices	—	—	Turn & Position Device	—	—
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Anti-Embolism Devices	—	—	—	—	—
Row Name	**01/14/25 1800**	**01/14/25 1600**	**01/14/25 1400**	**01/14/25 1200**	**01/14/25 1000**
Repositioned	Semi Fowler's	Lying left side	Semi Fowler's	Lying left side	Supine
Head of Bed Elevated	HOB 60	HOB 30	HOB 30	HOB 30	HOB 30
Pressure Redistribution	Pillows	Pillows	Pillows	Pillows	Pillows
Hygiene	—	—	Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/14/25 0800**	**01/14/25 0600**	**01/14/25 0400**	**01/14/25 0200**	**01/14/25 0000**
Arm Bands On	ID;Allergies;Fall	—	—	—	—
Family/Significant Other Update	Visiting;Updated	—	—	—	—
Is an interpreter used?	No	—	—	—	—
Repositioned	Semi Fowler's	Lying left side	Lying right side	Lying left side	Lying right side
Head of Bed Elevated	HOB 45	—	—	—	—
Pressure Redistribution	Pillows	—	—	—	—
Anti-Embolism Devices	SCDs in use	—	—	—	—
Feeding	Able to feed self	—	—	—	—
Appetite	Fair	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Row Name	**01/13/25 2200**	**01/13/25 2000**	**01/13/25 1800**	**01/13/25 1600**	**01/13/25 1400**
Repositioned	Lying left side;Semi Fowler's;Pillow support	Lying right side	Lying left side	Patient off unit	Supine;Pillow support
Positioning Devices	Turn & Position Device	Turn & Position Device	Turn & Position Device;Glide Sheet	—	Turn & Position Device;Glide Sheet
Head of Bed Elevated	—	—	Self regulated	—	Self regulated
Pressure Redistribution	—	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	Yes	Yes	—	—
Range of Motion	—	Active;All extremities	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Hygiene	Gown change;Full	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	linen change;Peri care				
Antiseptic Care	Chlorhexidine Wipe	—	—	—	—
Oral Care	Denture care	—	—	—	—
Row Name	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0800**	**01/13/25 0743**	**01/13/25 0600**
Repositioned	Lying left side	Supine;Pillow support	Lying right side	—	Lying right side;Pillow support;Semi Fowler's
Positioning Devices	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device	—	—
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	—	—
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	—	—
Anti-Embolism Devices	—	—	—	SCDs in use	—
Hygiene	—	—	Peri care;Bed pad change	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Denture care	—	—
Level of Assistance	—	—	Dependent	—	—
Row Name	**01/13/25 0400**	**01/13/25 0200**	**01/13/25 0000**	**01/12/25 2200**	**01/12/25 2000**
Repositioned	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support
Positioning Devices	—	—	—	—	Other (Comment)
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Range of Motion	—	—	—	—	Active;All extremities
Anti-Embolism Devices	—	—	—	—	SCDs in use
Row Name	**01/12/25 1800**	**01/12/25 1600**	**01/12/25 1400**	**01/12/25 1200**	**01/12/25 1000**
Repositioned	Lying right side	Supine	Lying left side	Supine;Pillow support	Lying right side
Positioning Devices	Turn & Position Device	Turn & Position Device	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device
Head of Bed Elevated	Self regulated	Self regulated	Self regulated	Self regulated	Self regulated
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Row Name	**01/12/25 0800**	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**
Repositioned	Supine	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support	Lying left side;Semi Fowler's;Pillow support	Lying right side;Semi Fowler's;Pillow support
Positioning Devices	Turn & Position Device;Glide Sheet	—	—	—	—
Head of Bed Elevated	Self regulated	—	HOB 30	HOB 30	HOB 30
Pressure	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels	Pillows;Heels

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Redistribution	elevated off bed	elevated off bed	elevated off bed	elevated off bed	elevated off bed
Anti-Embolism Devices	SCDs in use	—	—	—	—
Skin Under Sacrum Dressing Assessed?	Yes	—	—	—	—
Sacrum Dressing Status	Clean	—	—	—	—
Hygiene	Partial linen change;Peri care;Gown change	—	—	—	—
Antiseptic Care	Antiseptic Wipe	—	—	—	—
Oral Care	Denture care;Mouth suctioned;Mouth rinsed	—	—	—	—
Level of Assistance	Dependent	—	—	—	—
Safety Equipment at Bedside	Suction;Bag valve mask	—	—	—	—
Row Name	**01/11/25 2200**	**01/11/25 2000**	**01/11/25 1800**	**01/11/25 1600**	**01/11/25 1400**
Repositioned	Lying left side;Semi Fowler's	Semi Fowler's;Pillow support;Lying right side	Supine;Pillow support	Lying left side	Lying right side
Positioning Devices	—	Other (Comment)	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet	Turn & Position Device;Glide Sheet
Head of Bed Elevated	HOB 30	—	Self regulated	Self regulated	Self regulated
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	Yes	—	Yes	—
Range of Motion	—	Active;All extremities	—	—	—
Anti-Embolism Devices	—	SCDs in use	—	—	—
Hygiene	Bathed;Gown change;Full linen change;Peri care	—	—	—	—
Antiseptic Care	Chlorhexidine Wipe	—	—	—	—
Oral Care	Denture care	—	—	—	—
Row Name	**01/11/25 1200**	**01/11/25 1000**	**01/11/25 0800**	**01/11/25 0600**	**01/11/25 0400**
Repositioned	Supine;Pillow support	Lying right side	Supine	Lying right side	Supine;Sitting
Positioning Devices	Turn & Position Device;Glide Sheet	—	—	—	—
Head of Bed Elevated	Self regulated	Self regulated	HOB 45	HOB 30	HOB 30
Pressure Redistribution	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows;Heels elevated off bed	Pillows
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Range of Motion	—	—	Active;All extremities	Active;All extremities	Active;All extremities
Anti-Embolism Devices	—	—	SCDs in use	—	—
Special Mattress	—	—	Low air loss and alternating pressure relief	—	—
Preventative	—	—	Sacrum	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Border Silicone Dressing Location					
Skin Under Sacrum Dressing Assessed?	—	—	Yes	—	—
Sacrum Dressing Status	—	—	Intact	—	—
Skin Under Under Spine Dressing Assessed?	—	—	Yes	—	—
Spine Dressing Status	—	—	Removed	—	—
Hygiene	—	—	Partial linen change;Peri care	—	—
Antiseptic Care	—	—	Antiseptic Wipe	—	—
Oral Care	—	—	Denture care	—	—
Safety Equipment at Bedside	—	—	Suction;Bag valve mask	—	—

Row Name	**01/11/25 0200**	**01/11/25 0000**	**01/10/25 2200**	**01/10/25 2100**	**01/10/25 2000**
Repositioned	Lying right side	Lying left side	Semi Fowler's	—	Lying left side
Positioning Devices	—	—	—	—	Turn & Position Device
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	—	HOB 30
Pressure Redistribution	—	—	—	—	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	—	—	—	—	Yes
Range of Motion	Active;All extremities	Active;All extremities	Active;All extremities	—	Active;All extremities
Anti-Embolism Devices	—	—	—	—	SCDs in use
Preventative Border Silicone Dressing Location	—	—	—	—	Sacrum
Skin Under Sacrum Dressing Assessed?	—	—	—	—	Yes
Sacrum Dressing Status	—	—	—	—	Intact
Skin Under Under Spine Dressing Assessed?	—	—	—	—	Yes
Spine Dressing Status	—	—	—	—	Intact
Hygiene	—	—	—	—	Bathed;Gown change;Full linen change;Peri care
Antiseptic Care	—	—	—	—	Chlorhexidine Wipe
Oral Care	—	—	—	Other (Comment)	Mouth rinsed
Incontinence Protective Devices	—	—	—	—	Changed;Absorbent pad

Row Name	**01/10/25 1800**	**01/10/25 1500**	**01/10/25 1400**	**01/10/25 1215**	**01/10/25 1200**
Repositioned	Lying right side;Pillow support	Supine	Supine	Supine	Lying left side
Positioning	Turn & Position	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Devices	Device				
Head of Bed Elevated	HOB 30	—	HOB Flat	HOB less than 20	—
Side Rails Up for Patient Safety and Mobility	—	—	Yes	Yes	—

Row Name	01/10/25 1115	01/10/25 1000	01/10/25 0900	01/10/25 0823	01/10/25 0759
Highest Level of Mobility for this Event (Nursing)	Sat at edge of bed	—	Lying in bed	—	—
Level of Assistance	Maximum assist, patient does 25-49%	—	Maximum assist, patient does 25-49%	—	—
Ambulation Response	Unable to tolerate;Other (Comment)	—	—	—	—
Repositioned	—	Lying right side;Pillow support	Lying right side;Pillow support	Other(comment)	—
Positioning Devices	—	—	Glide Sheet	—	—
Head of Bed Elevated	—	—	HOB 30	—	—
Pressure Redistribution	—	Heels elevated off bed;Pillows	—	—	—
Side Rails Up for Patient Safety and Mobility	—	—	Yes	—	—
Anti-Embolism Devices	—	—	—	—	SCDs in use
Preventative Border Silicone Dressing Location	—	—	Sacrum	—	—
Oral Care	—	—	Lip moisturizer applied;Mouth swabbed;Other (Comment)	—	—

Row Name	01/10/25 0600	01/10/25 0400	01/10/25 0200	01/10/25 0000	01/09/25 2200
Repositioned	Supine;Pillow support	Lying left side;Pillow support	Supine;Pillow support	Lying left side;Pillow support	Lying right side;Pillow support
Head of Bed Elevated	HOB 30	HOB 30	HOB 30	HOB 30	HOB 30

Row Name	01/09/25 2000
Arm Bands On	ID;Allergies
Repositioned	Supine;Pillow support
Positioning Devices	Turn & Position Device
Pressure Redistribution	Pillows;Heels elevated off bed
Range of Motion	Active;Passive;All extremities
Anti-Embolism Devices	SCDs in use;Foot pump in use
Special Mattress	Low air loss and alternating pressure relief
Preventative Border Silicone Dressing Location	Sacrum;Spine
Skin Under	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Sacrum Dressing Assessed?	
Sacrum Dressing Status	Changed/New
Skin Under Under Spine Dressing Assessed?	Yes
Spine Dressing Status	Changed/New
Hygiene	Bathed;Full linen change;Peri care;Gown change
Antiseptic Care	Chlorhexidine Wipe
Skin Care	Foam skin cleanser
Level of Assistance	Dependent
Additional Comfort/Environmental Interventions	Warm blanket
Warm Blanket	Applied
Safety Equipment at Bedside	Suction;Bag valve mask

Daily Cares/Safety

Row Name	01/26/25 0915
Repositioned	Lying left side;Pillow support
Pressure Redistribution	Pillows;Heels elevated off bed
Side Rails Up for Patient Safety and Mobility	Yes

Disability/ADL Screening

Row Name	01/09/25 2000
Do you have any physical, mental or emotional impairments your care team should be aware of?	Deaf, d/Deaf, or hard of hearing
How do any of the identified impairments affect your ability to perform daily activities?	Hearing
Assistive Devices	Dentures upper;Dentures lower

Discharge Planning

Row Name	01/15/25 1400
Assessment Need	Discharge planning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Discharge Planning Assessment Type	Discharge Planning Assessment (Chart Review)
Is an interpreter used?	No
Is this a planned admission?	No
Admission Source	Admitted through ED
Patient declined discharge planning evaluation/assistance	No
Living situation prior to admit	Tent
Prior to Admit Patient felt needs were met in living situation	Unable to assess/deferred
Home Accessibility Barriers	Narrow doorway/hallways;Unhoused
Primary Caregiver	Children
Support Systems	Children;Case manager/social worker
Functional Limitations Prior to Admit	Physical Limitations;Cognitive Limitations
PTA-Independent with ADLs?	No
PTA-Memory Adequate to Safely Complete Daily Activities	No
PTA- Adequate self-medication management	Unable to assess
PTA-Patient Able to Express Needs/Desires	Unable to assess
PTA-Dressing	Needs assistance
PTA-Feeding	Needs assistance
PTA-Bathing	Needs assistance
PTA-Toileting	Needs assistance
PTA-In/Out Bed	Needs assistance
PTA-Walks in Home	Needs assistance
PTA-Assistive Devices	Wheelchair;Walker;Comments
Address/Phone in Demographics Verified?	No
Payor Verified?	Primary verified;Secondary verified
Financial Issues/Information	Needs longterm care for placement

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

PCP Verified?	Unable to verify
Pharmacy Verified?	Unable to verify
Emergency Contact Verified?	Yes
Initial Discharge Planning Assessment Complete	Yes
Patient Discharge Goals	Other (Comment)
Discharge complexity	3-Complex
Patient provided information on post-discharge facilities,services/ vendors	N/A
Anticipated Resources/Services Needed Upon Discharge	Medically unstabe, to be determined
Living situation post discharge	Home with family/support
Potential barriers to Discharge	Homeless
Patient expects to be discharged to:	home with son
Substance Use History Indicated?	Unable to Assess/Deferred
Post Discharge Caregiver Contact Information	Son Louis
Post Discharge Caregiver Confirmation	Discussed with caregiver, agreed
Post Discharge Caregiver Level of Assistance	24hrs, total physical care
Does the patient need discharge transport arranged?	No
Has discharge transport been arranged?	No
Transportation Funding Method	Private
Transportation Type	Private vehicle

ED Quick Updates

Row Name	01/09/25 1432	01/09/25 1351	01/09/25 1256	01/09/25 1209
Updates	—	—	Consult at bedside	—
Quick Updates - Free Text	Anesthesia MD at bedside, stopping heparin in preparation for	This RN observed Son Louis at bedside speaking with patient and	Vascular team at bedside	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	surgery.	writing information as patient is hard of hearing. Son told patient verbally and in written form that she may not survive surgery and live past today but that he believes she will because she is "a fighter like a tiger". Jeanne tells this RN "I thought I might lose it" and nods towards left leg.		
Transported TO or FROM?	—	—	—	FROM
Location	—	—	—	CT
Transported BY	—	—	—	Transporter

Energy Needs

Row Name	01/27/25 1718
Weight Used for Equation Calculations	43.7 kg (96 lb 5.5 oz)
Harris-Benedict Equation	885
Mifflin- St. Jeor Equation (Overweight or Obese Patients)	729
20 Kcal/Kg (kcal)	874 kcal
25 Kcal/Kg (kcal)	1092.5 kcal
30 Kcal/Kg (kcal)	1311 kcal
35 Kcal/Kg (kcal)	1529.5 kcal
40 Kcal/Kg (kcal)	1748 kcal
45 Kcal/Kg (kcal)	1966.5 kcal
50 Kcal/Kg (kcal)	2185 kcal
0.6 Gm Protein (gm)	26.22
0.7 Gm Protein (gm)	30.59
0.8 Gm Protein (gm)	34.96
0.9 Gm Protein (gm)	39.33
1.0 Gm Protein (gm)	43.7
1.1 Gm Protein (gm)	48.07
1.2 Gm Protein (gm)	52.44
1.3 Gm Protein (gm)	56.81
1.4 Gm Protein (gm)	61.18
1.5 Gm Protein (gm)	65.55
1.6 Gm Protein (gm)	69.92

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

1.7 Gm Protein (gm)	74.29
1.8 Gm Protein (gm)	78.66
1.9 Gm Protein (gm)	83.03
2.0 Gm Protein (gm)	87.4
2.1 Gm Protein (gm)	91.77
2.2 Gm Protein (gm)	96.14
2.3 Gm Protein (gm)	100.51
2.4 Gm Protein (gm)	104.88
2.5 Gm Protein (gm)	109.25
3.0 Gm Protein (gm)	109.25

Equipment and Drugs Available

Row Name	01/10/25 16:46:36	01/10/25 13:09:12
Equipment, rescue equipment, and drugs available	Rescue equipment checked and available at bedside;Emergency drugs checked and available at bedside	Rescue equipment checked and available at bedside;Emergency drugs checked and available at bedside

Fall Risk Assessment

Row Name	03/05/25 1617
Last Known Fall	**During the current hospitalization** !
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	No meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	No problems
Communication/Sensory	Visual (Glasses)/hearing deficit

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3
Hester Davis Fall Risk Total	31
Hester Davis Fall Risk Category	High Risk

General Appearance

Row Name	01/09/25 1027
General Appearance	Alert and Oriented x 4;Respirations even and Unlabored;Skin warm, dry, and color consistent with ethnicity;Moves all extremities

HD Pre-Treatment

Row Name	02/26/25 1526	02/19/25 0947	01/29/25 1618	01/29/25 1615	01/29/25 1605
Temp	—	36.6 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	100	80	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	—	20	—	—	—
BP	—	132/79	**75/26** !	**77/53** !	**211/118** !
MAP (mmHg)	—	—	—	—	149
BP Site	—	Left Arm	Right Arm	Right Leg	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	Other(comment)	Other(comment)	—
SpO2	98 %	92 %	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—

Row Name	01/19/25 1123	01/15/25 1200
Temp	36.1 °C	36.8 °C
Temp src	Temporal	Temporal
Pulse	70	70
Heart Rate Source	Monitor	—
BP	137/66	**90/55** !
MAP (mmHg)	90	66
Vital Sign Reason	Routine	—
SpO2	95 %	94 %

Humidity Verification

Row Name	01/13/25 15:31:38	01/10/25 13:00:31	01/09/25 1717	01/09/25 1433
Humidity Verified	Parameters Met	Parameters Met	Parameters Met	Parameters Met
Temperature Verified	Parameters Met	Parameters Met	Parameters Met	Parameters Met

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

I/O

Row Name	03/08/25 0647	03/07/25 2031	03/07/25 1410	03/07/25 0900	03/07/25 0600
Percent Meals Eaten (%)	—	—	—	—	0
Urine	—	—	50 mL	—	—
Unmeasured Urine Occurrence	1	1	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Yellow/straw	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Dry	—
Output (mL)	—	—	—	—	—
Stool Occurrence	1	—	—	—	—
Stool Size	Small	—	—	—	—
Stool Appearance	Loose;Watery	—	—	—	—
Stool Color	Brown	—	—	—	—
Emesis	—	—	—	—	0 mL

Row Name	03/07/25 0100	03/06/25 2200	03/06/25 2000	03/06/25 0830	03/05/25 2006
Percent Meals Eaten (%)	—	0	—	—	—
Urine Color	Amber	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Odor	No odor	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	Yes	Yes
Site Assessment	—	—	Skin Intact;Dry;Clean	Skin Intact;Dry;Clean	Skin Intact
Output (mL)	220 mL	—	0 mL	—	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Amber	—
Stool Occurrence	0	—	0	—	—
Emesis	0 mL	—	0 mL	—	—

Row Name	03/05/25 0948	03/04/25 2100	03/04/25 2000	03/04/25 1608	03/04/25 0900
P.O.	—	—	240 mL	—	—
Free Water	—	—	60 mL	30 mL	—
Oral Supplements	—	—	Ensure Plus High Protein	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	237 mL	236 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Bladder Accident Status	Accident occurred	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	Skin Intact;Dry;Clean	—	—	Skin Intact;Dry;Clean
Urine	—	Clear	—	—	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Urine Color	—	Amber	—	—	Amber
Row Name	**03/04/25 0417**	**03/03/25 2311**	**03/03/25 2100**	**03/03/25 1600**	**03/03/25 1400**
Free Water	—	20 mL	—	—	—
Percent Meals Eaten (%)	—	Other (Comment)	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	0 mL	—	—
Urine Appearance	—	—	Unable to assess	—	—
Stool Occurrence	—	—	—	1	1
Stool Size	—	—	—	Medium	Medium
Stool Appearance	—	—	—	Loose;Watery	Loose;Soft
Stool Color	—	—	—	Brown	Brown
Row Name	**03/03/25 1231**	**03/03/25 1219**	**03/03/25 1124**	**03/03/25 0955**	**03/03/25 0828**
P.O.	—	532 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	Ensure Clear	—	—	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	—	—
Unmeasured Urine Occurrence	1	1	1	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	Yes	Yes	Yes
Care & Maintenance	Peri care - wash with soap and water;Change device	Change device;Peri care - wash with soap and water	Change device;Peri care - wash with soap and water	Peri care - wash with soap and water	Peri care - wash with soap and water;Change device
Urine Color	Amber	Amber	Amber	Amber	—
Stool Occurrence	1	1	1	1	1
Stool Size	Small	Medium	Medium	Small	Large
Stool Appearance	Loose;Soft	Loose;Soft	Loose;Soft	Loose;Soft	Loose;Soft
Stool Color	Brown	Brown	Brown	Brown	Brown
Row Name	**03/03/25 0800**	**03/03/25 0339**	**03/02/25 2100**	**03/02/25 1600**	**03/02/25 1516**
P.O.	—	—	200 mL	—	—
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Oral Supplements	Ensure Clear	—	—	—	—
Oral Nutritional Supplement Intake (mL)	237 mL	—	—	—	—
Unmeasured Urine Occurrence	—	1	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	Yes	—	—
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact;Dry;Clean	—	—
Care &	—	Change device	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Maintenance					
Urine Color	Amber	—	—	—	—
Stool Occurrence	—	1	—	1	1
Stool Size	—	Large	—	Medium	Medium
Stool Appearance	—	Loose;Soft	—	Loose	Loose
Stool Color	—	Brown	—	—	—
Stool (mL)	—	1 mL	—	—	—
Row Name	**03/02/25 1400**	**03/02/25 1300**	**03/02/25 1244**	**03/02/25 1154**	**03/02/25 1100**
P.O.	—	—	—	—	210 mL
Percent Meals Eaten (%)	Other (Comment)	—	—	—	—
Unmeasured Urine Occurrence	—	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	1	1	1	1	—
Stool Assessment	—	Bowel Incontinence	Bowel Incontinence	Bowel Incontinence	—
Bowel Continence Status	—	—	Incontinent movement	Incontinent movement	—
Bowel Accident Status	—	—	No accident	No accident	—
Stool Size	Medium	Large	Medium	Small	—
Stool Appearance	Loose	Watery	Watery	Loose	—
Stool Color	—	—	—	Brown	—
Row Name	**03/02/25 0750**	**03/01/25 1911**	**03/01/25 1800**	**03/01/25 1400**	**03/01/25 1000**
Unmeasured Urine Occurrence	—	—	1	1	—
Urine Amount	—	—	Medium	Large	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	—	—	—
Site Assessment	Dry;Clean	Skin Intact;Dry;Clean	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
Urine Color	—	Unable to assess	—	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Formed
Stool Color	—	—	—	—	Brown
Row Name	**03/01/25 0900**	**03/01/25 0850**	**03/01/25 0805**	**03/01/25 0800**	**03/01/25 0500**
P.O.	—	—	60 mL	240 mL	—
Oral Supplements	—	Ensure Clear	—	—	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	—	—
Unmeasured Urine Occurrence	—	—	—	—	1
Urine Assessment	—	—	—	—	Urinary Incontinence
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Dry;Clean	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Care & Maintenance	—	—	—	—	Change device;Peri care - wash with soap and water
Output (mL)	—	—	—	—	1 mL
Urine Appearance	—	—	—	—	Unable to assess
Urine Color	—	—	—	—	Unable to assess
Stool Occurrence	—	—	—	—	1
Stool Assessment	—	—	—	—	Bowel Incontinence
Stool Size	—	—	—	—	Medium
Stool Appearance	—	—	—	—	Bloody
Stool Color	—	—	—	—	Brown
Row Name	**03/01/25 0026**	**02/28/25 2043**	**02/28/25 1945**	**02/28/25 1415**	**02/28/25 0928**
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Dry;Skin Intact;Clean	—	—	—
Care & Maintenance	Peri care - wash with soap and water;Change device	—	Change device	—	—
Output (mL)	150 mL	—	—	80 mL	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Tea colored	—	—	—	—
Stool Occurrence	0	—	1	1	1
Stool Size	—	—	Medium	Smear	Small
Stool Appearance	—	—	Hard	Soft	Formed;Soft
Stool Color	—	—	Brown	Brown	Brown
Row Name	**02/28/25 0900**	**02/28/25 0627**	**02/28/25 0200**	**02/27/25 2100**	**02/27/25 2030**
Unmeasured Urine Occurrence	—	1	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	Yes	—
Site Assessment	Dry;Clean	—	—	Skin Intact	—
Urine Appearance	Clear	—	—	Clear	—
Urine Color	Tea colored	—	—	—	—
Stool Occurrence	—	1	1	—	1
Stool Size	—	Small	Small	—	Medium
Stool Appearance	—	Soft	Soft;Formed	—	Soft;Formed
Stool Color	—	Brown	Brown	—	Brown
Row Name	**02/27/25 1900**	**02/27/25 1701**	**02/27/25 1332**	**02/27/25 0900**	**02/27/25 0800**
P.O.	—	—	—	—	0 mL
Supplements	—	—	—	—	Yes
Oral Supplements	Ensure Clear	—	—	—	Ensure Clear
Oral Nutritional Supplement Intake (mL)	237 mL	—	—	—	237 mL
Unmeasured	—	1	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Occurrence					
Urine Amount	—	Small	—	—	—
Urine Color	—	Unable to assess	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Output (mL)	—	—	—	100 mL	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Tea colored	—
Stool Occurrence	—	1	1	—	—
Stool Size	—	Large	Small	—	—
Stool Appearance	—	Soft;Formed	Soft	—	—
Stool Color	—	Brown	Brown	—	—
Row Name	**02/27/25 0632**	**02/26/25 2100**	**02/26/25 0900**	**02/26/25 0100**	**02/25/25 2100**
Unmeasured Urine Occurrence	0	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	Yes
Site Assessment	—	Skin Intact;Dry	Skin Intact;Dry	—	Skin Intact;Dry
Output (mL)	—	—	—	150 mL	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Tea colored	—	Red	—
Stool Occurrence	0	—	—	—	—
Row Name	**02/25/25 0900**	**02/24/25 2100**	**02/24/25 0327**	**02/23/25 2238**	**02/23/25 2100**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	Skin Intact;Dry	Skin Intact;Dry;Clean	—	—	Clean;Dry;Skin Intact
Output (mL)	—	—	600 mL	700 mL	—
Urine Appearance	—	Clear	—	—	Clear
Urine Color	—	Amber	—	—	Amber
Row Name	**02/23/25 1447**	**02/23/25 1259**	**02/23/25 0810**	**02/23/25 0600**	**02/23/25 0223**
Rate	—	75 mL/hr	—	—	100 mL/hr
Volume (mL)	—	—	—	700 mL	—
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	200 mL	—	—
Row Name	**02/22/25 2100**	**02/22/25 1616**	**02/22/25 1545**	**02/22/25 1229**	**02/22/25 1218**
P.O.	—	—	—	0 mL	—
Rate	—	—	100 mL/hr	—	—
Volume (mL)	—	—	975 mL	—	—
Dose	—	—	—	—	*2 g
Dose	—	*1000 mg	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact	—	—	—	—
Output (mL)	—	—	—	200 mL	—
Urine	—	—	—	Clear	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Urine Color	—	—	—	Amber	—
Stool Occurrence	—	—	—	0	—
Row Name	**02/22/25 0954**	**02/22/25 0600**	**02/21/25 2200**	**02/21/25 2100**	**02/21/25 1800**
P.O.	—	0 mL	—	—	—
Free Water	—	0 mL	—	—	—
Volume (mL)	—	800 mL	100 mL	300 mL	701.67 mL
Dose	*1000 mg	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Clean	—
Urine Color	—	—	—	Amber	—
Row Name	**02/21/25 1130**	**02/21/25 1059**	**02/21/25 0944**	**02/21/25 0900**	**02/21/25 0749**
Weight	—	—	—	—	45.7 kg (100 lb 12 oz)
Weight Method	—	—	—	—	Bed scale
Rate	—	—	100 mL/hr	—	—
Volume (mL)	—	125 mL	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Clean	—
Urine Appearance	—	—	—	Clear	—
Urine Color	—	—	—	Amber	—
Row Name	**02/21/25 0500**	**02/21/25 0000**	**02/20/25 2100**	**02/20/25 1841**	**02/20/25 1100**
Unmeasured Urine Occurrence	1	2	—	1	1
Urinary Incontinence	Yes	Yes	—	—	—
Urine Amount	—	Unable to assess	—	Unable to assess	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Urine Appearance	—	—	—	Unable to assess	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	No	—	—
Site Assessment	—	—	Skin Intact;Clean;Dry	—	—
Row Name	**02/20/25 0900**	**02/20/25 0100**	**02/19/25 1126**	**02/19/25 0900**	**02/19/25 0630**
Urine	—	—	—	—	300 mL
Unmeasured Urine Occurrence	—	1	1	—	—
Urine Amount	—	—	Medium	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	—	Yes	—
Site Assessment	Other (Comment)	—	—	Skin Intact	—
Urine Color	—	—	—	Yellow/straw	—
Row Name	**02/19/25 0623**	**02/19/25 0558**	**02/18/25 2100**	**02/18/25 2030**	**02/18/25 1604**
P.O.	—	0 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	—	1	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Stool Occurrence	1	0	—	—	1
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Stool Size	Small	—	—	—	Smear
Stool Appearance	Soft	—	—	—	Soft
Stool Color	Brown	—	—	—	Brown
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				

Row Name	**02/18/25 1424**	**02/18/25 1400**	**02/18/25 1000**	**02/18/25 0935**	**02/18/25 0900**
Oral Supplements	—	Other (Comment)	Other (Comment)	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	0 mL	—	—
Unmeasured Urine Occurrence	—	—	—	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Site Assessment	—	—	—	—	Skin Intact;Clean;Dry
Urine Appearance	—	—	—	—	Clear
Urine Color	—	—	—	—	Yellow/straw
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
Placement Verification	X-ray	—	—	—	—
Site Assessment	Clean;Dry;Intact	—	—	—	—
Nasogastric/Orogastric Status	Other (Comment)	—	—	—	—

Row Name	**02/18/25 0800**	**02/18/25 0600**	**02/17/25 2030**	**02/17/25 1700**	**02/17/25 1646**
P.O.	—	0 mL	0 mL	—	—
Oral Supplements	Other (Comment)	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Urine	—	0 mL	0 mL	—	450 mL
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Care & Maintenance	—	—	—	—	Change device
Output (mL)	—	0 mL	—	—	—
Stool Occurrence	—	—	—	—	1 (P)
Stool Assessment	—	—	—	—	Bowel Incontinence (P)
Bowel	—	—	—	—	Incontinent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Continence Status					movement (P)
Stool Size	—	—	—	—	Smear (P)
Stool Appearance	—	—	—	—	Soft (P)
Stool Color	—	—	—	—	Brown (P)
Row Name	**02/17/25 1400**	**02/17/25 1000**	**02/17/25 0802**	**02/17/25 0800**	**02/16/25 1847**
Oral Supplements	Ensure Plus High Protein	Ensure Plus High Protein	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	0 mL	—	0 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	400 mL	—	—
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/16/25 1700**	**02/16/25 1400**	**02/16/25 1000**	**02/16/25 0900**	**02/16/25 0800**
Oral Supplements	Beneprotein	Benecalorie	Benecalorie	—	Beneprotein
Oral Nutritional Supplement Intake (mL)	0 mL	0 mL	0 mL	—	0 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact	—
Urine Color	—	—	—	Yellow/straw	—
Row Name	**02/16/25 0400**	**02/15/25 1647**	**02/15/25 1600**	**02/15/25 1400**	**02/15/25 1000**
P.O.	—	—	100 mL (P)	—	—
Oral Supplements	—	Other (Comment)	—	Other (Comment)	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	0 mL	0 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	125 mL (P)	—	—
Urine Appearance	—	—	Clear (P)	—	—
Urine Color	—	—	Amber (P)	—	—
Stool Occurrence	1	—	0 (P)	—	—
Stool Assessment	Bowel Incontinence	—	—	—	—
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Stool Size	Smear	—	—	—	—
Stool Appearance	Soft	—	—	—	—
Stool Color	Brown	—	—	—	—
Row Name	**02/15/25 0900**	**02/15/25 0800**	**02/15/25 0722**	**02/15/25 0449**	**02/15/25 0030**
Oral Supplements	—	Other (Comment)	—	—	—
Oral Nutritional	—	0 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Supplement Intake (mL)					
Rate	—	—	—	0 mL/hr	—
Unmeasured Urine Occurrence	—	—	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	—	—	—
Site Assessment	Skin Intact;Dry	—	—	—	—
Output (mL)	—	—	800 mL	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
Row Name	**02/14/25 2200**	**02/14/25 2136**	**02/14/25 1700**	**02/14/25 1600**	**02/14/25 1400**
Percent Meals Eaten (%)	—	—	—	75	—
Oral Supplements	—	—	Ensure Plus High Protein	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Rate	—	75 mL/hr	—	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/14/25 1200**	**02/14/25 1103**	**02/14/25 1000**	**02/14/25 0935**	**02/14/25 0800**
Free Water	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	75	—	—	—
Oral Supplements	—	—	Benecalorie	—	Benecalorie
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Rate	—	—	—	0 mL/hr	—
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Urine	400 mL	—	—	—	—
Urine Color	Tea colored	—	—	—	—
Urine Appearance	Clear	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	—	—	—	1
Bowel Incontinence	—	—	—	—	No
Bowel Continence Status	—	—	—	—	Continent movement
Bowel Accident Status	—	—	—	—	No accident
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Formed;Soft
Stool Color	—	—	—	—	Brown
Row Name	**02/14/25 0300**	**02/13/25 2056**	**02/13/25 2030**	**02/13/25 1900**	**02/13/25 1746**
Rate	—	—	—	—	50 mL/hr
Urine	200 mL	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Unmeasured Urine Occurrence	1	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	—	—	—	0	—
Row Name	**02/13/25 1700**	**02/13/25 1539**	**02/13/25 1400**	**02/13/25 1225**	**02/13/25 1153**
Weight	—	45.6 kg (100 lb 8.5 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	—
Rate	—	—	—	50 mL/hr	—
Unmeasured Urine Occurrence	—	0	—	—	1
Urine Amount	—	—	—	—	Unable to assess
Urine Color	—	—	—	—	Unable to assess
Urine Appearance	—	—	—	—	Unable to assess
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	0	—	—	1
Bowel Continence Status	—	—	—	—	Continent movement
Bowel Accident Status	—	—	—	—	No accident
Stool Size	—	—	—	—	Medium
Stool Appearance	—	—	—	—	Formed
Stool Color	—	—	—	—	Brown
Row Name	**02/13/25 1000**	**02/13/25 0900**	**02/13/25 0859**	**02/13/25 0813**	**02/13/25 0700**
Oral Supplements	Ensure Plus High Protein	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	100 mL	—
Volume (mL)	—	—	—	—	700 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	No	—	—	—
Site Assessment	—	Skin Intact;Clean	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Size	—	—	Medium	—	—
Stool Appearance	—	—	Soft;Formed	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/13/25 0431**	**02/13/25 0400**	**02/13/25 0000**	**02/12/25 2129**	**02/12/25 2100**
Rate	100 mL/hr	—	—	100 mL/hr	—
Volume (mL)	—	—	275.83 mL	—	129.58 mL
Unmeasured Urine Occurrence	—	1	1	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urinary Incontinence	—	—	Yes	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	No
Site Assessment	—	—	—	—	Skin Intact;Clean
Stool Occurrence	—	1	—	—	—
Stool Size	—	Smear	—	—	—
Stool Appearance	—	Loose;Soft	—	—	—
Stool Color	—	Brown	—	—	—
Row Name	**02/12/25 2011**	**02/12/25 1900**	**02/12/25 1706**	**02/12/25 1633**	**02/12/25 0830**
Percent Meals Eaten (%)	—	—	—	—	75
Rate	50 mL/hr	—	75 mL/hr	—	—
Volume (mL)	—	75 mL	—	—	—
Urine	—	—	—	1 mL	—
Urinary Incontinence	—	—	—	Yes	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	—	—	1	—
Stool Assessment	—	—	—	Bowel Incontinence	—
Stool Size	—	—	—	Smear	—
Stool Appearance	—	—	—	Loose;Soft	—
Stool Color	—	—	—	Brown	—
Row Name	**02/12/25 0507**	**02/12/25 0400**	**02/11/25 1925**	**02/11/25 1554**	**02/11/25 1139**
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	1995 mL	—	—	—	—
Unmeasured Urine Occurrence	—	1	—	1	—
Urinary Incontinence	—	Yes	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Stool Occurrence	—	1	—	1	1
Bowel Incontinence	—	Yes	—	—	—
Stool Size	—	Smear	—	Smear	Smear
Stool Appearance	—	Loose;Soft	—	—	—
Row Name	**02/11/25 1138**	**02/11/25 0910**	**02/11/25 0900**	**02/11/25 0615**	**02/11/25 0411**
Weight	45.5 kg (100 lb 5 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—
Rate	—	100 mL/hr	—	—	—
Unmeasured Urine Occurrence	—	—	—	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Output (mL)	—	—	—	75 mL	—
Urine Appearance	—	—	Clear	—	—
Stool Occurrence	—	1	—	1	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Size	—	Small	—	Small	Smear
Stool Appearance	—	—	—	Loose;Soft	Loose;Soft
Stool Color	—	—	—	Brown	Brown
Row Name	**02/11/25 0317**	**02/11/25 0056**	**02/10/25 2319**	**02/10/25 2100**	**02/10/25 2001**
Free Water	30 mL	—	—	—	—
Dose	—	—	—	—	*1000 mL
Rate	—	—	—	—	100 mL/hr
Dose	—	*1 g	—	—	—
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Care & Maintenance	—	—	Change device;Peri care - wash with soap and water	—	—
Stool Occurrence	0	—	1	—	—
Stool Size	—	—	Medium	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/10/25 1800**	**02/10/25 1700**	**02/10/25 1600**	**02/10/25 1400**	**02/10/25 1000**
Weight	—	—	47.4 kg (104 lb 8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Percent Meals Eaten (%)	33	—	—	—	—
Oral Supplements	Ensure Plus High Protein	Benecalorie	—	Other (Comment)	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	100 mL	0 mL	—	0 mL	25 mL
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/10/25 0957**	**02/10/25 0800**	**02/09/25 2143**	**02/09/25 2100**	**02/09/25 1700**
Oral Supplements	—	Benecalorie	—	—	Beneprotein
Oral Nutritional Supplement Intake (mL)	—	50 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	2	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Site Assessment	—	—	—	Skin Intact;Dry	—
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	—	210 mL	0 mL	—
Stool Occurrence	—	—	1	—	—
Stool Size	—	—	Small	—	—
Stool Appearance	—	—	Loose;Soft	—	—
Stool Color	—	—	Brown	—	—
Row Name	**02/09/25 1400**	**02/09/25 1250**	**02/09/25 1102**	**02/09/25 1000**	**02/09/25 0938**
Oral Supplements	Ensure Plus High Protein	—	—	Ensure Plus High Protein	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Dose	—	—	*500 mL	—	—
Rate	—	—	500 mL/hr	—	—
Dose	—	—	—	—	*1 g
Dose	—	*1000 mg	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Row Name	**02/09/25 0900**	**02/09/25 0800**	**02/09/25 0754**	**02/09/25 0519**	**02/09/25 0042**
Weight	—	—	46.6 kg (102 lb 11.8 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Oral Supplements	—	Benecalorie	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Dose	—	—	—	*1000 mg	*1000 mg
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
Row Name	**02/09/25 0041**	**02/08/25 2100**	**02/08/25 1644**	**02/08/25 1400**	**02/08/25 1356**
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	—	Benecalorie	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	0 mL
Urine	—	—	—	150 mL	—
Unmeasured Urine Occurrence	1	—	1	—	—
Urine Assessment	Urinary Incontinence;Bladder Continence Status;Bladder Accident Status;Urine Amount;Urine Color;Urine Appearance;Urine Odor	—	—	—	—
Urinary Incontinence	Yes	—	Yes	—	—
Bladder Continence Status	Non-stress incontinence	—	—	—	—
Bladder Accident Status	Urine spill	—	—	—	—
Urine Amount	Unable to assess	—	Small	—	—
Urine Color	Amber	—	—	—	—
Urine Appearance	Unable to assess	—	—	—	—
Urine Odor	Malodorous	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Output (mL)	—	50 mL	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	1	—	—	—	—
Stool Assessment	Bowel Incontinence;Bowel Continence Status;Bowel Accident Status;Stool Size;Stool Appearance;Stool Color	—	—	—	—
Bowel Incontinence	Yes	—	—	—	—
Bowel Continence Status	Incontinent movement	—	—	—	—
Bowel Accident Status	Accident occurred	—	—	—	—
Stool Size	Smear	—	—	—	—
Stool Appearance	Loose;Soft	—	—	—	—
Stool Color	Brown	—	—	—	—
Row Name	**02/08/25 1300**	**02/08/25 1256**	**02/08/25 1219**	**02/08/25 1149**	**02/08/25 1021**
Dose	—	—	—	—	*12.5 g
Dose	—	—	—	*1 g	—
Dose	—	—	*2 g	—	—
Unmeasured Urine Occurrence	—	2	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry;Clean;Redness	—	—	—
Care & Maintenance	—	Change device;Peri care - wash with soap and water	—	—	—
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	0	—	—	—	—
Row Name	**02/08/25 0949**	**02/08/25 0900**	**02/08/25 0737**	**02/07/25 2200**	**02/07/25 1700**
Free Water	—	—	—	60 mL	30 mL
Percent Meals Eaten (%)	—	—	—	25	—
Oral Supplements	Ensure Plus High Protein	—	Benecalorie	—	Benecalorie
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	0 mL
Unmeasured Urine Occurrence	—	—	—	—	1
Urinary Incontinence	—	—	—	—	Yes
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	Yes	—	—	—
Site Assessment	—	Dry;Clean;Redness; Skin Intact	—	—	—
Output (mL)	—	—	—	—	200 mL
Urine Appearance	—	Clear	—	—	—
Urine Color	—	Amber	—	—	Amber
Row Name	**02/07/25 1400**	**02/07/25 1200**	**02/07/25 1000**	**02/07/25 0900**	**02/07/25 0803**
Weight	—	—	—	—	50.2 kg (110 lb 10.7 oz)
Weight Method	—	—	—	—	Bed scale
Percent Meals Eaten (%)	—	25	—	—	—
Oral Supplements	Ensure Plus High Protein	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	0 mL	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	Yes
Site Assessment	—	—	—	Skin Intact;Dry;Clean	—
Output (mL)	—	—	—	—	0 mL
Urine Appearance	—	—	—	Hazy	—
Urine Color	—	—	—	Amber	—
Stool Occurrence	—	0	—	—	0
Row Name	**02/07/25 0800**	**02/07/25 0617**	**02/06/25 2107**	**02/06/25 1700**	**02/06/25 1200**
P.O.	—	0 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	—	25
Oral Supplements	Ensure Plus High Protein	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Unmeasured Urine Occurrence	—	—	1	1	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	Change device	—
Stool Occurrence	—	1	1	—	—
Stool Size	—	Smear	Smear	—	—
Stool Appearance	—	Soft	—	—	—
Stool Color	—	Brown	—	—	—
Unmeasured Emesis Occurrence	—	0	0	—	—
Row Name	**02/06/25 1000**	**02/06/25 0930**	**02/06/25 0900**	**02/06/25 0800**	**02/06/25 0438**
Oral Supplements	Ensure Plus High Protein	—	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	20 mL	—
Unmeasured Urine Occurrence	—	1	—	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Small
Stool Appearance	—	—	—	—	Soft
Stool Color	—	—	—	—	Brown
Row Name	**02/05/25 2353**	**02/05/25 2100**	**02/05/25 2000**	**02/05/25 1850**	**02/05/25 1700**
Unmeasured Urine Occurrence	1	—	—	1	—
Urine Assessment	—	—	—	Urinary Incontinence	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine Color	—	Amber	—	—	—
Stool Occurrence	1	—	1	—	1
Bowel Incontinence	Yes	—	Yes	—	Yes
Stool Size	Smear	—	Smear	—	Smear
Stool Appearance	Soft	—	Soft	—	Soft
Stool Color	Brown	—	Brown	—	Brown
Row Name	**02/05/25 1642**	**02/05/25 1400**	**02/05/25 1000**	**02/05/25 0800**	**02/05/25 0600**
P.O.	—	—	—	—	50 mL
Percent Meals Eaten (%)	50	75	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	Beneprotein	—
Oral Nutritional Supplement Intake (mL)	—	—	40 mL	20 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	200 mL	—	—	—
Urine Color	—	—	Amber	—	—
Stool Occurrence	—	1	1	—	—
Bowel Incontinence	—	Yes	Yes	—	—
Stool Size	—	Smear	Large	—	—
Stool Appearance	—	Soft	Soft	—	—
Stool Color	—	Brown	Brown	—	—
Row Name	**02/05/25 0534**	**02/04/25 2310**	**02/04/25 1650**	**02/04/25 1600**	**02/04/25 1400**
P.O.	—	—	—	—	100 mL
Percent Meals Eaten (%)	—	—	—	100	—
Oral Supplements	—	—	Benecalorie	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	20 mL	—	0 mL
Unmeasured Urine Occurrence	—	—	—	1	—
Urine Assessment	—	—	—	Urinary Incontinence	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	Yes	—	—	—
Site Assessment	Skin Intact;Dry	Skin Intact;Dry	—	—	—
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Output (mL)	20 mL	—	—	—	—
Urine Color	Amber	Amber	—	—	—
Stool Occurrence	1	1	—	—	—
Bowel Incontinence	Yes	Yes	—	—	—
Stool Size	Large	Large	—	—	—
Stool Appearance	Soft	Formed	—	—	—
Stool Color	Brown	Brown	—	—	—
Row Name	**02/04/25 1200**	**02/04/25 1000**	**02/04/25 0900**	**02/04/25 0800**	**02/04/25 0540**
Oral Supplements	—	Ensure Plus High Protein	—	Benecalorie	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	25 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Urine Color	—	—	—	—	Amber
Urine Appearance	—	—	—	—	Hazy
Bladder Scan Post-void Volume (mL)	0 mL	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Output (mL)	20 mL	—	20 mL	—	60 mL
Urine Appearance	—	—	Hazy	—	—
Urine Color	—	—	Amber	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/04/25 0325**	**02/03/25 2100**	**02/03/25 1515**	**02/03/25 1436**	**02/03/25 1257**
Weight	—	—	52.5 kg (115 lb 11.9 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Percent Meals Eaten (%)	—	—	—	50	—
Urine	0 mL	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	Dry;Clean	—	—	Skin Intact;Dry;Clean
Care & Maintenance	—	—	—	—	Change device;Collection container changed
Output (mL)	0 mL	—	—	—	50 mL
Urine Appearance	—	—	—	—	Hazy
Urine Color	—	—	—	—	Amber

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Occurrence	0	—	—	—	—
Row Name	**02/03/25 1130**	**02/03/25 0856**	**02/03/25 0845**	**02/03/25 0800**	**02/03/25 0504**
Oral Supplements	Other (Comment)	—	—	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	0 mL	—
Unmeasured Urine Occurrence	—	1	—	—	1
Urine Color	—	—	—	—	Unable to assess
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Urine Appearance	—	—	Unable to assess	—	—
Urine Color	—	—	Unable to assess	—	—
Stool Occurrence	—	—	—	—	0
Row Name	**02/02/25 2249**	**02/02/25 2100**	**02/02/25 1700**	**02/02/25 1130**	**02/02/25 0900**
Oral Supplements	—	—	Ensure Plus High Protein	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	40 mL	—
Unmeasured Urine Occurrence	1	—	—	—	—
Urine Assessment	Urinary Incontinence	—	—	—	—
Urine Color	Unable to assess	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	Yes
Site Assessment	—	—	—	—	Skin Intact;Dry;Clean
Urine Appearance	—	Clear	—	—	Clear
Urine Color	—	Amber	—	—	Amber
Row Name	**02/02/25 0800**	**02/02/25 0600**	**02/02/25 0400**	**02/02/25 0200**	**02/01/25 1929**
P.O.	—	0 mL	—	0 mL	—
Free Water	—	50 mL	—	0 mL	—
Percent Meals Eaten (%)	—	100	—	0	—
Oral Supplements	Ensure Plus High Protein	—	—	—	—
Oral Nutritional Supplement Intake (mL)	60 mL	—	—	—	—
Urine	—	0 mL	—	—	—
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	Yes
Site Assessment	—	—	Skin Intact;Dry;Clean	—	Skin Intact;Dry
Care & Maintenance	—	—	Change device	—	—
Output (mL)	—	0 mL	100 mL	200 mL	—
Urine Appearance	—	—	Clear	Clear	Clear

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urine Color	—	—	Amber	Amber	Yellow/straw
Stool Occurrence	—	0	—	0	—
Emesis	—	0 mL	—	0 mL	—
Row Name	**02/01/25 1800**	**02/01/25 1700**	**02/01/25 1500**	**02/01/25 1442**	**02/01/25 1130**
P.O.	120 mL	—	—	300 mL	—
Percent Meals Eaten (%)	100	—	—	100	—
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	240 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	1	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Output (mL)	—	—	300 mL	—	—
Row Name	**02/01/25 1100**	**02/01/25 0900**	**01/31/25 2036**	**01/31/25 1700**	**01/31/25 1500**
Weight	—	—	—	—	52.2 kg (115 lb 1.3 oz)
Weight Method	—	—	—	—	Bed scale
P.O.	350 mL	—	—	—	60 mL
Percent Meals Eaten (%)	75	—	—	—	50
Oral Supplements	—	—	—	Ensure Plus High Protein	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	80 mL	240 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	Skin Intact;Dry;Clean	—	—
Output (mL)	—	—	0 mL	—	—
Urine Appearance	—	Clear	Hazy	—	—
Urine Color	—	Yellow/straw	—	—	—
Row Name	**01/31/25 1236**	**01/31/25 1130**	**01/31/25 0900**	**01/31/25 0800**	**01/31/25 0600**
Weight Method	Bed scale	—	—	—	—
Percent Meals Eaten (%)	—	—	—	—	25
Oral Supplements	Kefir	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	100 mL	0 mL	—	60 mL	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	—
Row Name	**01/30/25 2226**	**01/30/25 2155**	**01/30/25 2100**	**01/30/25 2053**	**01/30/25 1951**
Dose	*0 mEq	—	—	*40 mEq	—
Dose	—	—	—	—	*4 g
Unmeasured Urine Occurrence	—	1	—	—	—
Urinary	—	Yes	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Incontinence					
Urine Color	—	Yellow/straw	—	—	—
Urine Appearance	—	Unable to assess	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	Yes	—	—
Site Assessment	—	Skin Intact;Clean	—	—	—
Stool Occurrence	—	0	—	—	—
Row Name	**01/30/25 1800**	**01/30/25 1730**	**01/30/25 1552**	**01/30/25 1229**	**01/30/25 1130**
Percent Meals Eaten (%)	—	—	Other (Comment)	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Unmeasured Urine Occurrence	—	—	1	—	—
Urine Color	—	—	Yellow/straw	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	Yes	—
Output (mL)	—	—	—	200 mL	—
Urine Color	—	—	—	Yellow/straw	—
Stool Occurrence	0	—	—	0	—
Row Name	**01/30/25 1000**	**01/30/25 0800**	**01/30/25 0522**	**01/30/25 0400**	**01/30/25 0000**
Weight	—	52.4 kg (115 lb 8.3 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Percent Meals Eaten (%)	100	0	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Unmeasured Urine Occurrence	—	0	1	—	1
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Output (mL)	—	—	—	300 mL	—
Urine Color	—	Yellow/straw	—	Yellow/straw	—
Stool Occurrence	—	0	—	—	—
Row Name	**01/29/25 2100**	**01/29/25 1900**	**01/29/25 1858**	**01/29/25 1800**	**01/29/25 1700**
Percent Meals Eaten (%)	—	—	50	—	—
Oral Supplements	—	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	—	30 mL
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Care & Maintenance	Other (Comment)	—	—	Other (Comment)	—
Urine	—	Clear	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance

Row Name	01/29/25 1632	01/29/25 1615	01/29/25 1130	01/29/25 1053	01/29/25 1000
P.O.	—	30 mL	—	—	—
Percent Meals Eaten (%)	—	—	—	Other (Comment)	0
Supplements	—	—	—	—	Yes
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Unmeasured Urine Occurrence	1	—	—	—	—
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	Change device	—	—	—	—
Output (mL)	350 mL	—	—	—	—
Stool Occurrence	—	0	—	—	—
Emesis	—	0 mL	—	—	—

Row Name	01/29/25 0900	01/29/25 0800	01/28/25 2049	01/28/25 1639	01/28/25 1422
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	120 mL	—	237 mL	—
Unmeasured Urine Occurrence	—	—	—	—	1
Urinary Incontinence	—	—	—	—	Yes
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	Yes	—	—
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact;Dry;Clean	—	—

Row Name	01/28/25 1300	01/28/25 1100	01/28/25 0900	01/28/25 0800	01/28/25 0200
Weight	—	52.3 kg (115 lb 4.8 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	237 mL	—	0 mL	—
Unmeasured Urine Occurrence	0	0	1	—	1
Urine Assessment	—	—	Urinary Incontinence	—	—
Urinary Incontinence	—	—	—	—	Yes
Stool Occurrence	0	0	—	—	—

Row Name	01/27/25 2256	01/27/25 2000	01/27/25 1700	01/27/25 1630	01/27/25 1400
P.O.	—	—	—	80 mL	—
Percent Meals Eaten (%)	—	Other (Comment)	—	—	—
Supplements	—	Yes	—	—	—
Oral Supplements	—	Ensure Plus High Protein	Ensure Plus High Protein	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Oral Nutritional Supplement Intake (mL)	—	30 mL	0 mL	—	—
Rate	0 mL/hr	—	—	—	—
Urine	—	—	1 mL	—	—
Unmeasured Urine Occurrence	—	1	1	—	1
Urinary Incontinence	—	Yes	Yes	—	Yes
Stool Occurrence	—	0	1	—	1
Stool Assessment	—	—	—	—	Bowel Incontinence
Bowel Incontinence	—	—	—	—	Yes
Stool Size	—	Smear	Smear	—	Small
Stool Appearance	—	—	Soft	—	Loose;Soft
Stool Color	—	—	Brown	—	Brown
Row Name	**01/27/25 1252**	**01/27/25 1215**	**01/27/25 1130**	**01/27/25 0938**	**01/27/25 0937**
Free Water	2 mL	—	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	1 mL	—	—
Rate	—	—	—	80 mL/hr	—
Dose	—	—	—	—	*2 g
Unmeasured Urine Occurrence	—	1	—	—	—
Urine Assessment	—	Urinary Incontinence	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Stool Occurrence	—	—	—	1	—
Stool Assessment	—	—	—	Bowel Incontinence	—
Bowel Incontinence	—	—	—	Yes	—
Stool Size	—	—	—	Medium	—
Stool Appearance	—	—	—	Loose;Soft	—
Stool Color	—	—	—	Brown	—
Row Name	**01/27/25 0800**	**01/27/25 0630**	**01/27/25 0528**	**01/27/25 0459**	**01/27/25 0200**
P.O.	—	—	0 mL	—	—
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	80 mL/hr	—	—
Volume (mL)	—	—	768 mL	—	—
Unmeasured Urine Occurrence	—	0	—	1	1
Urinary Incontinence	—	—	—	Yes	Yes
Urine Color	—	—	—	Unable to assess	Unable to assess
Urine Appearance	—	—	—	Unable to assess	Unable to assess
Stool Occurrence	—	1	—	1	1
Stool Size	—	Small	—	Small	Small
Stool	—	Loose;Soft	—	Loose;Soft	Loose

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Appearance					
Stool Color	—	Brown	—	Brown	Brown
Unmeasured Emesis Occurrence	—	—	0	—	—
Row Name	**01/26/25 2347**	**01/26/25 2100**	**01/26/25 1952**	**01/26/25 1854**	**01/26/25 1654**
Oral Supplements	—	—	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	—	—	—	0 mL
Rate	—	—	80 mL/hr	0 mL/hr	—
Unmeasured Urine Occurrence	1	1	—	—	—
Urinary Incontinence	—	Yes	—	—	—
Urine Color	—	Unable to assess	—	—	—
Stool Occurrence	1	1	—	—	—
Stool Size	Smear	Smear	—	—	—
Stool Appearance	Unable to assess	Formed;Soft	—	—	—
Stool Color	Brown	Brown	—	—	—
Row Name	**01/26/25 1630**	**01/26/25 1130**	**01/26/25 1046**	**01/26/25 0915**	**01/26/25 0800**
Oral Supplements	—	Other (Comment)	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Unmeasured Urine Occurrence	1	—	—	1	—
Urinary Incontinence	Yes	—	—	—	—
Row Name	**01/25/25 2349**	**01/25/25 1700**	**01/25/25 1321**	**01/25/25 1200**	**01/25/25 1130**
Oral Supplements	—	Other (Comment)	—	—	Other (Comment)
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	—	*1000 mg	—	—
Unmeasured Urine Occurrence	1	—	—	2	—
Row Name	**01/25/25 0800**	**01/25/25 0346**	**01/25/25 0044**	**01/24/25 2201**	**01/24/25 1700**
Oral Supplements	Other (Comment)	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	0 mL
Dose	—	*500 mL	—	—	—
Rate	—	500 mL/hr	—	—	—
Urine	—	—	—	150 mL	—
Unmeasured Urine Occurrence	—	—	1	—	—
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Stool Occurrence	—	—	0	0	—
Row Name	**01/24/25 1300**	**01/24/25 1130**	**01/24/25 1100**	**01/24/25 0800**	**01/24/25 0026**
P.O.	—	—	—	—	100 mL
Percent Meals Eaten (%)	25	—	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	50 mL	—
Urine	—	—	—	—	200 mL
Unmeasured Urine Occurrence	—	—	1	—	1
Urinary Incontinence	—	—	Yes	—	—
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
Stool Occurrence	0	—	—	—	—
Row Name	**01/23/25 2200**	**01/23/25 1700**	**01/23/25 1130**	**01/23/25 0800**	**01/23/25 0642**
P.O.	—	120 mL	120 mL	—	—
Percent Meals Eaten (%)	—	—	100	—	—
Oral Supplements	—	Ensure Plus High Protein	Other (Comment)	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	0 mL	0 mL	—
Volume (mL)	—	618 mL	—	—	462 mL
Unmeasured Urine Occurrence	1	—	—	—	1
Urinary Incontinence	Yes	—	—	—	Yes
Urine Color	—	—	—	—	Unable to assess
Additional Urine Volume Rows	—	—	—	—	Bladder scan
Bladder Scan Post-void Volume (mL)	—	—	—	—	56 mL
Row Name	**01/23/25 0220**	**01/23/25 0200**	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Pavic	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Notification Time	0220	—	—	—	—
Row Name	**01/22/25 2222**	**01/22/25 1959**	**01/22/25 1500**	**01/22/25 0927**	**01/22/25 0911**
Percent Meals Eaten (%)	—	—	100	—	—
Dose	—	—	—	*2 g	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Care & Maintenance	Bag emptied	Peri/Foley care	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	Standard drainage bag;No dependent loops	Standard drainage bag;No dependent loops	—	—	—
Securement Method	—	Right thigh	—	—	Left thigh
Output (mL)	275 mL	—	350 mL	—	—
Row Name	**01/22/25 0800**	**01/22/25 0642**	**01/22/25 0200**	**01/21/25 2100**	**01/21/25 1801**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	60 mL/hr	0 mL/hr	—	—
Urine Color	—	—	—	—	Yellow/straw
Urine Appearance	—	—	—	—	Clear
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	—	Bag emptied	—
Collection Container	—	—	—	Standard drainage bag	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
Output (mL)	—	—	—	—	175 mL
Row Name	**01/21/25 1451**	**01/21/25 1130**	**01/21/25 1115**	**01/21/25 1100**	**01/21/25 1000**
Weight	—	—	—	49.1 kg (108 lb 3.9 oz)	—
Weight Method	—	—	—	Bed scale	—
P.O.	—	—	—	20 mL	—
Percent Meals Eaten (%)	0	—	—	—	0
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	—	—	Standard drainage bag	—	—
Output (mL)	—	—	200 mL	—	—
Row Name	**01/21/25 0931**	**01/21/25 0930**	**01/21/25 0918**	**01/21/25 0800**	**01/21/25 0649**
Oral	—	—	—	Ensure Plus High	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Supplements				Protein	
Oral Nutritional Supplement Intake (mL)	—	—	—	30 mL	—
Rate	60 mL/hr	—	60 mL/hr	—	—
Urine Color	—	—	—	—	Yellow/straw
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	—	—	Peri/Foley care	—
Collection Container	—	Standard drainage bag	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Per Provider Order	—	—	—
Output (mL)	—	—	—	—	350 mL
Stool Occurrence	—	—	—	0	—
Row Name	**01/20/25 2148**	**01/20/25 1700**	**01/20/25 1618**	**01/20/25 1551**	**01/20/25 1130**
Oral Supplements	—	Ensure Plus High Protein	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Rate	—	—	60 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	Bag emptied	—	—	—	—
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—	—
Output (mL)	200 mL	—	—	100 mL	—
Row Name	**01/20/25 1000**	**01/20/25 0930**	**01/20/25 0800**	**01/20/25 0312**	**01/19/25 2225**
Weight	52.2 kg (115 lb 1.3 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Dose	—	*2 g	—	—	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Care & Maintenance	—	—	—	—	Bag emptied
Collection	—	—	—	—	Standard drainage

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Container					bag;No dependent loops
Securement Method	—	—	—	—	Right thigh
Output (mL)	—	—	—	250 mL	150 mL
Row Name	**01/19/25 2126**	**01/19/25 1948**	**01/19/25 1935**	**01/19/25 1700**	**01/19/25 1600**
Oral Supplements	—	—	—	Other (Comment)	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	—	—	—	—
Urine Color	—	—	Yellow/straw	—	Yellow/straw
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	—	Peri/Foley care;Bag emptied	—	Bag emptied
Collection Container	—	Standard drainage bag;No dependent loops	Standard drainage bag;No dependent loops	—	Standard drainage bag
Securement Method	—	Right thigh	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Per Provider Order	—	—	—
Output (mL)	—	—	325 mL	—	175 mL
Row Name	**01/19/25 1355**	**01/19/25 1130**	**01/19/25 1128**	**01/19/25 0902**	**01/19/25 0900**
Percent Meals Eaten (%)	—	—	—	100	—
Oral Supplements	—	Other (Comment)	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Volume (mL)	480 mL	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	—	—	—	Left thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	400 mL	—	200 mL	—	—
Row Name	**01/19/25 0842**	**01/19/25 0800**	**01/19/25 0503**	**01/18/25 2110**	**01/18/25 1700**
Oral Supplements	—	Other (Comment)	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	0 mL
Dose	*2 g	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	Bag emptied	—	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
Output (mL)	—	—	350 mL	—	—
Row Name	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 1400**	**01/18/25 1109**	**01/18/25 0840**
Oral Supplements	—	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	60 mL/hr	—	—	—
Volume (mL)	—	—	1380 mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	—	—	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	—	—	200 mL	—	—
Stool Occurrence	—	—	0	—	—
Row Name	**01/18/25 0827**	**01/18/25 0800**	**01/18/25 0532**	**01/18/25 0132**	**01/18/25 0051**
P.O.	—	—	—	—	300 mL
Percent Meals Eaten (%)	—	—	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	0 mL	—	—	—
Dose	—	—	*500 mg	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Peri/Foley care;Bag emptied	—	—	—	—
Collection Container	Standard drainage bag	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Output (mL)	550 mL	—	—	—	350 mL
Reason for Communication	—	—	—	Other (Comment)	—
Provider Name	—	—	—	J Rosienne	—
Provider Role	—	—	—	Resident	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Method of Communication	—	—	—	Secure Chat	—
Response	—	—	—	Waiting for response	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 2100**	**01/17/25 1700**	**01/17/25 1500**
Oral Supplements	—	—	—	Ensure Plus High Protein	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	120 mL
Rate	60 mL/hr	—	—	—	—
Volume (mL)	—	—	—	—	540 mL
Dose	—	*500 mg	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	—	—	Antiseptic - non CHG;Peri/Foley care	—	—
Collection Container	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—	—
Securement Method	—	—	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	Per Provider Order	—	—
Stool Occurrence	—	—	1	—	—
Stool Size	—	—	Large	—	—
Stool Appearance	—	—	Formed;Soft	—	—
Stool Color	—	—	Brown	—	—
Reason for Communication	Other (Comment)	—	Other (Comment)	—	—
Provider Name	J Rosienne	—	J Rosienne, MD	—	—
Provider Role	Resident	—	Resident	—	—
Method of Communication	Other(Comment)	—	Secure Chat	—	—
Response	No new orders	—	See orders	—	—
Notification Time	2129	—	2115	—	—
Row Name	**01/17/25 1301**	**01/17/25 1200**	**01/17/25 1130**	**01/17/25 0841**	**01/17/25 0800**
P.O.	—	50 mL	—	—	—
Percent Meals Eaten (%)	—	25	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	120 mL
Dose	*500 mg	—	—	—	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Care & Maintenance	—	—	—	Antiseptic - non CHG;Peri/Foley care	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	—	—	—	Right thigh	Right thigh;Securing device (Describe);Other (Comment)
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Per Provider Order
Output (mL)	450 mL	—	—	—	—
Row Name	**01/17/25 0739**	**01/17/25 0600**	**01/17/25 0557**	**01/17/25 0122**	**01/17/25 0029**
Supplements	—	—	—	—	Yes (P)
Oral Nutritional Supplement Intake (mL)	—	—	—	—	400 mL (P)
Volume (mL)	—	600 mL	—	—	—
Dose	—	—	—	—	*4 mL
Dose	—	—	*500 mg	—	—
Volume (mL)	—	—	105	—	—
Dose	—	—	—	*650 mg	—
Volume (mL)	—	—	—	65	—
MAR Action	—	—	—	Stopped	—
Basal Rate (mL/hr)	—	—	—	0 mL/hr	—
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	875 mL	—	—	—	—
Response	No new orders	—	—	—	—
Row Name	**01/16/25 2136**	**01/16/25 2117**	**01/16/25 2100**	**01/16/25 2000**	**01/16/25 1924**
Volume (mL)	—	—	—	60 mL	—
Dose	—	*500 mg	—	—	—
Volume (mL)	—	105	—	—	—
MAR Action	—	—	—	—	Rate Verified
Basal Rate (mL/hr)	—	—	—	—	6 mL/hr
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care;Bag emptied	—	Peri/Foley care	—	—
Collection Container	No dependent loops	—	Standard drainage bag;To dependent drainage;No dependent loops	—	—
Securement Method	Right thigh;Securing device (Describe)	—	Right thigh;Securing device (Describe)	—	—
Reason for Continuing	—	—	Per Provider Order	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urinary Catheterization past POD 1					
Output (mL)	375 mL	—	—	—	—
Stool Occurrence	0	—	—	—	—
Row Name	**01/16/25 1748**	**01/16/25 1339**	**01/16/25 1300**	**01/16/25 1235**	**01/16/25 1152**
P.O.	—	—	—	—	180 mL
Free Water	—	—	—	—	150 mL
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	237 mL	—	—
Dose	—	*500 mg	—	—	—
MAR Action	—	—	—	New Bag/Syringe	Dose/Rate Changed
Basal Rate (mL/hr)	—	—	—	6 mL/hr	6 mL/hr
Urine Color	Yellow/straw	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Bag emptied	—	—	—	—
Output (mL)	750 mL	—	—	—	—
Row Name	**01/16/25 1047**	**01/16/25 1033**	**01/16/25 0900**	**01/16/25 0800**	**01/16/25 0742**
Weight	—	—	—	—	54 kg (119 lb 0.8 oz)
Weight Method	—	—	—	—	Bed scale
Percent Meals Eaten (%)	—	33	—	—	—
Oral Supplements	—	—	—	Ensure Plus High Protein	—
Oral Nutritional Supplement Intake (mL)	—	—	—	0 mL	—
Rate	60 mL/hr	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	Clean;Skin intact	—	—
Care & Maintenance	—	—	—	—	Bag emptied
Collection Container	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—	No dependent loops;Standard drainage bag;To dependent drainage
Securement Method	—	—	Right thigh;Securing device (Describe)	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	Per Provider Order	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds
Output (mL)	—	—	—	—	275 mL
Row Name	**01/16/25 0721**	**01/16/25 0559**	**01/16/25 0530**	**01/15/25 2335**	**01/15/25 2200**
Dose	—	*500 mg	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

MAR Action	Rate Verified	—	—	Rate Verified	—
Basal Rate (mL/hr)	10 mL/hr	—	—	10 mL/hr	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	—	—	No dependent loops;Standard drainage bag;To dependent drainage	—	—
Securement Method	—	—	Right thigh	—	—
Output (mL)	—	—	600 mL	—	260 mL
Row Name	**01/15/25 2101**	**01/15/25 2002**	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1800**
P.O.	—	—	240 mL	—	—
Percent Meals Eaten (%)	—	—	33	—	—
Rate	—	—	60 mL/hr	—	—
Volume (mL)	—	—	300 mL	—	—
Dose	*500 mg	—	—	—	—
Volume (mL)	105	—	—	—	—
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Collection Container	—	No dependent loops;To dependent drainage;Standard drainage bag	—	—	—
Securement Method	—	Securing device (Describe)	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	—	—	—
Stool Occurrence	—	—	—	—	1
Stool Size	—	—	—	—	Large
Stool Appearance	—	—	—	—	Hard;Soft
Stool Color	—	—	—	—	Brown
Row Name	**01/15/25 1653**	**01/15/25 1510**	**01/15/25 1400**	**01/15/25 1349**	**01/15/25 1300**
Oral Supplements	—	—	—	—	Ensure Plus High Protein
Oral Nutritional Supplement Intake (mL)	—	—	—	—	0 mL
Rate	—	—	—	—	0 mL/hr
Dose	*500 mg	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
MAR Action	—	—	—	Rate Verified	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Cumulative Dose (mL)	—	—	422.45 mL	—	—
Urine Color	—	—	Yellow/straw	—	—
Urine Appearance	—	—	Clear	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	75 mL	—	—
Row Name	**01/15/25 1200**	**01/15/25 0900**	**01/15/25 0800**	**01/15/25 0700**	**01/15/25 0300**
P.O.	—	200 mL	—	—	—
Percent Meals Eaten (%)	—	100	—	—	—
Oral Supplements	—	—	Other (Comment)	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Rate	—	—	60 mL/hr	—	—
Volume (mL)	—	—	360 mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	105 mL	125 mL	100 mL	225 mL	125 mL
Row Name	**01/15/25 0000**	**01/14/25 2300**	**01/14/25 2206**	**01/14/25 2100**	**01/14/25 2019**
Rate	—	—	—	60 mL/hr	—
Volume (mL)	—	120 mL	—	180 mL	—
MAR Action	—	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	75 mL	—	70 mL	—	75 mL
Row Name	**01/14/25 2000**	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	—	60 mL	60 mL	60 mL	60 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Red;Skin intact	—	—	—	—
Care & Maintenance	Peri/Foley care	Bag emptied	—	—	—
Output (mL)	—	75 mL	—	60 mL	—
Row Name	**01/14/25 1400**	**01/14/25 1300**	**01/14/25 1259**	**01/14/25 1200**	**01/14/25 1100**
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	75	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	225 mL	—	—
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	—	60 mL	60 mL
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Care & Maintenance	—	Antiseptic - non CHG;Peri/Foley care	—	—	—
Collection Container	—	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Row Name	**01/14/25 1000**	**01/14/25 0900**	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**
P.O.	—	100 mL	—	—	—
Percent Meals Eaten (%)	—	100	—	—	—
Oral Supplements	—	—	Ensure Plus High Protein	—	—
Oral Nutritional Supplement Intake (mL)	—	—	0 mL	—	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	60 mL	60 mL	60 mL
MAR Action	—	—	Rate Verified	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	—	—	—	30 mL	20 mL
Row Name	**01/14/25 0500**	**01/14/25 0403**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	—	60 mL	60 mL	60 mL
MAR Action	—	New Bag/Syringe	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	20 mL	—	40 mL	—	25 mL
Row Name	**01/14/25 0100**	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	60 mL	60 mL	60 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	20 mL	15 mL	25 mL	20 mL
Row Name	**01/13/25 2000**	**01/13/25 1900**	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**
Rate	—	—	—	—	0 mL/hr
Rate	60 mL/hr	60 mL/hr	—	—	60 mL/hr
Volume (mL)	60 mL	60 mL	—	—	40 mL
Cumulative Dose (mL)	—	126.8 mL	—	—	—
Dose	—	—	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	—	—	0 mL/hr	1.71 mL/hr	3.41 mL/hr
Volume (mL) Dopamine	—	1.54 mL	—	—	2.85 mL
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urine	—	—	—	—	0 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	40 mL	—	—	—	45 mL

Row Name	**01/13/25 1720**	**01/13/25 1703**	**01/13/25 1703**	**01/13/25 1701**	**01/13/25 1643**
Volume (mL)	—	6.5 mL	—	—	—
Rate	60 mL/hr	—	—	—	—
Volume (mL)	125 mL	—	—	—	—
Dose (mcg/kg/min) Dopamine	2.5 mcg/kg/min	—	—	—	—
Rate Dopamine	4.27 mL/hr	—	—	—	—
Volume (mL) Dopamine	8.9 mL	—	—	—	—
Concentration Dopamine	1600 mcg/mL	—	—	—	—
Dose (mcg/min) Phenylephrine	—	—	—	—	*50 mcg
Concentration Phenylephrine	—	—	—	—	100 mcg/mL
Dose (mcg/kg/min) Propofol	—	—	—	0 mcg/kg/min	—
Rate Propofol	—	—	—	0 mL/hr	—
Concentration Propofol	—	—	—	10 mg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				

Row Name	**01/13/25 1641**	**01/13/25 1631**	**01/13/25 1602**	**01/13/25 1554**	**01/13/25 15:53:59**
Rate	—	—	—	—	0 mL/hr
Dose (mcg/kg/min) Propofol	20 mcg/kg/min	30 mcg/kg/min	40 mcg/kg/min	—	—
Rate Propofol	5.568 mL/hr	8.352 mL/hr	11.136 mL/hr	—	—
Concentration Propofol	10 mg/mL	10 mg/mL	10 mg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				

Row Name	**01/13/25 1542**	**01/13/25 1515**	**01/13/25 1500**	**01/13/25 1409**	**01/13/25 1400**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	—	10 mL/hr
Volume (mL)	—	2.5 mL	10 mL	—	20 mL
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Volume (mL)	—	15 mL	60 mL	—	120 mL
Dose (mcg/kg/min) Dopamine	2.5 mcg/kg/min	2.5 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	4.27 mL/hr	4.27 mL/hr	5.12 mL/hr	5.12 mL/hr	5.97 mL/hr
Volume (mL) Dopamine	—	1.28 mL	5.25 mL	—	11.94 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	—	25 mL
Row Name	**01/13/25 1300**	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0801**	**01/13/25 0800**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	10 mL/hr	10 mL/hr	—	10 mL/hr
Volume (mL)	—	20 mL	20 mL	—	10 mL
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Volume (mL)	—	120 mL	120 mL	—	60 mL
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	—	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr
Volume (mL) Dopamine	—	11.94 mL	11.94 mL	—	5.97 mL
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	25 mL	25 mL	—	25 mL
Row Name	**01/13/25 0743**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0542**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	10 mL/hr	10 mL/hr	—
Volume (mL)	—	—	10 mL	10 mL	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Volume (mL)	—	—	60 mL	60 mL	—
Dose	—	—	—	—	*2 g
Cumulative Dose (mL)	—	—	246.45 mL	—	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Volume (mL) Dopamine	—	—	5.97 mL	5.97 mL	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	25 mL	60 mL	—
Row Name	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**	**01/13/25 0147**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	10 mL	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Volume (mL)	60 mL	60 mL	60 mL	60 mL	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dose	—	—	—	—	*4 mL
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	5.97 mL	5.97 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	105 mL	80 mL	70 mL	70 mL	—
Row Name	**01/13/25 0100**	**01/13/25 0000**	**01/12/25 2300**	**01/12/25 2200**	**01/12/25 2108**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	10 mL	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Volume (mL)	60 mL	60 mL	60 mL	60 mL	—
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Volume (mL) Dopamine	5.97 mL	5.97 mL	5.97 mL	5.97 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	45 mL	45 mL	45 mL	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1930**	**01/12/25 1900**	**01/12/25 1800**
Rate	10 mL/hr	10 mL/hr	—	10 mL/hr	10 mL/hr
Volume (mL)	10 mL	10 mL	—	10 mL	20 mL
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Volume (mL)	60 mL	60 mL	—	60 mL	120 mL
Dose	—	—	*4 mL	—	—
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.499 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	—	5.97 mL	11.24 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	30 mL	40 mL	—	20 mL	20 mL
Row Name	**01/12/25 1720**	**01/12/25 1700**	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**
Rate	—	—	—	—	10 mL/hr
Volume (mL)	—	—	—	—	10 mL
Rate	—	—	—	—	60 mL/hr
Volume (mL)	—	—	—	—	60 mL
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min
Rate Dopamine	5.97 mL/hr	—	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr
Volume (mL) Dopamine	—	—	—	—	7.37 mL
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	20 mL	—	—	60 mL
Row Name	**01/12/25 1519**	**01/12/25 1507**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1304**
Rate	—	—	10 mL/hr	10 mL/hr	—
Volume (mL)	—	—	10 mL	10 mL	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Volume (mL)	—	—	60 mL	60 mL	—
Dose	—	*4 mL	—	—	—
MAR Action	—	—	—	—	Bag/Syringe Refill
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	—	8.53 mL	8.53 mL	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	30 mL	30 mL	—
Row Name	**01/12/25 1300**	**01/12/25 1221**	**01/12/25 1200**	**01/12/25 1154**	**01/12/25 1134**
Oral Supplements	Ensure Plus	—	—	Ensure Plus	—
Oral Nutritional Supplement Intake (mL)	40 mL	—	—	40 mL	—
Rate	10 mL/hr	—	—	—	—
Volume (mL)	20 mL	—	—	—	—
Rate	60 mL/hr	—	—	—	—
Volume (mL)	108 mL	—	—	—	—
Dose	—	*250 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Volume (mL) Dexmedetomidine	1.14 mL	—	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	15.7 mL	—	—	—	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	150 mL	—	—
Row Name	**01/12/25 1129**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**
Rate	—	—	—	10 mL/hr	—
Volume (mL)	—	—	—	10 mL	—
Rate	—	60 mL/hr	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	*4 mL	—	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	—	—	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dexmedetomidine	—	—	0 mL/hr	6.83 mL/hr	6.83 mL/hr
Volume (mL) Dexmedetomidine	—	—	—	8.08 mL	—
Concentration Dexmedetomidine	—	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	—	—	3 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	—	—	5.12 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	—	—	8.53 mL	—
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	150 mL	—

Row Name	**01/12/25 1000**	**01/12/25 0930**	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**
Rate	10 mL/hr	—	10 mL/hr	—	—
Volume (mL)	10 mL	—	20 mL	—	—
Dose	—	*4 mL	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr
Rate Dexmedetomidine	9.1 mL/hr	—	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr
Volume (mL) Dexmedetomidine	9.1 mL	—	3.79 mL	—	—
Concentration Dexmedetomidine	4 mcg/mL	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	—
Volume (mL) Dopamine	8.53 mL	—	17.06 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	125 mL	—	135 mL	—	—

Row Name	**01/12/25 0800**	**01/12/25 0749**	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0615**
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	10 mL/hr	—	—
Volume (mL)	—	—	10 mL	—	—
Dose	—	*500 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Cumulative Dose (mL)	—	—	128.65 mL	—	—
Dose (mcg/kg/hr)	—	—	—	0 mcg/kg/hr	0.7 mcg/kg/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dexmedetomidine					
Rate Dexmedetomidine	—	—	—	0 mL/hr	7.96 mL/hr
Volume (mL) Dexmedetomidine	—	—	4.93 mL	—	—
Concentration Dexmedetomidine	—	—	—	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	—	—
Rate Dopamine	—	—	8.53 mL/hr	—	—
Volume (mL) Dopamine	—	—	8.53 mL	—	—
Concentration Dopamine	—	—	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Bag emptied	—	—
Output (mL)	—	—	40 mL	—	—

Row Name	01/12/25 0600	01/12/25 0545	01/12/25 0515	01/12/25 0500	01/12/25 0447
Rate	10 mL/hr	—	—	10 mL/hr	—
Volume (mL)	10 mL	—	—	10 mL	—
Dose	—	*2 g	—	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr	0.5 mcg/kg/hr	0.5 mcg/kg/hr
Rate Dexmedetomidine	9.1 mL/hr	—	9.1 mL/hr	5.69 mL/hr	5.69 mL/hr
Volume (mL) Dexmedetomidine	8.25 mL	—	—	1.23 mL	—
Concentration Dexmedetomidine	4 mcg/mL	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	—
Volume (mL) Dopamine	8.53 mL	—	—	8.53 mL	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	40 mL	—	—	30 mL	—

Row Name	01/12/25 0400	01/12/25 0300	01/12/25 0200	01/12/25 0100	01/12/25 0000
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Volume (mL)	10 mL	10 mL	10 mL	10 mL	10 mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	8.53 mL	8.53 mL	8.53 mL	8.53 mL	8.53 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	65 mL	60 mL	70 mL	40 mL	105 mL
Row Name	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**	**01/11/25 2000**	**01/11/25 1900**
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Volume (mL)	10 mL	10 mL	10 mL	30 mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	8.53 mL	8.53 mL	8.53 mL	25.59 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	185 mL	325 mL	—	135 mL	225 mL
Row Name	**01/11/25 1845**	**01/11/25 1840**	**01/11/25 1835**	**01/11/25 1700**	**01/11/25 1600**
P.O.	—	—	—	120 mL	—
Volume (mL)	—	—	—	100 mL	—
Dose	*500 mg	—	—	—	—
MAR Action	—	Bag/Syringe Refill	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	—	—	—	8.53 mL	17.06 mL
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Volume (mL) Isoproterenol	—	—	—	—	0.46 mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	35 mL	100 mL
Row Name	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**	**01/11/25 1340**	**01/11/25 1315**
P.O.	—	100 mL	—	—	—
Dose	—	—	*500 mL	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	—	—
Rate Dopamine	—	8.53 mL/hr	—	—	—
Volume (mL) Dopamine	—	8.53 mL	—	—	—
Concentration Dopamine	—	1600 mcg/mL	—	—	—
Dose (mcg/kg/min) Isoproterenol	0 mcg/kg/min	0.04 mcg/kg/min	—	0.04 mcg/kg/min	0.035 mcg/kg/min
Rate Isoproterenol	0 mL/hr	27.3 mL/hr	—	27.3 mL/hr	23.9 mL/hr
Volume (mL)	—	24.07 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Isoproterenol					
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	—	0.004 mg/mL	0.004 mg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	75 mL	—	—	—
Row Name	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1155**	**01/11/25 1113**
P.O.	100 mL	—	—	—	—
Percent Meals Eaten (%)	—	50	—	—	—
Oral Supplements	—	Ensure Plus High Protein	—	—	—
Oral Nutritional Supplement Intake (mL)	—	100 mL	—	—	—
Volume (mL)	—	—	6.42 mL	—	—
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	150
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Volume (mL) Dopamine	—	8.53 mL	7.28 mL	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose (mcg/kg/min) Isoproterenol	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	—
Rate Isoproterenol	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr	17.06 mL/hr	—
Volume (mL) Isoproterenol	—	17.06 mL	6.66 mL	—	—
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	30 mL	—	—	—
Row Name	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**	**01/11/25 1043**	**01/11/25 1010**
Volume (mL)	—	—	9.92 mL	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	—	—	70 mL	—	—
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	—	—	19.06 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	—	0.01 mcg/kg/min	—	—	—
Rate Isoproterenol	—	6.83 mL/hr	—	—	—
Concentration Isoproterenol	—	0.004 mg/mL	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	—	—	60 mL	—	—
Row Name	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**	**01/11/25 0835**	**01/11/25 0830**
Percent Meals Eaten (%)	—	100	—	—	—
Rate	0 mL/hr	—	—	—	—
Volume (mL)	—	14 mL	21 mL	—	—
Rate	—	35 mL/hr	35 mL/hr	—	—
Volume (mL)	—	14 mL	0 mL	—	—
Dose	—	—	—	*4 mL	—
Volume (mL)	—	—	—	4	—
MAR Action	—	—	—	Dose/Rate Changed	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	6 mcg/kg/min	6 mcg/kg/min	—	6 mcg/kg/min
Rate Dopamine	—	10.24 mL/hr	10.24 mL/hr	—	10.24 mL/hr
Volume (mL) Dopamine	—	4.1 mL	6.99 mL	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Skin intact;Clean	—	—	—
Care & Maintenance	—	Antiseptic - non CHG;Peri/Foley care;Straining urine;Bag emptied	—	—	—
Collection Container	—	To dependent drainage;Standard drainage bag;No dependent loops	—	—	—
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Output (mL)	—	225 mL	—	—	—
Row Name	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**	**01/11/25 0600**	**01/11/25 0555**
P.O.	—	—	—	120 mL	—
Oral Supplements	Other (Comment)	—	—	—	—
Oral Nutritional Supplement Intake (mL)	0 mL	—	—	—	—
Rate	—	—	35 mL/hr	35 mL/hr	—
Volume (mL)	17.5 mL	17.5 mL	35 mL	35 mL	—
Rate	—	—	10 mL/hr	—	—
Dose	—	—	—	—	*500 mg
MAR Action	—	Rate Verified	—	—	—
Basal Rate (mL/hr)	—	8 mL/hr	—	—	—
Cumulative Dose (mL)	—	282.9 mL	—	—	—
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dopamine	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	—
Volume (mL) Dopamine	5.97 mL	5.97 mL	11.94 mL	11.94 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urine Color	—	—	—	Yellow/straw	—
Urine Appearance	—	—	—	Clear	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Bag emptied	—
Output (mL)	—	—	135 mL	60 mL	—
Row Name	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**	**01/11/25 0400**	**01/11/25 0300**
Rate	—	35 mL/hr	—	35 mL/hr	35 mL/hr
Volume (mL)	—	35 mL	—	35 mL	7 mL
Dose	*0 mEq	—	*20 mEq	—	—
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	—	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	—	11.94 mL/hr	11.94 mL/hr
Volume (mL) Dopamine	—	11.94 mL	—	11.94 mL	11.74 mL
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	60 mL	—	25 mL	20 mL
Row Name	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**	**01/11/25 0100**
Rate	35 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	6.5 mcg/kg/min	6.5 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	11.09 mL/hr	11.09 mL/hr	10.24 mL/hr
Volume (mL) Dopamine	—	—	10.74 mL	—	11.88 mL
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	20 mL	—	20 mL
Row Name	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**	**01/10/25 2300**	**01/10/25 2240**
Dose	—	—	—	*500 mg	—
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr
Volume (mL) Dopamine	—	11.88 mL	—	11.37 mL	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Clean;Skin intact	—	—	—
Collection Container	—	To dependent drainage;Standard drainage bag;No	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

		dependent loops			
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	—
Output (mL)	—	65 mL	—	40 mL	—
Row Name	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**	**01/10/25 2010**	**01/10/25 2000**
MAR Action	—	—	—	—	Rate Verified
Basal Rate (mL/hr)	—	—	—	—	8 mL/hr
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min	—
Rate Dopamine	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr	—
Volume (mL) Dopamine	10.78 mL	—	13.22 mL	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	25 mL	—	35 mL	—	35 mL
Row Name	**01/10/25 1937**	**01/10/25 1900**	**01/10/25 1817**	**01/10/25 1815**	**01/10/25 1800**
Dose	—	—	*500 mg	—	—
Volume (mL)	—	—	50	—	—
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	8 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Volume (mL) Dopamine	13.79 mL	—	—	—	17.06 mL
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	25 mL	—	—	30 mL
Row Name	**01/10/25 1600**	**01/10/25 1500**	**01/10/25 1445**	**01/10/25 1433**	**01/10/25 1407**
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	100
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Cumulative Dose (mL)	98 mL	90 mL	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—	—
Volume (mL) Dopamine	8.53 mL	11.23 mL	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	90 mL	90 mL	—	—	—
Row Name	**01/10/25 1405**	**01/10/25 1400**	**01/10/25 1330**	**01/10/25 1300**	**01/10/25 1241**
Cumulative Dose (mL)	—	82 mL	—	74 mL	—
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	8 mcg/kg/min	—	9 mcg/kg/min
Rate Dopamine	11.94 mL/hr	—	13.65 mL/hr	—	15.36 mL/hr
Volume (mL) Dopamine	—	14.51 mL	—	15.21 mL	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	Bag emptied	—	—	—
Output (mL)	—	50 mL	—	—	—
Row Name	**01/10/25 1210**	**01/10/25 1201**	**01/10/25 1100**	**01/10/25 1030**	**01/10/25 1016**
Cumulative Dose (mL)	—	66 mL	58 mL	—	—
Dose (mcg/kg/min) Dopamine	10 mcg/kg/min	6 mcg/kg/min	—	—	4 mcg/kg/min
Rate Dopamine	17.06 mL/hr	10.24 mL/hr	—	—	6.83 mL/hr
Volume (mL) Dopamine	—	6.94 mL	6.37 mL	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	25 mL	—
Row Name	**01/10/25 1000**	**01/10/25 0936**	**01/10/25 0900**	**01/10/25 0823**	**01/10/25 0801**
MAR Action	—	—	—	Restarted	Stopped
Basal Rate (mL/hr)	—	—	—	8 mL/hr	0 mL/hr
Cumulative Dose (mL)	42 mL	—	26 mL	—	16 mL
Dose (mcg/kg/min) Dopamine	—	3 mcg/kg/min	—	—	—
Rate Dopamine	—	5.12 mL/hr	—	—	—
Volume (mL) Dopamine	5.12 mL	—	5.03 mL	—	5.21 mL
Concentration Dopamine	—	1600 mcg/mL	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	50 mL	—	50 mL
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**
Weight	—	45.8 kg (100 lb 15.5 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—
Dose	—	—	*500 mg	—	—
Volume (mL)	—	50	—	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Rate Dopamine	5.12 mL/hr	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Volume (mL) Dopamine	5.12 mL	5.12 mL	—	5.12 mL	6 mL
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	Bag emptied	—	—	—	—
Output (mL)	60 mL	100 mL	—	45 mL	20 mL
Row Name	**01/10/25 0331**	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0200**
Dose	—	*2 g	—	—	—
Dose	*2 g	—	—	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	4 mcg/kg/min	4 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	—	6.83 mL/hr	6.83 mL/hr	—
Volume (mL) Dopamine	—	—	11.52 mL	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	75 mL	—	60 mL
Row Name	**01/10/25 0100**	**01/10/25 0012**	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**
Dose	—	*250 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	—	—	—	*500 mg	—
Volume (mL)	—	—	50	—	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	—	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	—	5.12 mL/hr
Volume (mL) Dopamine	5.12 mL	—	5.12 mL	—	4.18 mL
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	50 mL	—	10 mL	—	—
Provider Name	—	—	Grabar MD	—	—
Provider Role	—	—	Resident	—	—
Method of Communication	—	—	Secure Chat	—	—
Notification Time	—	—	0005	—	—
Row Name	**01/09/25 2233**	**01/09/25 2200**	**01/09/25 2159**	**01/09/25 2142**	**01/09/25 2100**
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	2 mcg/kg/min	2 mcg/kg/min	—	—
Rate Dopamine	5.12 mL/hr	3.41 mL/hr	3.41 mL/hr	—	—
Volume (mL) Dopamine	—	0.06 mL	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

	Other (Comment)				
Output (mL)	—	10 mL	—	—	60 mL
Row Name	**01/09/25 2000**	**01/09/25 1915**	**01/09/25 1835**	**01/09/25 1813**	**01/09/25 1743**
Rate	—	—	—	—	50 mL/hr
Rate	—	—	—	—	0 mL/hr
Rate	0 mL/hr	50 mL/hr	—	—	—
Volume (mL)	37.5 mL	—	—	—	—
MAR Action	Rate Verified	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	8 mL/hr	—	8 mL/hr	—	—
Volume (mL) Heparin	14.47 mL	—	—	—	—
Dose (units/hr) Insulin	0 Units/hr	—	—	0.8 Units/hr	—
Rate Insulin	0 mL/hr	—	—	0.8 mL/hr	—
Volume (mL) Insulin	4.13 mL	—	—	—	—
Concentration Insulin	1 Units/mL	—	—	1 Units/mL	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	80 mL	—	—	—	—
Row Name	**01/09/25 1658**	**01/09/25 1653**	**01/09/25 1647**	**01/09/25 1646**	**01/09/25 1645**
Rate	—	50 mL/hr	—	—	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	—	—	0.02 mcg/kg/min	*10 mcg
Rate Norepinephrine	0 mL/hr	—	—	0.853 mL/hr	—
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Row Name	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**	**01/09/25 1617**	**01/09/25 1616**
Bolus (mcg) Fentanyl	—	—	25 mcg	—	—
Concentration Fentanyl	—	—	50 mcg/mL	—	—
Dose (units/hr) Insulin	—	1.5 Units/hr	—	—	—
Rate Insulin	—	1.5 mL/hr	—	—	—
Concentration Insulin	—	1 Units/mL	—	—	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	—	—	0.02 mcg/kg/min	0.04 mcg/kg/min
Rate Norepinephrine	0 mL/hr	—	—	0.853 mL/hr	1.706 mL/hr
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Row Name	**01/09/25 1613**	**01/09/25 1610**	**01/09/25 1600**	**01/09/25 1555**	**01/09/25 1551**
Bolus (mcg) Fentanyl	25 mcg	—	—	—	—
Concentration Fentanyl	50 mcg/mL	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Dose (mcg/kg/min) Norepinephrine	—	—	0.06 mcg/kg/min	0.04 mcg/kg/min	0.08 mcg/kg/min
Rate Norepinephrine	—	—	2.559 mL/hr	1.706 mL/hr	3.413 mL/hr
Concentration Norepinephrine	—	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1542	01/09/25 1540	01/09/25 1534	01/09/25 1533	01/09/25 1532
Rate	—	200 mL/hr	—	—	500 mL/hr
Dose (mcg/kg/min) Norepinephrine	0.04 mcg/kg/min	—	—	0 mcg/kg/min	0.04 mcg/kg/min
Rate Norepinephrine	1.706 mL/hr	—	—	0 mL/hr	1.706 mL/hr
Concentration Norepinephrine	0.064 mg/mL	—	—	0.064 mg/mL	0.064 mg/mL
Dose (mcg/kg/min) Propofol	—	—	*20 mg	—	*15 mg
Concentration Propofol	—	—	10 mg/mL	—	10 mg/mL
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1529	01/09/25 1528	01/09/25 1526	01/09/25 1516	01/09/25 1434
Rate	—	—	—	100 mL/hr	—
Bolus (mcg) Fentanyl	—	25 mcg	—	—	—
Concentration Fentanyl	—	50 mcg/mL	—	—	—
Dose (units/kg/hr) Heparin	—	—	—	—	0 Units/kg/hr
Rate Heparin	—	—	—	—	0 mL/hr
Concentration Heparin	—	—	—	—	100 Units/mL
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	—	—	—	—
Rate Norepinephrine	0.853 mL/hr	—	—	—	—
Concentration Norepinephrine	0.064 mg/mL	—	—	—	—
Dose (mcg/kg/min) Propofol	—	—	*25 mg	—	—
Rate Propofol	—	—	—	—	—
Concentration Propofol	—	—	10 mg/mL	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	01/09/25 1338	01/09/25 1251	01/09/25 1248	01/09/25 1213	01/09/25 1125
Dose	—	—	—	*0 mL	—
Volume (mL)	—	—	—	500	—
Rate	—	—	—	0 mL/hr	—
Dose	—	—	—	*0 g	*1 g
Volume (mL)	—	—	—	50	—
Dose	—	—	—	*1 g	—
Dose (units/kg/hr) Heparin	18 Units/kg/hr	*3640 units	18 Units/kg/hr	—	—
Rate Heparin	8.19 mL/hr	—	8.19 mL/hr	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 6 of 16) (continued)

Concentration Heparin	100 Units/mL	—	100 Units/mL	—	—
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				

Row Name	**01/09/25 1115**
Dose	*500 mL
Rate	2000 mL/hr
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16)

Infusions with Vitals

Row Name	02/23/25 1447	02/23/25 1259	02/23/25 0810	02/23/25 0223	02/22/25 1616
Rate	—	75 mL/hr	—	100 mL/hr	—
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
Row Name	**02/22/25 1545**	**02/22/25 1218**	**02/22/25 0954**	**02/21/25 0944**	**02/15/25 0449**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	—	—	100 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	*2 g	—	—	—
Row Name	**02/14/25 2136**	**02/14/25 1103**	**02/14/25 0935**	**02/13/25 1746**	**02/13/25 1225**
Rate	—	—	0 mL/hr	50 mL/hr	50 mL/hr
Rate	75 mL/hr	—	—	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Row Name	**02/13/25 0431**	**02/12/25 2129**	**02/12/25 2011**	**02/12/25 1706**	**02/12/25 0507**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	100 mL/hr	50 mL/hr	75 mL/hr	—
Row Name	**02/11/25 0910**	**02/11/25 0056**	**02/10/25 2001**	**02/10/25 0957**	**02/09/25 1250**
Rate	100 mL/hr	—	—	—	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	100 mL/hr	—	—
Dose	—	—	—	—	*1000 mg
Dose	—	*1 g	—	—	—
Row Name	**02/09/25 1102**	**02/09/25 0938**	**02/09/25 0519**	**02/09/25 0042**	**02/08/25 1219**
Dose	*500 mL	—	—	—	—
Rate	500 mL/hr	—	—	—	—
Dose	—	*1 g	—	—	—
Dose	—	—	—	—	*2 g
Dose	—	—	*1000 mg	*1000 mg	—
Row Name	**02/08/25 1149**	**02/08/25 1021**	**01/30/25 2226**	**01/30/25 2053**	**01/30/25 1951**
Dose	—	—	*0 mEq	*40 mEq	—
Dose	—	—	—	—	*4 g
Dose	—	*12.5 g	—	—	—
Dose	*1 g	—	—	—	—
Row Name	**01/27/25 2256**	**01/27/25 0938**	**01/27/25 0937**	**01/27/25 0528**	**01/26/25 1952**
Rate	—	—	—	80 mL/hr	80 mL/hr
Rate	0 mL/hr	80 mL/hr	—	—	—
Dose	—	—	*2 g	—	—
Row Name	**01/26/25 1854**	**01/26/25 1046**	**01/25/25 1321**	**01/25/25 0346**	**01/23/25 0200**
Rate	—	—	—	—	60 mL/hr
Rate	0 mL/hr	—	—	—	—
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Dose	—	—	*1000 mg	—	—
Row Name	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**	**01/22/25 0927**	**01/22/25 0642**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	—	60 mL/hr
Dose	—	—	—	*2 g	—
Row Name	**01/22/25 0200**	**01/21/25 0931**	**01/21/25 0918**	**01/20/25 1618**	**01/20/25 0930**
Rate	0 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/19/25 2126**	**01/19/25 0842**	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 0532**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose	—	—	—	—	*500 mg
Dose	—	*2 g	—	—	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0557**	**01/17/25 0122**
MAR Action	—	—	—	—	Stopped
Basal Rate (mL/hr)	—	—	—	—	0 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	*500 mg	*500 mg	*500 mg	—
Dose	—	—	—	—	*650 mg
Row Name	**01/16/25 2117**	**01/16/25 1924**	**01/16/25 1339**	**01/16/25 1235**	**01/16/25 1152**
MAR Action	—	Rate Verified	—	New Bag/Syringe	Dose/Rate Changed
Basal Rate (mL/hr)	—	6 mL/hr	—	6 mL/hr	6 mL/hr
Dose	*500 mg	—	*500 mg	—	—
Row Name	**01/16/25 1047**	**01/16/25 0721**	**01/16/25 0559**	**01/15/25 2335**	**01/15/25 2101**
MAR Action	—	Rate Verified	—	Rate Verified	—
Basal Rate (mL/hr)	—	10 mL/hr	—	10 mL/hr	—
Rate	60 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	*500 mg
Row Name	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1653**	**01/15/25 1510**	**01/15/25 1349**
MAR Action	—	New Bag/Syringe	—	—	Rate Verified
Basal Rate (mL/hr)	—	10 mL/hr	—	—	10 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	—
Dose	—	—	—	*2 g	—
Row Name	**01/15/25 1300**	**01/15/25 0800**	**01/15/25 0200**	**01/15/25 0100**	**01/14/25 2206**
Pulse	—	—	72	70	—
SpO2	—	—	95 %	97 %	—
BP	—	—	**126/48** !	**113/34** !	—
MAP (mmHg)	—	—	66	64	—
MAR Action	—	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Rate	0 mL/hr	60 mL/hr	—	—	—
Volume (mL)	—	—	180 mL	—	—
Row Name	**01/14/25 2100**	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 1400**	**01/14/25 1300**	**01/14/25 1200**	**01/14/25 1100**	**01/14/25 1000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0900**	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**
MAR Action	—	Rate Verified	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0403**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	10 mL/hr	—	—	—	—
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1900**	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**	**01/13/25 1720**
Dose (mcg/kg/min) Dopamine	—	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min	2.5 mcg/kg/min
Rate Dopamine	—	0 mL/hr	1.71 mL/hr	3.41 mL/hr	4.27 mL/hr
Concentration	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	—	—	0 mL/hr	—
Rate	60 mL/hr	—	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1703**	**01/13/25 1701**	**01/13/25 1643**	**01/13/25 1641**	**01/13/25 1631**
Dose (mcg/min) Phenylephrine	—	—	*50 mcg	—	—
Concentration Phenylephrine	—	—	100 mcg/mL	—	—
Dose (mcg/kg/min) Propofol	—	0 mcg/kg/min	—	20 mcg/kg/min	30 mcg/kg/min
Rate Propofol	—	0 mL/hr	—	5.568 mL/hr	8.352 mL/hr
Concentration Propofol	—	10 mg/mL	—	10 mg/mL	10 mg/mL
Row Name	**01/13/25 1602**	**01/13/25 1554**	**01/13/25 15:53:59**	**01/13/25 1542**	**01/13/25 1515**
Dose (mcg/kg/min) Dopamine	—	—	—	2.5 mcg/kg/min	2.5 mcg/kg/min
Rate Dopamine	—	—	—	4.27 mL/hr	4.27 mL/hr
Concentration Dopamine	—	—	—	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Propofol	40 mcg/kg/min	—	—	—	—
Rate Propofol	11.136 mL/hr	—	—	—	—
Concentration Propofol	10 mg/mL	—	—	—	—
Rate	—	—	0 mL/hr	10 mL/hr	10 mL/hr
Rate	—	—	—	—	60 mL/hr
Row Name	**01/13/25 1500**	**01/13/25 1409**	**01/13/25 1400**	**01/13/25 1200**	**01/13/25 1000**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	10 mL/hr
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 0801**	**01/13/25 0800**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**
MAR Action	Bag/Syringe Refill	—	—	—	—
Basal Rate (mL/hr)	10 mL/hr	—	—	—	—
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	—	10 mL/hr	10 mL/hr
Rate	—	60 mL/hr	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 0542**	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**
Dose (mcg/kg/min) Dopamine	—	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	—	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Dose	*2 g	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/13/25 0100	01/13/25 0000	01/12/25 2300	01/12/25 2200	01/12/25 2108
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1900**	**01/12/25 1800**	**01/12/25 1720**
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**	**01/12/25 1519**	**01/12/25 1500**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min	4 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr	6.83 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	10 mL/hr	—	10 mL/hr
Rate	—	—	60 mL/hr	—	60 mL/hr
Row Name	**01/12/25 1400**	**01/12/25 1304**	**01/12/25 1300**	**01/12/25 1221**	**01/12/25 1154**
MAR Action	—	Bag/Syringe Refill	—	—	—
Basal Rate (mL/hr)	—	10 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	—	—
Rate	60 mL/hr	—	60 mL/hr	—	—
Dose	—	—	—	*250 mL	—
Rate	—	—	—	1000 mL/hr	—
Row Name	**01/12/25 1134**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**
Dose (mcg/kg/hr) Dexmedetomidine	—	—	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr
Rate Dexmedetomidine	—	—	0 mL/hr	6.83 mL/hr	6.83 mL/hr
Concentration Dexmedetomidine	—	—	4 mcg/mL	4 mcg/mL	4 mcg/mL
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	3 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	5.12 mL/hr	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Rate	—	—	—	10 mL/hr	—
Rate	—	60 mL/hr	—	—	—
Rate	—	1000 mL/hr	—	—	—
Row Name	**01/12/25 1000**	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**	**01/12/25 0749**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr	—
Rate Dexmedetomidine	9.1 mL/hr	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	—
Rate	10 mL/hr	10 mL/hr	—	—	—
Dose	—	—	—	—	*500 mL
Rate	—	—	—	—	1000 mL/hr
Row Name	**01/12/25 0700**	**01/12/25 0635**	**01/12/25 0615**	**01/12/25 0600**	**01/12/25 0545**
Dose (mcg/kg/hr) Dexmedetomidine	—	0 mcg/kg/hr	0.7 mcg/kg/hr	0.8 mcg/kg/hr	—
Rate Dexmedetomidine	—	0 mL/hr	7.96 mL/hr	9.1 mL/hr	—
Concentration Dexmedetomidine	—	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Rate	10 mL/hr	—	—	10 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/12/25 0515**	**01/12/25 0500**	**01/12/25 0447**	**01/12/25 0400**	**01/12/25 0300**
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	0.5 mcg/kg/hr	0.5 mcg/kg/hr	—	—
Rate Dexmedetomidine	9.1 mL/hr	5.69 mL/hr	5.69 mL/hr	—	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	—	10 mL/hr	—	10 mL/hr	10 mL/hr
Row Name	**01/12/25 0200**	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/11/25 2100	01/11/25 2000	01/11/25 1845	01/11/25 1840	01/11/25 1835
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	—	—	—
Dose	—	—	*500 mg	—	—
Row Name	**01/11/25 1700**	**01/11/25 1600**	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Dose (mcg/kg/min) Isoproterenol	—	—	0 mcg/kg/min	0.04 mcg/kg/min	—
Rate Isoproterenol	—	—	0 mL/hr	27.3 mL/hr	—
Concentration Isoproterenol	—	—	0.004 mg/mL	0.004 mg/mL	—
Dose	—	—	—	—	*500 mL
Row Name	**01/11/25 1340**	**01/11/25 1315**	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**
Dose (mcg/kg/min) Dopamine	—	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	—	—	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.04 mcg/kg/min	0.035 mcg/kg/min	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min
Rate Isoproterenol	27.3 mL/hr	23.9 mL/hr	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL
Row Name	**01/11/25 1155**	**01/11/25 1113**	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	4 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	6.83 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.025 mcg/kg/min	—	—	0.01 mcg/kg/min	—
Rate Isoproterenol	17.06 mL/hr	—	—	6.83 mL/hr	—
Concentration Isoproterenol	0.004 mg/mL	—	—	0.004 mg/mL	—
Rate	—	—	0 mL/hr	—	—
Dose	—	*500 mg	—	—	—
Row Name	**01/11/25 1043**	**01/11/25 1010**	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	—	6 mcg/kg/min	6 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Rate Dopamine	8.53 mL/hr	8.53 mL/hr	—	10.24 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	—	—	0 mL/hr	—	—
Rate	—	—	—	35 mL/hr	35 mL/hr
Row Name	**01/11/25 0835**	**01/11/25 0830**	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**
MAR Action	Dose/Rate Changed	—	—	Rate Verified	—
Basal Rate (mL/hr)	10 mL/hr	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	—	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	—	—	35 mL/hr
Rate	—	—	—	—	10 mL/hr
Row Name	**01/11/25 0600**	**01/11/25 0555**	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	—	7 mcg/kg/min	—
Rate Dopamine	11.94 mL/hr	—	—	11.94 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	—
Rate	35 mL/hr	—	—	35 mL/hr	—
Dose	—	*500 mg	—	—	—
Dose	—	—	*0 mEq	—	*20 mEq
Row Name	**01/11/25 0400**	**01/11/25 0300**	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	7 mcg/kg/min	—	7 mcg/kg/min	6.5 mcg/kg/min
Rate Dopamine	11.94 mL/hr	11.94 mL/hr	—	11.94 mL/hr	11.09 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Rate	35 mL/hr	35 mL/hr	35 mL/hr	—	—
Row Name	**01/11/25 0125**	**01/11/25 0100**	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**
Dose (mcg/kg/min) Dopamine	6.5 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min
Rate Dopamine	11.09 mL/hr	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 2300**	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Row Name	**01/10/25 2010**	**01/10/25 2000**	**01/10/25 1937**	**01/10/25 1817**	**01/10/25 1815**
MAR Action	—	Rate Verified	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	8 mL/hr	8 mL/hr	—	—
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	—	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	10.24 mL/hr	—	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	1600 mcg/mL
Dose	—	—	—	*500 mg	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/10/25 1800	01/10/25 1600	01/10/25 1500	01/10/25 1445	01/10/25 1433
SpO2	100 %	—	—	—	—
Arterial Line BP	106/36	—	—	—	—
Arterial Line MAP	59 mmHg	—	—	—	—
MAR Action	—	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	—	—	8 mL/hr
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Row Name	**01/10/25 1407**	**01/10/25 1405**	**01/10/25 1330**	**01/10/25 1241**	**01/10/25 1210**
Dose (mcg/kg/min) Dopamine	—	7 mcg/kg/min	8 mcg/kg/min	9 mcg/kg/min	10 mcg/kg/min
Rate Dopamine	—	11.94 mL/hr	13.65 mL/hr	15.36 mL/hr	17.06 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Row Name	**01/10/25 1201**	**01/10/25 1016**	**01/10/25 0936**	**01/10/25 0823**	**01/10/25 0801**
MAR Action	—	—	—	Restarted	Stopped
Basal Rate (mL/hr)	—	—	—	8 mL/hr	0 mL/hr
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min	—	—
Rate Dopamine	10.24 mL/hr	6.83 mL/hr	5.12 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—
Row Name	**01/10/25 0700**	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	—	—	*500 mg	—	—
Row Name	**01/10/25 0331**	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0100**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	4 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	6.83 mL/hr	6.83 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*2 g	—	—	—
Dose	*2 g	—	—	—	—
Row Name	**01/10/25 0012**	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**	**01/09/25 2233**
Heart Block Type	—	**2nd degree AVB (Mobitz II)**	—	—	—
Dose (mcg/kg/min) Dopamine	—	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	—	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	*250 mL	—	—	—	—
Rate	1000 mL/hr	—	—	—	—
Dose	—	—	*500 mg	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/09/25 2200	01/09/25 2159	01/09/25 2142	01/09/25 2000	01/09/25 1915
MAR Action	—	—	—	Rate Verified	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	2 mcg/kg/min	2 mcg/kg/min	—	—	—
Rate Dopamine	3.41 mL/hr	3.41 mL/hr	—	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	—
Dose (units/hr) Insulin	—	—	—	0 Units/hr	—
Rate Insulin	—	—	—	0 mL/hr	—
Concentration Insulin	—	—	—	1 Units/mL	—
Rate	—	—	—	0 mL/hr	50 mL/hr
Dose	—	—	*500 mL	—	—
Rate	—	—	500 mL/hr	—	—

Row Name	01/09/25 1835	01/09/25 1813	01/09/25 1743	01/09/25 1658	01/09/25 1653
MAR Action	New Bag/Syringe	—	—	—	—
Basal Rate (mL/hr)	8 mL/hr	—	—	—	—
Dose (units/hr) Insulin	—	0.8 Units/hr	—	—	—
Rate Insulin	—	0.8 mL/hr	—	—	—
Concentration Insulin	—	1 Units/mL	—	—	—
Dose (mcg/kg/min) Norepinephrine	—	—	—	0 mcg/kg/min	—
Rate Norepinephrine	—	—	—	0 mL/hr	—
Concentration Norepinephrine	—	—	—	0.064 mg/mL	—
Rate	—	—	50 mL/hr	—	50 mL/hr
Rate	—	—	0 mL/hr	—	—

Row Name	01/09/25 1647	01/09/25 1646	01/09/25 1645	01/09/25 1626	01/09/25 1625
Dose (units/hr) Insulin	—	—	—	—	1.5 Units/hr
Rate Insulin	—	—	—	—	1.5 mL/hr
Concentration Insulin	—	—	—	—	1 Units/mL
Dose (mcg/kg/min) Norepinephrine	—	0.02 mcg/kg/min	*10 mcg	0 mcg/kg/min	—
Rate Norepinephrine	—	0.853 mL/hr	—	0 mL/hr	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—

Row Name	01/09/25 1624	01/09/25 1617	01/09/25 1616	01/09/25 1613	01/09/25 1610
Bolus (mcg) Fentanyl	25 mcg	—	—	25 mcg	—
Concentration Fentanyl	50 mcg/mL	—	—	50 mcg/mL	—
Dose (mcg/kg/min) Norepinephrine	—	0.02 mcg/kg/min	0.04 mcg/kg/min	—	—
Rate Norepinephrine	—	0.853 mL/hr	1.706 mL/hr	—	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/09/25 1600	01/09/25 1555	01/09/25 1551	01/09/25 1542	01/09/25 1540
Dose (mcg/kg/min) Norepinephrine	0.06 mcg/kg/min	0.04 mcg/kg/min	0.08 mcg/kg/min	0.04 mcg/kg/min	—
Rate Norepinephrine	2.559 mL/hr	1.706 mL/hr	3.413 mL/hr	1.706 mL/hr	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—
Rate	—	—	—	—	200 mL/hr
Row Name	**01/09/25 1534**	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1529**	**01/09/25 1528**
Bolus (mcg) Fentanyl	—	—	—	—	25 mcg
Concentration Fentanyl	—	—	—	—	50 mcg/mL
Dose (mcg/kg/min) Norepinephrine	—	0 mcg/kg/min	0.04 mcg/kg/min	0.02 mcg/kg/min	—
Rate Norepinephrine	—	0 mL/hr	1.706 mL/hr	0.853 mL/hr	—
Concentration Norepinephrine	—	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—
Dose (mcg/kg/min) Propofol	*20 mg	—	*15 mg	—	—
Concentration Propofol	10 mg/mL	—	10 mg/mL	—	—
Rate	—	—	500 mL/hr	—	—
Row Name	**01/09/25 1526**	**01/09/25 1516**	**01/09/25 1434**	**01/09/25 1338**	**01/09/25 1251**
Dose (units/kg/hr) Heparin	—	—	0 Units/kg/hr	18 Units/kg/hr	*3640 units
Rate Heparin	—	—	0 mL/hr	8.19 mL/hr	—
Concentration Heparin	—	—	100 Units/mL	100 Units/mL	—
Dose (mcg/kg/min) Propofol	*25 mg	—	—	—	—
Rate Propofol	—	—	—	—	—
Concentration Propofol	10 mg/mL	—	—	—	—
Rate	—	100 mL/hr	—	—	—
Row Name	**01/09/25 1248**	**01/09/25 1213**	**01/09/25 1125**	**01/09/25 1115**	
Dose (units/kg/hr) Heparin	18 Units/kg/hr	—	—	—	
Rate Heparin	8.19 mL/hr	—	—	—	
Concentration Heparin	100 Units/mL	—	—	—	
Dose	—	*0 mL	—	*500 mL	
Rate	—	0 mL/hr	—	2000 mL/hr	
Dose	—	*0 g	*1 g	—	
Dose	—	*1 g	—	—	

Intake/Output

Row Name	02/23/25 1447	02/23/25 1259	02/23/25 0810	02/23/25 0223	02/22/25 1616
Rate	—	75 mL/hr	—	100 mL/hr	—
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mg	—	—
Dose	*40 mEq	—	—	—	—
Row Name	**02/22/25 1545**	**02/22/25 1218**	**02/22/25 0954**	**02/21/25 0944**	**02/15/25 0449**
Rate	—	—	—	—	0 mL/hr

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Rate	100 mL/hr	—	—	100 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	*2 g	—	—	—
Row Name	**02/14/25 2136**	**02/14/25 1103**	**02/14/25 0935**	**02/13/25 1746**	**02/13/25 1225**
Rate	—	—	0 mL/hr	50 mL/hr	50 mL/hr
Dose	—	*1000 mL	—	—	—
Rate	—	70 mL/hr	—	—	—
Rate	75 mL/hr	—	—	—	—
Row Name	**02/13/25 0431**	**02/12/25 2129**	**02/12/25 2011**	**02/12/25 1706**	**02/12/25 0507**
Rate	—	—	—	—	0 mL/hr
Rate	100 mL/hr	100 mL/hr	50 mL/hr	75 mL/hr	—
Row Name	**02/11/25 0910**	**02/11/25 0056**	**02/10/25 2001**	**02/10/25 0957**	**02/09/25 1250**
Dose	—	—	—	—	*1000 mg
Dose	—	—	*1000 mL	—	—
Rate	—	—	100 mL/hr	—	—
Dose	—	*1 g	—	—	—
Rate	100 mL/hr	—	—	—	—
Row Name	**02/09/25 1102**	**02/09/25 0938**	**02/09/25 0519**	**02/09/25 0042**	**02/08/25 1219**
Dose	—	*1 g	—	—	—
Dose	—	—	—	—	*2 g
Dose	—	—	*1000 mg	*1000 mg	—
Dose	*500 mL	—	—	—	—
Rate	500 mL/hr	—	—	—	—
Row Name	**02/08/25 1149**	**02/08/25 1021**	**01/30/25 2226**	**01/30/25 2053**	**01/30/25 1951**
Dose	—	—	*0 mEq	*40 mEq	—
Dose	—	—	—	—	*4 g
Dose	—	*12.5 g	—	—	—
Dose	*1 g	—	—	—	—
Row Name	**01/27/25 2256**	**01/27/25 0938**	**01/27/25 0937**	**01/27/25 0528**	**01/26/25 1952**
Rate	—	—	—	80 mL/hr	80 mL/hr
Rate	0 mL/hr	80 mL/hr	—	—	—
Dose	—	—	*2 g	—	—
Row Name	**01/26/25 1854**	**01/26/25 1046**	**01/25/25 1321**	**01/25/25 0346**	**01/23/25 0200**
Rate	—	—	—	—	60 mL/hr
Dose	—	—	—	*500 mL	—
Rate	—	—	—	500 mL/hr	—
Dose	—	—	*1000 mg	—	—
Dose	—	—	*1000 mL	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*1000 mL	—	—	—
Rate	—	1000 mL/hr	—	—	—
Rate	0 mL/hr	—	—	—	—
Row Name	**01/23/25 0047**	**01/23/25 0000**	**01/22/25 2300**	**01/22/25 0927**	**01/22/25 0642**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	—	60 mL/hr
Dose	—	—	—	*2 g	—
Row Name	**01/22/25 0200**	**01/21/25 0931**	**01/21/25 0918**	**01/20/25 1618**	**01/20/25 0930**
Rate	0 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*2 g
Row Name	**01/19/25 2126**	**01/19/25 0842**	**01/18/25 1520**	**01/18/25 1502**	**01/18/25 0532**
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—
Dose	—	—	—	—	*500 mg
Dose	—	*2 g	—	—	—
Row Name	**01/17/25 2129**	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0557**	**01/17/25 0122**
MAR Action	—	—	—	—	Stopped
Basal Rate (mL/hr)	—	—	—	—	0 mL/hr
Rate	60 mL/hr	—	—	—	—
Dose	—	*500 mg	*500 mg	*500 mg	—
Dose	—	—	—	—	*650 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Row Name	01/17/25 0029	01/16/25 2117	01/16/25 1924	01/16/25 1339	01/16/25 1235
MAR Action	—	—	Rate Verified	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	6 mL/hr	—	6 mL/hr
Dose	*4 mL	—	—	—	—
Dose	—	*500 mg	—	*500 mg	—
Row Name	**01/16/25 1152**	**01/16/25 1047**	**01/16/25 0721**	**01/16/25 0559**	**01/15/25 2335**
MAR Action	Dose/Rate Changed	—	Rate Verified	—	Rate Verified
Basal Rate (mL/hr)	6 mL/hr	—	10 mL/hr	—	10 mL/hr
Rate	—	60 mL/hr	—	—	—
Dose	—	—	—	*500 mg	—
Row Name	**01/15/25 2101**	**01/15/25 1928**	**01/15/25 1823**	**01/15/25 1653**	**01/15/25 1510**
MAR Action	—	—	New Bag/Syringe	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Rate	—	60 mL/hr	—	—	—
Dose	*500 mg	—	—	*500 mg	—
Dose	—	—	—	—	*2 g
Row Name	**01/15/25 1349**	**01/15/25 1300**	**01/15/25 0800**	**01/14/25 2206**	**01/14/25 2100**
MAR Action	Rate Verified	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	10 mL/hr	—	—	10 mL/hr	—
Rate	—	0 mL/hr	60 mL/hr	—	60 mL/hr
Row Name	**01/14/25 1800**	**01/14/25 1700**	**01/14/25 1600**	**01/14/25 1500**	**01/14/25 1400**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 1300**	**01/14/25 1200**	**01/14/25 1100**	**01/14/25 1000**	**01/14/25 0900**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/14/25 0800**	**01/14/25 0700**	**01/14/25 0600**	**01/14/25 0500**	**01/14/25 0403**
MAR Action	Rate Verified	—	—	—	New Bag/Syringe
Basal Rate (mL/hr)	10 mL/hr	—	—	—	10 mL/hr
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**	**01/14/25 0000**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**	**01/13/25 1900**
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1836**	**01/13/25 1818**	**01/13/25 1800**	**01/13/25 1720**	**01/13/25 1703**
Dose (mcg/kg/min) Dopamine	0 mcg/kg/min	1 mcg/kg/min	2 mcg/kg/min	2.5 mcg/kg/min	—
Rate Dopamine	0 mL/hr	1.71 mL/hr	3.41 mL/hr	4.27 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	—	—	0 mL/hr	—	—
Rate	—	—	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 1701**	**01/13/25 16:58:20**	**01/13/25 1641**	**01/13/25 1631**	**01/13/25 1602**
I.V.	—	0 mL	—	—	—
Dose (mcg/kg/min) Propofol	0 mcg/kg/min	—	20 mcg/kg/min	30 mcg/kg/min	40 mcg/kg/min
Rate Propofol	0 mL/hr	—	5.568 mL/hr	8.352 mL/hr	11.136 mL/hr
Concentration Propofol	10 mg/mL	—	10 mg/mL	10 mg/mL	10 mg/mL
Row Name	**01/13/25 1554**	**01/13/25 15:53:59**	**01/13/25 1542**	**01/13/25 1515**	**01/13/25 1500**
Dose (mcg/kg/min) Dopamine	—	—	2.5 mcg/kg/min	2.5 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	—	—	4.27 mL/hr	4.27 mL/hr	5.12 mL/hr
Concentration	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	0 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Rate	—	—	—	60 mL/hr	60 mL/hr
Row Name	**01/13/25 1409**	**01/13/25 1400**	**01/13/25 1200**	**01/13/25 1000**	**01/13/25 0801**
MAR Action	—	—	—	—	Bag/Syringe Refill
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	—	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	—	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0800**	**01/13/25 0728**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0542**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose	—	—	—	—	*2 g
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	—	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0500**	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0200**	**01/13/25 0147**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Dose	—	—	—	—	*4 mL
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/13/25 0100**	**01/13/25 0000**	**01/12/25 2300**	**01/12/25 2200**	**01/12/25 2108**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min	3.5 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr	5.97 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	—
Rate	60 mL/hr	60 mL/hr	60 mL/hr	60 mL/hr	—
Row Name	**01/12/25 2100**	**01/12/25 2000**	**01/12/25 1930**	**01/12/25 1900**	**01/12/25 1800**
Dose (mcg/kg/min) Dopamine	3.499 mcg/kg/min	3.499 mcg/kg/min	—	3.499 mcg/kg/min	—
Rate Dopamine	5.97 mL/hr	5.97 mL/hr	—	5.97 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Rate	10 mL/hr	10 mL/hr	—	10 mL/hr	10 mL/hr
Dose	—	—	*4 mL	—	—
Rate	60 mL/hr	60 mL/hr	—	60 mL/hr	60 mL/hr
Row Name	**01/12/25 1720**	**01/12/25 1647**	**01/12/25 1635**	**01/12/25 1600**	**01/12/25 1519**
Dose (mcg/kg/min) Dopamine	3.5 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min	4 mcg/kg/min	4 mcg/kg/min
Rate Dopamine	5.97 mL/hr	5.12 mL/hr	5.12 mL/hr	6.83 mL/hr	6.83 mL/hr
Concentration	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dopamine					
Rate	—	—	—	10 mL/hr	—
Rate	—	—	—	60 mL/hr	—
Row Name	**01/12/25 1507**	**01/12/25 1500**	**01/12/25 1400**	**01/12/25 1304**	**01/12/25 1300**
MAR Action	—	—	—	Bag/Syringe Refill	—
Basal Rate (mL/hr)	—	—	—	10 mL/hr	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	—	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL
Rate	—	10 mL/hr	10 mL/hr	—	10 mL/hr
Dose	*4 mL	—	—	—	—
Rate	—	60 mL/hr	60 mL/hr	—	60 mL/hr
Row Name	**01/12/25 1221**	**01/12/25 1154**	**01/12/25 1134**	**01/12/25 1129**	**01/12/25 1112**
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	—	8.53 mL/hr	8.53 mL/hr	—	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	—	—
Dose	—	—	—	*4 mL	—
Rate	—	—	—	—	60 mL/hr
Rate	—	—	—	—	1000 mL/hr
Dose	*250 mL	—	—	—	—
Rate	1000 mL/hr	—	—	—	—
Row Name	**01/12/25 1110**	**01/12/25 1100**	**01/12/25 1033**	**01/12/25 1000**	**01/12/25 0930**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	5 mcg/kg/min	—	5 mcg/kg/min	—
Rate Dopamine	5.12 mL/hr	8.53 mL/hr	—	8.53 mL/hr	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	1600 mcg/mL	—
Rate	—	10 mL/hr	—	10 mL/hr	—
Dose (mcg/kg/hr) Dexmedetomidine	0 mcg/kg/hr	0.6 mcg/kg/hr	0.6 mcg/kg/hr	0.8 mcg/kg/hr	—
Rate Dexmedetomidine	0 mL/hr	6.83 mL/hr	6.83 mL/hr	9.1 mL/hr	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	4 mcg/mL	—
Dose	—	—	—	—	*4 mL
Row Name	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0834**	**01/12/25 0749**	**01/12/25 0700**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	—	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	—	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	—	—	1600 mcg/mL
Rate	10 mL/hr	—	—	—	10 mL/hr
Dose (mcg/kg/hr) Dexmedetomidine	0.8 mcg/kg/hr	1 mcg/kg/hr	0.5 mcg/kg/hr	—	—
Rate Dexmedetomidine	9.1 mL/hr	11.38 mL/hr	5.69 mL/hr	—	—
Concentration	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dexmedetomidine					
Dose	—	—	—	*500 mL	—
Rate	—	—	—	1000 mL/hr	—
Row Name	**01/12/25 0635**	**01/12/25 0615**	**01/12/25 0600**	**01/12/25 0545**	**01/12/25 0515**
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	—	—
Rate Dopamine	—	—	8.53 mL/hr	—	—
Concentration Dopamine	—	—	1600 mcg/mL	—	—
Dose	—	—	—	*2 g	—
Rate	—	—	10 mL/hr	—	—
Dose (mcg/kg/hr) Dexmedetomidine	0 mcg/kg/hr	0.7 mcg/kg/hr	0.8 mcg/kg/hr	—	0.8 mcg/kg/hr
Rate Dexmedetomidine	0 mL/hr	7.96 mL/hr	9.1 mL/hr	—	9.1 mL/hr
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	4 mcg/mL	—	4 mcg/mL
Row Name	**01/12/25 0500**	**01/12/25 0447**	**01/12/25 0400**	**01/12/25 0300**	**01/12/25 0200**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	—	10 mL/hr	10 mL/hr	10 mL/hr
Dose (mcg/kg/hr) Dexmedetomidine	0.5 mcg/kg/hr	0.5 mcg/kg/hr	—	—	—
Rate Dexmedetomidine	5.69 mL/hr	5.69 mL/hr	—	—	—
Concentration Dexmedetomidine	4 mcg/mL	4 mcg/mL	—	—	—
Row Name	**01/12/25 0100**	**01/12/25 0000**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr	10 mL/hr
Row Name	**01/11/25 2000**	**01/11/25 1845**	**01/11/25 1840**	**01/11/25 1835**	**01/11/25 1700**
MAR Action	—	—	Bag/Syringe Refill	—	—
Basal Rate (mL/hr)	—	—	10 mL/hr	—	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	8.53 mL/hr	—	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	1600 mcg/mL	—	—	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Rate	10 mL/hr	—	—	—	—
Row Name	**01/11/25 1600**	**01/11/25 1401**	**01/11/25 1400**	**01/11/25 1346**	**01/11/25 1340**
Dose	5 mcg/kg/min	—	5 mcg/kg/min	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	8.53 mL/hr	—	8.53 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	—	—
Dose (mcg/kg/min) Isoproterenol	—	0 mcg/kg/min	0.04 mcg/kg/min	—	0.04 mcg/kg/min
Rate Isoproterenol	—	0 mL/hr	27.3 mL/hr	—	27.3 mL/hr
Concentration Isoproterenol	—	0.004 mg/mL	0.004 mg/mL	—	0.004 mg/mL
Dose	—	—	—	*500 mL	—
Row Name	**01/11/25 1315**	**01/11/25 1302**	**01/11/25 1300**	**01/11/25 1200**	**01/11/25 1155**
Dose (mcg/kg/min) Dopamine	—	—	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	—	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose (mcg/kg/min) Isoproterenol	0.035 mcg/kg/min	0.03 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min	0.025 mcg/kg/min
Rate Isoproterenol	23.9 mL/hr	20.5 mL/hr	17.06 mL/hr	17.06 mL/hr	17.06 mL/hr
Concentration Isoproterenol	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL	0.004 mg/mL
Row Name	**01/11/25 1113**	**01/11/25 1111**	**01/11/25 1109**	**01/11/25 1100**	**01/11/25 1043**
Dose (mcg/kg/min) Dopamine	—	4 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	6.83 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Rate	—	0 mL/hr	—	—	—
Dose (mcg/kg/min) Isoproterenol	—	—	0.01 mcg/kg/min	—	—
Rate Isoproterenol	—	—	6.83 mL/hr	—	—
Concentration Isoproterenol	—	—	0.004 mg/mL	—	—
Row Name	**01/11/25 1010**	**01/11/25 0917**	**01/11/25 0900**	**01/11/25 0836**	**01/11/25 0835**
MAR Action	—	—	—	—	Dose/Rate Changed
Basal Rate (mL/hr)	—	—	—	—	10 mL/hr
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	—	6 mcg/kg/min	6 mcg/kg/min	—
Rate Dopamine	8.53 mL/hr	—	10.24 mL/hr	10.24 mL/hr	—
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	—
Rate	—	0 mL/hr	—	—	—
Dose	—	—	—	—	*4 mL
Rate	—	—	35 mL/hr	35 mL/hr	—
Row Name	**01/11/25 0830**	**01/11/25 0800**	**01/11/25 0730**	**01/11/25 0700**	**01/11/25 0600**
MAR Action	—	—	Rate Verified	—	—
Basal Rate (mL/hr)	—	—	8 mL/hr	—	—
Dose	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

(mcg/kg/min) Dopamine					
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr	11.94 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	—	—	—	35 mL/hr	35 mL/hr
Rate	—	—	—	10 mL/hr	—
Row Name	**01/11/25 0555**	**01/11/25 0546**	**01/11/25 0500**	**01/11/25 0430**	**01/11/25 0400**
Dose (mcg/kg/min) Dopamine	—	—	7 mcg/kg/min	—	7 mcg/kg/min
Rate Dopamine	—	—	11.94 mL/hr	—	11.94 mL/hr
Concentration Dopamine	—	—	1600 mcg/mL	—	1600 mcg/mL
Dose	*500 mg	—	—	—	—
Dose	—	*0 mEq	—	*20 mEq	—
Rate	—	—	35 mL/hr	—	35 mL/hr
Row Name	**01/11/25 0300**	**01/11/25 0248**	**01/11/25 0214**	**01/11/25 0200**	**01/11/25 0125**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	—	7 mcg/kg/min	6.5 mcg/kg/min	6.5 mcg/kg/min
Rate Dopamine	11.94 mL/hr	—	11.94 mL/hr	11.09 mL/hr	11.09 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Rate	35 mL/hr	35 mL/hr	—	—	—
Row Name	**01/11/25 0100**	**01/11/25 0058**	**01/11/25 0000**	**01/10/25 2302**	**01/10/25 2300**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	—	—	—	*500 mg
Row Name	**01/10/25 2240**	**01/10/25 2200**	**01/10/25 2141**	**01/10/25 2100**	**01/10/25 2010**
Dose (mcg/kg/min) Dopamine	6 mcg/kg/min	7 mcg/kg/min	7 mcg/kg/min	6 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	10.24 mL/hr	11.94 mL/hr	11.94 mL/hr	10.24 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 2000**	**01/10/25 1937**	**01/10/25 1817**	**01/10/25 1815**	**01/10/25 1800**
MAR Action	Rate Verified	New Bag/Syringe	—	—	—
Basal Rate (mL/hr)	8 mL/hr	8 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	—	5 mcg/kg/min	—	5 mcg/kg/min	5 mcg/kg/min
Rate Dopamine	—	8.53 mL/hr	—	8.53 mL/hr	8.53 mL/hr
Concentration Dopamine	—	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL
Dose	—	—	*500 mg	—	—
Row Name	**01/10/25 1600**	**01/10/25 1500**	**01/10/25 1445**	**01/10/25 1433**	**01/10/25 1407**
MAR Action	—	—	—	New Bag/Syringe	—
Basal Rate (mL/hr)	—	—	—	8 mL/hr	—
Dose (mcg/kg/min) Dopamine	5 mcg/kg/min	5 mcg/kg/min	5 mcg/kg/min	—	—
Rate Dopamine	8.53 mL/hr	8.53 mL/hr	8.53 mL/hr	—	—
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose	—	—	—	—	*500 mg
Row Name	**01/10/25 1405**	**01/10/25 1330**	**01/10/25 1241**	**01/10/25 1210**	**01/10/25 1201**
Dose (mcg/kg/min) Dopamine	7 mcg/kg/min	8 mcg/kg/min	9 mcg/kg/min	10 mcg/kg/min	6 mcg/kg/min
Rate Dopamine	11.94 mL/hr	13.65 mL/hr	15.36 mL/hr	17.06 mL/hr	10.24 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Row Name	**01/10/25 1016**	**01/10/25 0936**	**01/10/25 0823**	**01/10/25 0801**	**01/10/25 0700**
MAR Action	—	—	Restarted	Stopped	—
Basal Rate (mL/hr)	—	—	8 mL/hr	0 mL/hr	—
Dose (mcg/kg/min) Dopamine	4 mcg/kg/min	3 mcg/kg/min	—	—	3 mcg/kg/min
Rate Dopamine	6.83 mL/hr	5.12 mL/hr	—	—	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	1600 mcg/mL	—	—	1600 mcg/mL
Row Name	**01/10/25 0600**	**01/10/25 0549**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0331**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	3 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr	5.12 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Dose	—	—	—	—	*2 g
Row Name	**01/10/25 0302**	**01/10/25 0300**	**01/10/25 0215**	**01/10/25 0100**	**01/10/25 0012**
Dose (mcg/kg/min) Dopamine	—	4 mcg/kg/min	4 mcg/kg/min	3 mcg/kg/min	—
Rate Dopamine	—	6.83 mL/hr	6.83 mL/hr	5.12 mL/hr	—
Concentration Dopamine	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL	—
Dose	—	—	—	—	*250 mL
Rate	—	—	—	—	1000 mL/hr
Dose	*2 g	—	—	—	—
Row Name	**01/10/25 0000**	**01/09/25 2327**	**01/09/25 2300**	**01/09/25 2233**	**01/09/25 2200**
Dose (mcg/kg/min) Dopamine	3 mcg/kg/min	—	3 mcg/kg/min	3 mcg/kg/min	2 mcg/kg/min
Rate Dopamine	5.12 mL/hr	—	5.12 mL/hr	5.12 mL/hr	3.41 mL/hr
Concentration Dopamine	1600 mcg/mL	—	1600 mcg/mL	1600 mcg/mL	1600 mcg/mL
Dose	—	*500 mg	—	—	—
Row Name	**01/09/25 2159**	**01/09/25 2142**	**01/09/25 2000**	**01/09/25 1915**	**01/09/25 1835**
MAR Action	—	—	Rate Verified	—	New Bag/Syringe
Basal Rate (mL/hr)	—	—	8 mL/hr	—	8 mL/hr
Dose (units/hr) Insulin	—	—	0 Units/hr	—	—
Rate Insulin	—	—	0 mL/hr	—	—
Concentration Insulin	—	—	1 Units/mL	—	—
Rate	—	—	0 mL/hr	50 mL/hr	—
Dose	—	*500 mL	—	—	—
Rate	—	500 mL/hr	—	—	—
Dose (mcg/kg/min) Dopamine	2 mcg/kg/min	—	—	—	—
Rate Dopamine	3.41 mL/hr	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Concentration Dopamine	1600 mcg/mL	—	—	—	—
Row Name	**01/09/25 1813**	**01/09/25 1743**	**01/09/25 1658**	**01/09/25 1653**	**01/09/25 1647**
Dose (mcg/kg/min) Norepinephrine	—	—	0 mcg/kg/min	—	—
Rate Norepinephrine	—	—	0 mL/hr	—	—
Concentration Norepinephrine	—	—	0.064 mg/mL	—	—
Rate	—	50 mL/hr	—	50 mL/hr	—
Dose (units/hr) Insulin	0.8 Units/hr	—	—	—	—
Rate Insulin	0.8 mL/hr	—	—	—	—
Concentration Insulin	1 Units/mL	—	—	—	—
Rate	—	0 mL/hr	—	—	—
Row Name	**01/09/25 1646**	**01/09/25 1645**	**01/09/25 1626**	**01/09/25 1625**	**01/09/25 1624**
Bolus (mcg) Fentanyl	—	—	—	—	25 mcg
Concentration Fentanyl	—	—	—	—	50 mcg/mL
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	*10 mcg	0 mcg/kg/min	—	—
Rate Norepinephrine	0.853 mL/hr	—	0 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Dose (units/hr) Insulin	—	—	—	1.5 Units/hr	—
Rate Insulin	—	—	—	1.5 mL/hr	—
Concentration Insulin	—	—	—	1 Units/mL	—
Row Name	**01/09/25 1617**	**01/09/25 1616**	**01/09/25 1613**	**01/09/25 1610**	**01/09/25 1600**
Bolus (mcg) Fentanyl	—	—	25 mcg	—	—
Concentration Fentanyl	—	—	50 mcg/mL	—	—
Dose (mcg/kg/min) Norepinephrine	0.02 mcg/kg/min	0.04 mcg/kg/min	—	—	0.06 mcg/kg/min
Rate Norepinephrine	0.853 mL/hr	1.706 mL/hr	—	—	2.559 mL/hr
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	—	—	0.064 mg/mL
Row Name	**01/09/25 1555**	**01/09/25 1551**	**01/09/25 1542**	**01/09/25 1540**	**01/09/25 1534**
Dose (mcg/kg/min) Propofol	—	—	—	—	*20 mg
Concentration Propofol	—	—	—	—	10 mg/mL
Dose (mcg/kg/min) Norepinephrine	0.04 mcg/kg/min	0.08 mcg/kg/min	0.04 mcg/kg/min	—	—
Rate Norepinephrine	1.706 mL/hr	3.413 mL/hr	1.706 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Rate	—	—	—	200 mL/hr	—
Row Name	**01/09/25 1533**	**01/09/25 1532**	**01/09/25 1529**	**01/09/25 1528**	**01/09/25 1526**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dose (mcg/kg/min) Propofol	—	*15 mg	—	—	*25 mg
Rate Propofol	—	—	—	—	—
Concentration Propofol	—	10 mg/mL	—	—	10 mg/mL
Bolus (mcg) Fentanyl	—	—	—	25 mcg	—
Concentration Fentanyl	—	—	—	50 mcg/mL	—
Dose (mcg/kg/min) Norepinephrine	0 mcg/kg/min	0.04 mcg/kg/min	0.02 mcg/kg/min	—	—
Rate Norepinephrine	0 mL/hr	1.706 mL/hr	0.853 mL/hr	—	—
Concentration Norepinephrine	0.064 mg/mL	0.064 mg/mL	0.064 mg/mL	—	—
Rate	—	500 mL/hr	—	—	—

Row Name	01/09/25 1516	01/09/25 1434	01/09/25 1338	01/09/25 1251	01/09/25 1248
Dose (units/kg/hr) Heparin	—	0 Units/kg/hr	18 Units/kg/hr	*3640 units	18 Units/kg/hr
Rate Heparin	—	0 mL/hr	8.19 mL/hr	—	8.19 mL/hr
Concentration Heparin	—	100 Units/mL	100 Units/mL	—	100 Units/mL
Rate	100 mL/hr	—	—	—	—

Row Name	01/09/25 1213	01/09/25 1125	01/09/25 1115
Dose	*0 mL	—	*500 mL
Rate	0 mL/hr	—	2000 mL/hr
Dose	*0 g	*1 g	—
Dose	*1 g	—	—

Intra-Procedure General Information

Row Name	01/10/25 13:25:51
Intra Procedure Airway/Breathing	No interventions needed
Intra Procedure Circulation	No interventions needed
Intra Procedure Other Events	No other events noted

IP Time Out Procedure Documentation

Row Name	01/10/25 1233
Procedure Start/Stop	Start
Procedure Name	Arterial Line

IV Assessment

Row Name	02/24/25 0900	02/23/25 2119	02/22/25 2105	02/21/25 2100	02/21/25 1130
Blood Specimen Collection	—	—	Phlebotomy/lab	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Site Assessment	Clean;Dry;Intact;Painful;Edematous	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Saline locked	Infusing	Infusing	Infusing;Flushed without resistance	Disinfecting cap(s) present
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
Row Name	**02/14/25 1515**	**02/14/25 1053**	**02/13/25 2057**	**02/13/25 0900**	**02/12/25 2100**
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	Infusing	Infusing;Positional	Saline locked;Flushed without resistance
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing	Infusing;Flushed without resistance	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Dressing Change Due	**02/21/25**	02/21/25	—	—	—
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				
Row Name	**02/11/25 0900**	**02/10/25 2100**	**02/09/25 0900**	**02/08/25 2100**	**02/08/25 0900**
Blood Specimen Collection	—	Unit collection	—	—	—
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Intact;Dry	Clean;Intact;Dry	Clean;Intact;Dry
Line Status	—	—	Saline locked;Flushed without resistance	Saline locked;Flushed without resistance	Saline locked;Flushed without resistance
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	—	—	Other (Comment)	—
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing	Infusing	—	—	—
Dressing Type	Transparent	Transparent	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 7 of 16) (continued)

Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				

Row Name	**02/07/25 1149**	**01/30/25 2100**
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact	
Site Assessment	—	Clean;Dry;Intact
Line Status	—	Flushed with resistance;No blood return;Infusing
Dressing Type	—	Transparent
Dressing Status	—	Clean;Dry;Intact
Dressing Change Due	—	02/01/25
Reason Not Rotated	—	Not due
Phlebitis Grade	—	0
Infiltration Grade	—	0
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact	
Site Assessment	Clean;Intact;Dry	—
Line Status	Saline locked;Flushed without resistance	—
Dressing Type	Transparent	—
Dressing Status	Clean;Dry;Intact	—
Dressing Change Due	02/14/25	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16)

IV Assessment

Row Name	01/29/25 1900	01/29/25 1615	01/29/25 0900	01/28/25 1930	01/28/25 0900
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Saline locked;Disinfecting cap(s) present	Saline locked;Flushed with resistance;No blood return	Infusing;Flushed without resistance	Infusing;Flushed without resistance
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	**02/01/25**	**02/01/25**	—	02/01/25	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Row Name	**01/27/25 2100**	**01/27/25 1000**	**01/25/25 0900**	**01/24/25 2100**	**01/23/25 2100**
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	—	—	Dry;Clean;Intact	Dry;Clean;Intact	Dry;Clean;Intact
Line Status	—	—	Disinfecting cap(s) present;Flushed without resistance;Saline locked	Disinfecting cap(s) present;Flushed without resistance;Saline locked	Disinfecting cap(s) present;Flushed without resistance;Saline locked
Dressing Type	—	—	Transparent	Transparent	Transparent
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry	—	—	—
Row Name	**01/22/25 2130**	**01/21/25 2100**	**01/21/25 0930**	**01/20/25 2130**	**01/20/25 0511**
Blood Specimen Collection	Phlebotomy/lab	—	—	—	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Site Assessment	—	Leaking	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing	Infusing	Infusing	Flushed without resistance;Blood return noted;Infusing
Dressing Type	—	Transparent	Transparent	Transparent	Transparent
Dressing Status	—	New drainage	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	Dressing changed	—	—	—
Dressing Change Due	—	—	—	—	01/27/25
Reason Not	—	—	—	—	Not due

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Rotated					
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	Dry;Clean;Intact	—	—	—	—
Line Status	Disinfecting cap(s) present;Infusing;Flushed without resistance	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				

Row Name	**01/19/25 1947**	**01/19/25 0859**	**01/18/25 2138**	**01/18/25 0900**	**01/18/25 0839**
Blood Specimen Collection	—	—	Phlebotomy/lab	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	Infusing	Infusing	Infusing	Infusing
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Dry;Intact;Clean
Dressing Change Due	—	—	—	—	01/25/25
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	0	0	0
Infiltration Grade	—	—	0	0	0
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry	—
Line Status	Capped	Capped	—	Capped	—
Dressing Type	—	Other (Comment)	—	Transparent;Securement device	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—

Row Name	**01/17/25 2100**	**01/17/25 0843**	**01/16/25 2100**	**01/16/25 0900**	**01/15/25 2002**
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	—	Infusing;Blood return noted	Infusing	Flushed without resistance;Infusing
Dressing Type	Transparent	—	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	—	—	—	01/22/25	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Reason Not Rotated	Not due	—	—	Not due	—
Phlebitis Grade	0	—	—	0	—
Infiltration Grade	0	—	—	0	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry	Clean;Dry	Clean;Dry	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Capped	Capped	Infusing	Infusing	Infusing
Dressing Type	Transparent;Securement device	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Non-Intact	Non-Intact	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	—
Dressing Change Due	—	—	—	**01/16/25**	—

Row Name	**01/15/25 1325**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**	**01/09/25 1120**
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Phlebitis Grade	—	0	0	0	—
Infiltration Grade	—	0	0	0	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing;Flushed without resistance;Blood return noted	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Dressing Change	01/22/25	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 8 of 16) (continued)

Due	
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Row Name	**01/09/25 1042**
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
Site Assessment	Clean;Dry;Intact
Dressing Type	Transparent
Dressing Status	Clean;Dry;Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16)

LACE+ Score

Row Name	03/08/25 1137
LACE+ Score	75

Lines/Drains/Airways

Row Name	01/09/25 1657
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated
Closure	Sutures;Staples;Oth er (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)

Lines/Drains/Airways

Row Name	03/07/25 2058	03/07/25 2057	03/07/25 0900	03/06/25 2100	03/05/25 2007
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean;Dehisced;Pink;Yellow	Clean;Dehisced;Pink;Yellow	Clean;Dehisced;Pink;Yellow	—
Dressing	—	Mepilex Border	None - Open to air	None - Open to air	—
Dressing Changed	—	Changed	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink;Painful	Clean;Dry;Pink;Painful	Clean;Dry;Pink;Painful	Clean;Dry;Pink;Painful
Dressing	—	Barrier Cream	Barrier Cream	—	—
Dressing Changed	—	Reapplication	Other (Comment)	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base	Fragile;Pink;Red	—	Unable to assess	Unable to assess	Unable to assess

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Assessment					
Dressing	Other (Comment)	—	Mepilex Border	—	Mepilex Border
Dressing Changed	—	—	Other (Comment)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Row Name	**03/05/25 2006**	**03/05/25 1501**	**03/05/25 0950**	**03/05/25 0948**	**03/04/25 2100**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
Care & Maintenance	—	Change device	—	Change device;Peri care - wash with soap and water	—
Urine Color	—	Amber	Amber	Amber	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dehisced;Pink;Yellow	—	—	—	Clean;Dehisced
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Painful	—	Clean;Pink
Peri-Wound Assessment	—	—	Clean;Dry	—	—
Dressing	—	—	Barrier Cream	—	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Row Name	**03/04/25 1128**	**03/04/25 0900**	**03/03/25 2301**	**03/03/25 2100**	**03/03/25 0801**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	Change device;Peri care - wash with soap and water;Collection container changed	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Dehisced;Adipose	—	—	Unable to assess	—
Peri-Wound Assessment	Pink	—	—	—	—
Dressing	Gauze	—	—	Mepilex Border	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Pink	—	Clean;Pink	—
Dressing	—	Barrier Cream	—	None - Open to air;Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Dry;Clean	—	Dry;Clean	Dry;Clean
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	—	Other (Comment)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	Unable to assess
Dressing	—	Mepilex Border	—	—	Mepilex Border
Dressing Changed	—	—	New	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Row Name	**03/03/25 0800**	**03/02/25 2100**	**03/02/25 0753**	**03/02/25 0750**	**03/01/25 2159**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Unable to assess	Clean;Dehisced;Other (Comment)
Dressing	Mepilex Border	Mepilex Border	—	Mepilex Border	Mepilex Border
Dressing Changed	—	—	—	—	Changed
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	—	—
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Dry;Clean	Dry;Clean	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Row Name	**03/01/25 1912**	**03/01/25 1911**	**03/01/25 1200**	**02/28/25 2044**	**02/28/25 2043**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry;Clean	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	Clean
Dressing	—	Mepilex Border	Mepilex Border	—	None - Open to air
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Dressing	Mepilex Border	—	—	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Row Name	**02/28/25 1118**	**02/28/25 0900**	**02/27/25 2100**	**02/27/25 1100**	**02/26/25 2000**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Brown	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean	Clean	—	Unable to assess
Closure	—	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	None - Open to air	None - Open to air	None - Open to air	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	Unable to assess	—	—
Peri-Wound Assessment	—	—	—	Clean;Dry	—
Closure	—	—	—	None	—
Drainage Amount	—	—	—	None	—
Dressing	—	Mepilex Border	Mepilex Border	Mepilex Border	—
Dressing Changed	—	—	—	Changed	—
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	Unable to assess
Dressing	—	Mepilex Border	—	—	—
Row Name	**02/26/25 0900**	**02/25/25 0900**			
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 9 of 16) (continued)

	Earliest Known Removed: 02/25/25	
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)	
Wound Bed/Base Assessment	Unable to assess	Unable to assess
Dressing	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16)

Lines/Drains/Airways

Row Name	02/22/25 1229	02/22/25 0955	02/21/25 2100	02/19/25 2121	02/19/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	No	—
Site Assessment	—	Skin Intact;Clean;Dry	—	—	—
Care & Maintenance	Change device;Peri care - wash with soap and water	—	—	—	—
Urine Appearance	—	—	Clear	—	—
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
IV Properties	Placement Date: 02/21/25 Placement Time: 0952 Insertion attempts: 1 Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Earliest Known Removed: 02/25/25				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Infusing	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Clean;Pink	Clean;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Closure	—	—	Staples	Staples	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	Other (Comment)	Gauze;Betadine Swabs;Elastic Wrap (ACE)
Dressing Status	—	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Pink;Blanchable erythema	Pink	Pink
Peri-Wound Assessment	—	—	Clean;Dry	Clean	—
Dressing	—	—	None - Open to air	None - Open to air	Barrier Cream
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	Clean;Dry;Intact	Clean;Intact;Dry	—
Closure	—	—	Approximated	Approximated	—
Dressing	—	—	None - Open to air	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink;Intact;Blanchable erythema	Clean;Dry;Pink;Intact;Blanchable erythema
Peri-Wound Assessment	—	—	—	Pink	—
Dressing	—	—	Mepilex Border	—	None - Open to air
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Clean;Dry	Clean;Dry
Peri-Wound Assessment	—	—	—	Dry;Intact	—
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Row Name	**02/18/25 0900**	**02/17/25 2100**	**02/17/25 2030**	**02/17/25 0900**	**02/16/25 2144**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	Yes
Site Assessment	—	—	Skin Intact;Dry	—	Skin Intact
Urine Appearance	—	—	Clear	—	—
Urine Color	—	—	Yellow/straw	—	Yellow/straw
NG/OG Properties	Placement Date: 02/18/25 Placement Time: 1400 Inserted by: Allen P RN Tube Type: Nasogastric Tube Location: Right nostril Internal Length (cm): 45 cm Removal Date: 02/18/25 Removal Time: 1517 Removal Reason: Other (Comment)				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Closure	—	—	—	—	Unable to assess
Dressing	None - Open to air	—	—	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	—	Reinforced
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Intact;Dry
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Intact	—	Clean;Intact	Clean;Intact
Peri-Wound Assessment	—	—	—	—	Pink
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Clean;Dry	—	—	Clean;Dry	Dry;Clean;Blanchable erythema
Peri-Wound	—	—	—	—	Intact

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Assessment					
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air
Dressing Status	Clean;Dry;Intact	—	—	—	—
Row Name	**02/16/25 0659**	**02/16/25 0400**	**02/15/25 2124**	**02/15/25 0900**	**02/14/25 2041**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	—	—	Yes
Site Assessment	—	—	Skin Intact;Dry	—	Skin Intact;Dry;Clean
Care & Maintenance	—	—	—	—	Peri care - wash with soap and water;Change device
Output (mL)	260 mL	—	—	—	—
Urine Appearance	Clear	—	—	—	—
Urine Color	Amber	—	—	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Infusing
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	**02/21/25**
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Dry;Intact	—	Dry;Clean;Intact	Dry;Clean;Intact
Peri-Wound Assessment	—	Clean;Dry;Intact	—	—	Dry;Clean;Intact
Closure	—	Staples	—	—	Staples
Drainage Amount	—	None	—	—	None
Dressing	—	Gauze;Elastic Wrap (ACE)	—	Gauze;Elastic Wrap (ACE)	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	—	Changed	—	—	**New;Changed**
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Pink	Clean;Dry;Pink
Dressing	—	—	—	Barrier Cream	Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Closure	—	—	—	—	Skin glue;Approximated
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Other (Comment)	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Edema;Dry;Intact	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Pink
Dressing	—	None - Open to air	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air	None - Open to air
Dressing Status	—	—	—	Clean;Dry;Intact	—
Row Name	**02/14/25 1515**	**02/14/25 0900**	**02/14/25 0730**	**02/13/25 2058**	**02/13/25 2057**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact	—	—
Urine Appearance	—	—	Clear	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	—
Line Status	—	—	Infusing	—	—
Dressing Type	—	—	Transparent	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
IV Properties	Placement Date: 02/14/25 Placement Time: 1052 Inserted by: Anna S, Rn Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 02/15/25 Removal Time: 0449 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	Dry
Peri-Wound Assessment	Dry;Intact;Clean	—	—	—	—
Closure	Staples	—	—	—	—
Dressing	Gauze;Elastic Wrap (ACE);Other (Comment)	Gauze;Elastic Wrap (ACE);Other (Comment)	—	—	Gauze;Elastic Wrap (ACE);Other (Comment)
Dressing Changed	**New;Changed**	—	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	Clean;Dry;Pink	—
Dressing	—	Barrier Cream	—	Barrier Cream	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Peri-Wound	—	—	Clean;Dry;Intact	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Assessment					
Dressing	—	—	None - Open to air	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	—
Dressing	—	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry	—	—	Blanchable erythema;Dry
Dressing	—	None - Open to air	—	—	None - Open to air;Other (Comment)

Row Name	**02/13/25 0900**	**02/13/25 0159**	**02/12/25 2100**	**02/12/25 1700**	**02/12/25 1420**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Saline locked;Flushed without resistance;Blood return noted	Saline locked;Flushed without resistance;Blood return noted
Dressing Type	—	—	—	Transparent	Transparent
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Dry	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Pink	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Unable to assess	—	—
Dressing	—	Gauze;Elastic Wrap (ACE)	None - Open to air	—	—
Dressing Changed	New;Changed	Changed;New	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—
Dressing	Barrier Cream	—	Barrier Cream	—	—
Dressing Changed	Reapplication	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Bed/Base Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact;Pink	—	—
Dressing	None - Open to air	—	None - Open to air	—	—
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	—
Dressing	None - Open to air	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	—	Blanchable erythema;Dry;Pink	—	—
Dressing	None - Open to air;Other (Comment)	—	None - Open to air	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—

Row Name	**02/12/25 0830**	**02/11/25 2135**	**02/11/25 1925**	**02/11/25 0900**	**02/10/25 2319**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	No	—	No	—	Yes
Site Assessment	Skin Intact;Dry;Clean	—	Skin Intact	—	Skin Intact;Dry;Clean
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Leaking	—	Clean;Dry;Intact	—	—
Line Status	Infiltrated	—	Infusing	—	—
Dressing Type	Transparent	—	Transparent	—	—
Dressing Status	Clean;Dry;Intact;Other (Comment)	—	Clean;Dry;Intact;Other (Comment)	—	—
Dressing Change Due	—	—	**02/17/25**	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
IV Properties	Placement Date: 02/12/25 Placement Time: 1420 Inserted by: Elim, RN Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Right Location: Forearm Removal Date: 02/14/25 Removal Time: 0955 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Unable to assess	—	Unable to assess	—
Dressing	—	Elastic Wrap (ACE)	—	Elastic Wrap (ACE)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	—	Clean;Dry;Pink	—
Dressing	—	Barrier Cream	—	Barrier Cream	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink	—	Clean;Dry;Intact;Pink	—
Dressing	—	None - Open to air	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Wound Bed/Base Assessment	—	Unable to assess	—	Clean	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Blanchable erythema;Dry;Pink	—	Blanchable erythema;Dry;Pink; Other (Comment)	—
Dressing	—	None - Open to air	—	None - Open to air	—
Row Name	**02/10/25 2315**	**02/10/25 1300**	**02/10/25 1000**	**02/10/25 0800**	**02/10/25 0522**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	—	Yes	—	—
Site Assessment	—	—	Skin Intact;Dry	—	—
IV Properties	Placement Date: 02/10/25 Placement Time: 1849 Inserted by: uk Insertion attempts: 1 Site Prep: Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): uk Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Anterior;Right Location: Forearm Removal Date: 02/12/25 Removal Time: 0930 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	—	Area Improving	—
Extravasation - Additional Care	—	—	—	N/A	—
Extravasation Consult Service	—	—	—	N/A	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	Clean;Dry;Intact;Scab;Painful;Pink	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Elastic Wrap (ACE)	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	—
Dressing	Barrier Cream	None - Open to air	—	—	—
Dressing Changed	Reapplication	—	—	—	New
Wound Length (cm)	—	6 cm	—	—	—
Wound Width (cm)	—	6 cm	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 10 of 16) (continued)

Closure	Skin glue;Approximated	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Clean	Clean	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	Clean;Dry;Pink	—	—	—
Closure	None	None	—	—	—
Drainage Amount	None	None	—	—	—
Dressing	None - Open to air	None - Open to air	—	—	—
Dressing Changed	—	—	—	—	New
Wound Length (cm)	—	2 cm	—	—	—
Wound Width (cm)	—	1.5 cm	—	—	—
Wound Depth (cm)	—	0 cm	—	—	—
Edges	—	Well-defined edges	—	—	—
Pressure Injury Stage	—	Stage 1	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry;Pink;Other (Comment)	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Intact;Blanchable erythema	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Characteristics, Tunneling, Undermining	—	blanchable erythema, peeling skin	—	—	—
Wound Length (cm)	—	2 cm	—	—	—
Wound Width (cm)	—	1.8 cm	—	—	—
Wound Depth (cm)	—	0 cm	—	—	—
Edges	—	Attached edges	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16)

Lines/Drains/Airways

Row Name	02/09/25 2100	02/09/25 0900	02/08/25 2100	02/08/25 0900	02/07/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
IV Properties	Placement Date: 02/07/25 Placement Time: 1045 Inserted by: Puleo Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Anatomical landmarks Size (Gauge): 22 G Orientation: Left;Posterior Location: Forearm Removal Date: 02/09/25 Removal Time: 1633 Removal Reason: Removed by patient Condition of Catheter: Intact				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Area Improving	Area Improving	Area Improving	Area Improving	Area Improving
Extravasation - Additional Care	Limb Elevated	Limb Elevated	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	N/A	N/A	N/A	N/A	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	Clean;Dry;Intact;Scab;Painful;Pink	—
Dressing	None - Open to air	Other (Comment)	Other (Comment)	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Changed	—	—	—	Changed;New	—
Dressing Status	Other (Comment)	Other (Comment)	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	Pink;Blanchable erythema	Pink
Dressing	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border
Dressing Changed	—	—	—	Reapplication	Reapplication
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact;Pink	Clean;Dry;Intact
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	None - Open to air
Dressing Status	—	Other (Comment)	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Unable to assess	Unable to assess	Unable to assess	Unable to assess
Dressing	Mepilex Border	Mepilex Border	Mepilex Border	Mepilex Border	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry;Pink;Other (Comment)	Blanchable erythema;Dry
Dressing	None - Open to air	None - Open to air	None - Open to air	None - Open to air	None - Open to air
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—	—

Row Name	02/07/25 0617	02/06/25 2107	02/06/25 2100	02/06/25 0900	02/05/25 2100
External Urinary	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Device Properties					
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry;Clean	—	—	—
Care & Maintenance	Change device	Peri care - wash with soap and water	—	—	—
Output (mL)	125 mL	—	—	—	—
Urine Color	Amber	—	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	Area Improving	Area Improving	Area Improving
Extravasation - Additional Care	—	—	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	—	—	N/A	N/A	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Burgundy;Pink;Scab	Burgundy;Pink;Scab
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact;Pink	—
Closure	—	—	—	Staples	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Changed	—	—	—	New;Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink
Peri-Wound Assessment	—	—	—	Intact	—
Dressing	—	—	—	Barrier Cream;Mepilex Border	Barrier Cream;Mepilex Border
Dressing Changed	—	—	—	—	Reapplication;Other (Comment)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact	—
Dressing	—	—	—	None - Open to air	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pink	Pink
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Dressing	—	—	—	Mepilex Border	Mepilex Border
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location:				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Properties	Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Dry	Blanchable erythema;Dry
Peri-Wound Assessment	—	—	—	Clean;Dry;Intact;Blanchable erythema	—
Dressing	—	—	—	None - Open to air	None - Open to air
Row Name	**02/05/25 0900**	**02/04/25 1400**	**02/04/25 0900**	**02/03/25 2100**	**02/03/25 0900**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Area Improving	—	Area Improving	Area Improving	Skin intact
Extravasation - Additional Care	Limb Elevated	—	—	—	Limb Elevated
Extravasation Consult Service	N/A	—	N/A	—	N/A
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Pink	—
Peri-Wound Assessment	Intact	—	—	—	—
Dressing	Barrier Cream;Mepilex Border	—	—	Mepilex Border	—
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Pink	—
Peri-Wound Assessment	Clean;Dry;Intact	—	—	—	—
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	Pink	—
Dressing	Mepilex Border	—	—	Mepilex Border	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema;Dry	—	—	Blanchable erythema;Dry	—
Peri-Wound	Clean;Dry;Intact;Bla	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Assessment	nchable erythema				
Dressing	None - Open to air	—	—	None - Open to air	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Row Name	**02/03/25 0845**	**02/02/25 2100**	**02/02/25 0900**	**02/01/25 2000**	**02/01/25 1930**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	—	—	Infiltrated: Swollen <1 inch from site	—	—
Extravasation - Additional Care	—	—	Limb Elevated	—	—
Extravasation Consult Service	—	—	N/A	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	—	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Changed	—	—	—	Other (Comment)	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	Pink	—	Pink
Dressing	Mepilex Border	—	—	—	Mepilex Border
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	Clean;Dry;Pink	Clean;Dry;Pink	—	Clean;Dry;Pink
Dressing	None - Open to air	None - Open to air	None - Open to air	—	None - Open to air
Dressing Changed	Other (Comment)	—	—	—	—
Dressing Status	Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Pink	Pink	—	Pink
Dressing	—	Mepilex Border	Mepilex Border	—	Mepilex Border
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	—	Blanchable erythema
Dressing	—	—	None - Open to air	—	None - Open to air
Row Name	**02/01/25 1929**	**02/01/25 1300**	**02/01/25 0900**	**01/31/25 2037**	**01/31/25 1500**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact;Dry	—	—	—
Urine	—	Clear	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Appearance					
Urine Color	—	Yellow/straw	—	—	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen <1 inch from site	—	Infiltrated: Swollen <1 inch from site	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site
Extravasation - Additional Care	Limb Elevated	—	Limb Elevated	Limb Elevated	Limb Elevated
Extravasation Consult Service	N/A	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Pink;Scab	—	—	Clean;Dry;Pink;Scab	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Pink	—
Dressing	—	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema	—
Dressing	—	—	—	None - Open to air	—

Row Name	**01/31/25 1300**	**01/31/25 1100**	**01/31/25 0900**	**01/31/25 0644**	**01/31/25 0600**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	Change device	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site	Infiltrated: Swollen >1 inch from site	—	Infiltrated: Swollen >1 inch from site;Skin intact;Area Improving
Extravasation - Additional Care	Limb Elevated	Limb Elevated	Limb Elevated	—	Limb Elevated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Wound Bed/Base Assessment	—	—	Clean;Dry;Pink;Scab	—	—
Dressing	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Dressing	—	—	None - Open to air	—	—
Dressing Status	—	—	Other (Comment)	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	—	Blanchable erythema	—	—
Dressing	—	—	None - Open to air	—	—

Row Name	**01/31/25 0400**	**01/31/25 0200**	**01/30/25 2345**	**01/30/25 2330**	**01/30/25 2315**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	Infiltrated: Swollen >1 inch from site;Painful;Skin intact;Area Improving
Extravasation - Additional Care	Limb Elevated	N/A	Warm compress	Area Marked	Limb Elevated
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**01/30/25 2300**	**01/30/25 2252**	**01/30/25 2245**	**01/30/25 2231**	**01/30/25 2155**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Care & Maintenance	—	—	—	—	Change device
Output (mL)	—	0 mL	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Site Assessment	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact;Area Improving	—	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact	Infiltrated: Swollen >1 inch from site;Painful;Red;Skin intact	—
Extravasation - Additional Care	Limb Elevated	—	Warm compress	Warm compress	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				

Row Name	**01/30/25 2100**	**01/30/25 1600**	**01/30/25 1229**	**01/30/25 0800**	**01/29/25 1938**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	—	Yes	—	—	—
Site Assessment	—	Skin Intact	—	—	—
Care & Maintenance	—	Change device	—	—	—
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Saline locked;Flushed with resistance;No blood return;Disinfecting cap(s) present	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	**02/01/25**	—
Extravasation Properties	Date First Assessed: 01/30/25 Time First Assessed: 1000 Earliest Known Present: 01/30/25 Location: Forearm Orientation: Anterior;Left Extravasation LDA Type: PIV Extravasation Agent: Potassium chloride Infusion discontinued at site?: Yes Provider Notified: Stenberg, Daniel Residual Aspiration Amount (mL): 0 mL Extravasation Line Activity: Catheter removed Resolution Date: 02/10/25				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Pink;Scab	Clean;Dry	—	Unable to assess	—
Closure	—	Staples	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	Elastic Wrap (ACE);Gauze	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Dressing Changed	Changed	New;Changed	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Dry;Blanchable erythema	Unable to assess	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	—
Dressing Changed	—	New	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	None - Open to air	—	—	None - Open to air	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Dressing	Mepilex Border	—	Mepilex Border	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	Blanchable erythema	—	—	Clean;Dry;Intact;Blanchable erythema	—
Dressing	None - Open to air	—	—	None - Open to air	None - Open to air

Row Name	**01/29/25 1900**	**01/29/25 1615**	**01/29/25 1053**	**01/29/25 0900**
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25			
Suction	—	Yes	Yes	—
Site Assessment	—	Skin Intact	Skin Intact;Dry;Clean	—
Care & Maintenance	—	—	Change device;Peri care - wash with soap and water	—
Output (mL)	—	—	—	—
Urine Appearance	—	Clear	—	—
Urine Color	—	Amber	—	—
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact			
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated			
Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Clean;Dry
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	—	—	—	Changed;Reapplication
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)			

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 11 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	Unable to assess	—	Blanchable erythema;Clean;Dry
Dressing	Mepilex Border	—	—	Mepilex Border
Dressing Status	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed			
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink
Dressing	None - Open to air	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)			
Wound Bed/Base Assessment	—	—	—	Unable to assess
Dressing	—	—	—	Mepilex Border
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701			
Wound Bed/Base Assessment	—	—	—	Clean;Dry;Intact;Blanchable erythema
Dressing	—	—	—	None - Open to air

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16)

Lines/Drains/Airways

Row Name	01/28/25 1424	01/27/25 0940	01/26/25 2153	01/26/25 1046	01/26/25 0900
External Urinary Device Properties	Placement Date: 01/28/25 Placement Time: 1424 Earliest Known Removed: 03/11/25				
Suction	Yes	—	—	—	—
Site Assessment	Skin Intact;Dry	—	—	—	—
Care & Maintenance	Change device	—	—	—	—
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Line Status	—	—	Infusing;Flushed without resistance	Infusing;Flushed without resistance	—
Dressing Type	—	—	Transparent	Transparent	—
Dressing Status	—	—	Clean;Dry	Clean;Dry	—
Dressing Change Due	—	—	02/01/25	02/01/25	—
Phlebitis Grade	—	—	0	0	—
Infiltration Grade	—	—	0	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Blanchable erythema;Clean;Dry	—	—	Blanchable erythema;Clean;Dry
Dressing	—	—	—	—	None - Open to air
Dressing Changed	—	Reapplication	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Blanchable erythema	—	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact;Blanchable erythema	—	—	—
Dressing	—	None - Open to air	—	—	—

Row Name	01/25/25 2100	01/25/25 1320	01/25/25 1053	01/25/25 1050	01/25/25 0900
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
IV Properties	Placement Date: 01/25/25 Placement Time: 1320 Insertion attempts: 4 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/30/25 Removal Time: 2219 Earliest Known Removed: 01/30/25 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry	—	—	—
Dressing Change Due	—	02/01/25	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
Wound	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Properties	Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	—	—	—	Blanchable erythema;Clean;Dry
Dressing	None - Open to air	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Pale;Tan	—
Peri-Wound Assessment	—	—	—	Pink;Fragile	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Mepilex Border	—
Dressing Changed	—	—	—	Changed	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Packing	—	—	—	Nasal packing (Nasopore)	—
Wound Length (cm)	—	—	—	0.5 cm	—
Wound Width (cm)	—	—	—	0.5 cm	—
Wound Depth (cm)	—	—	—	0.1 cm	—
Edges	—	—	—	Well-defined edges	—
Pressure Injury Stage	—	—	—	Stage 2	—
Wound Properties	Date First Assessed: 01/25/25 Time First Assessed: 1052 Primary Wound Type: Other (comment) Location: Heel Wound Location Orientation: Right Wound Description (Comments): — Final Assessment Date: 02/21/25 Final Assessment Time: 1701				
Peri-Wound Assessment	—	—	Pale	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Mepilex Border	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Characteristics, Tunneling, Undermining	—	—	blanchable erythema	—	—
Wound Length (cm)	—	—	6 cm	—	—
Wound Width (cm)	—	—	4 cm	—	—
Wound Depth (cm)	—	—	0 cm	—	—
Edges	—	—	Attached edges	—	—
Pressure Injury Stage	—	—	Other (Comment)	—	—
Row Name	**01/24/25 1722**	**01/24/25 0820**	**01/23/25 2100**	**01/23/25 0900**	**01/23/25 0200**
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Output (mL)	—	—	—	—	200 mL
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Site Assessment	—	Dry;Clean;Intact	—	Dry;Clean;Intact	—
Line Status	—	Disinfecting cap(s) present;Flushed without resistance;Saline locked	—	Disinfecting cap(s) present;Infusing;Flushed without resistance	—
Dressing Type	—	Transparent	—	Transparent	—
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Red	—	—
Dressing	—	—	Other (Comment);Betadine Swabs	—	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	—
Dressing	—	Mepilex Border	Mepilex Border	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Dressing	—	—	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/24/25 Location: Back Wound Location Orientation: Medial Final Assessment Date: 03/09/25 Final Assessment Time: 2100 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Unable to assess	Clean;Pink	—	—	—
Peri-Wound Assessment	—	Pink;Blanchable erythema	—	—	—
Drainage Amount	—	None	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Length (cm)	—	0.5 cm	—	—	—
Wound Width (cm)	—	0.5 cm	—	—	—
Pressure Injury Stage	—	Stage 2	—	—	—
Row Name	**01/22/25 0900**	**01/22/25 0427**	**01/22/25 0012**	**01/21/25 0930**	**01/21/25 0530**
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	—	—	Bag emptied	—	—
Collection Container	Standard drainage bag	—	—	—	—
Securement Method	Left thigh	—	—	—	—
Reason for Continuing Urinary	Per Provider Order	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Catheterization past POD 1					
Output (mL)	—	—	100 mL	—	—
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
IV Properties	Placement Date: 01/22/25 Placement Time: 0427 Inserted by: Michael Wolf, RN Insertion attempts: 2 Site Prep: Chlorhexidine Local Anesthetic: None Patient Tolerance: Tolerated well Technique: Ultrasound guidance Size (Gauge): 22 G Line Length: 1 in Orientation: Anterior;Left Location: Forearm Removal Date: 01/25/25 Removal Time: 1232 Removal Reason: Infiltrated				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Saline locked;Flushed without resistance;Blood return noted	Saline locked;Flushed without resistance;Blood return noted	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Unable to assess;Other (Comment)	Edema;Painful;Red
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Painful
Closure	—	—	—	—	Staples
Dressing	—	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	Betadine Swabs;Gauze;Elastic Wrap (ACE)
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Blanchable erythema;Clean;Dry	—
Dressing	—	—	—	Mepilex Border	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				

Row Name	**01/20/25 2100**	**01/20/25 1500**	**01/20/25 0945**	**01/20/25 0930**	**01/20/25 0900**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	—	—	—	Not applicable
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	—	—	—	Peri/Foley care;Antiseptic - non CHG	—
Collection Container	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage	—
Securement Method	—	—	—	Right thigh	—
Reason for	—	—	—	Per Provider Order	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Continuing Urinary Catheterization past POD 1					
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing;No blood return	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact;Painful	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact;Painful	—	—
Closure	—	—	Staples	—	—
Drainage Description	—	—	Sanguineous	—	—
Drainage Amount	—	—	Scant	—	—
Dressing	—	—	Betadine Swabs;Gauze;Elastic Wrap (ACE)	—	—
Dressing Changed	—	—	Changed	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Blanchable erythema;Clean;Dry	Blanchable erythema;Clean;Dry	—	—	Unable to assess
Peri-Wound Assessment	—	Clean;Dry;Pink	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	Mepilex Border	Mepilex Border	—	—	Mepilex Border
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Clean;Dry;Intact	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Intact	—	—
Closure	—	—	Skin glue	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	None - Open to air	—	—
Row Name	**01/19/25 1955**	**01/19/25 1948**	**01/19/25 1947**	**01/19/25 1600**	**01/19/25 1344**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Capped	—
Dressing Type	—	—	Transparent	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Per Provider Order	—
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/20/25 Placement Time: 0510 Inserted by: J. Gibson, RN Insertion attempts: 3 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Description (optional): Draws well Technique: Ultrasound guidance Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Distal;Left;Upper Location: Arm Removal Date: 01/22/25 Removal Time: 0533				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Unable to assess	—	—	Dry;Fragile;Intact;Clean;Painful
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact;Painful
Closure	—	—	—	—	Staples
Drainage Amount	—	—	—	—	None
Dressing	—	Elastic Wrap (ACE);Gauze	—	—	Elastic Wrap (ACE);Gauze
Dressing Changed	—	—	—	—	Changed
Dressing Status	—	Clean;Dry;Intact	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Unable to assess	—	—	—
Dressing	—	Mepilex Border	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	—	—
Dressing	None - Open to air	—	—	—	—
Row Name	**01/19/25 1253**	**01/19/25 0902**	**01/19/25 0900**	**01/19/25 0816**	**01/18/25 2110**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	—	Peri/Foley care;Antiseptic - non CHG	Peri/Foley care;Bag emptied;Antiseptic - non CHG
Collection Container	—	—	—	—	Standard drainage bag
Securement Method	—	Right thigh	—	—	—
Output (mL)	—	—	—	—	200 mL

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Dressing	—	—	Elastic Wrap (ACE);ABD Pad	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Dry;Clean;Blanchable erythema;Other (Comment)	—	Unable to assess	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Mepilex Border	—	None - Open to air	—	—
Dressing Changed	Changed	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	Other (Comment)	—	—
Dressing	—	—	None - Open to air	—	—
Dressing Status	—	—	Other (Comment)	—	—

Row Name	**01/18/25 1618**	**01/18/25 0900**	**01/17/25 2100**	**01/17/25 1647**	**01/17/25 1000**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Dressing Type	—	—	—	—	Transparent;Securement device
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	Per Provider Order	—	—	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
IV Properties	Placement Date: 01/18/25 Placement Time: 0639 Inserted by: Cathy, RN Insertion attempts: 1 Site Prep: Alcohol Size (Gauge): 22 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/20/25 Removal Time: 0356 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Line Status	Infusing	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	Clean;Dry;Intact;Pink;Painful	—	—	—
Dressing	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—
Dressing Changed	—	Changed	Reapplication	Changed	—
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	Pink	Pink;Tan	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Pink	Clean;Dry;Pink	—	—
Dressing	—	None - Open to air	None - Open to air	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—

Row Name	**01/17/25 0844**	**01/17/25 0843**	**01/17/25 0739**
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25		
External Length mark (cm)	—	15 cm	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)		
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact		
Site Assessment	—	—	Clean;Dry;Intact
Line Status	—	—	Infusing
Dressing Type	—	—	Transparent
Dressing Status	—	—	Clean;Dry;Intact
Dressing Change Due	—	—	01/22/25
Reason Not Rotated	—	—	Not due
Phlebitis Grade	—	—	0
Infiltration Grade	—	—	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated		
Wound Bed/Base Assessment	—	Clean;Dry;Pink;Scab	—
Dressing	—	Elastic Wrap (ACE);Gauze;Betadine Swabs	—
Dressing Changed	—	Changed	—
Dressing Status	—	Clean;Dry;Intact	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 12 of 16) (continued)

Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)		
Wound Bed/Base Assessment	Pink;Tan	—	—
Dressing	None - Open to air	—	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed		
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink
Peri-Wound Assessment	—	—	Clean;Dry;Intact
Closure	—	—	Skin glue;Approximated
Drainage Amount	—	—	None
Dressing	—	—	None - Open to air

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16)

Lines/Drains/Airways

Row Name	01/16/25 2100	01/16/25 1600	01/16/25 1033	01/16/25 1000	01/16/25 0900
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Intervention	—	Dressing changed	—	—	—
Dressing Change Due	—	01/23/25	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Care & Maintenance	—	—	Antiseptic - non CHG;Peri/Foley care;Bag emptied	—	—
Collection Container	—	—	No dependent loops;Standard drainage bag;To dependent drainage	—	—
Securement Method	—	—	Right thigh;Securing device (Describe)	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	Incontinence inhibiting healing of stage 3 or > pressure injury or sacral/perineal wounds	—	—
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Dressing	Elastic Wrap (ACE);Gauze;Betadine Swabs	—	—	—	Elastic Wrap (ACE);Gauze;Betadine Swabs
Dressing Changed	—	—	—	Changed	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Pink	—	—	—	Brown;Dry;Fragile;Intact;Pink
Dressing	None - Open to air	—	—	—	None - Open to air
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Pink	—	—	—	Clean;Dry;Pink
Dressing	None - Open to air	—	—	—	None - Open to air

Row Name	01/15/25 2200	01/15/25 1800	01/15/25 1400	01/15/25 1000	01/15/25 0800
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	Infusing	Infusing	—	Infusing
External Length	—	15 cm	15 cm	—	15 cm

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

mark (cm)					
Dressing Type	—	Transparent	Transparent	—	Transparent
Dressing Status	—	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/16/25
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Skin intact
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	—	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	Right thigh	—	—	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	—	Frequent UOP measurement for current treatment with no alternative
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Flushed without resistance;Infusing
Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	**Dressing changed**	—
Dressing Change Due	—	—	—	01/22/25	01/17/25
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/15/25 Placement Time: 1324 Inserted by: Lani N. Insertion attempts: 2 Site Prep: Chlorhexidine;Alcohol Local Anesthetic: None Patient Tolerance: Tolerated well Size (Gauge): 22 G Orientation: Anterior;Distal;Left Location: Forearm Removal Date: 01/18/25 Removal Time: 0615 Condition of Catheter: Intact				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	—	Unable to assess
Peri-Wound Assessment	—	—	—	—	Unable to assess
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Pink

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	None - Open to air;Other (Comment);Barrier Cream
Dressing Changed	—	—	—	—	Reapplication
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	—	—	—	Clean;Dry;Intact
Peri-Wound Assessment	—	—	—	—	Clean;Dry;Intact
Closure	—	—	—	—	Sutures;Skin glue
Drainage Amount	—	—	—	—	None
Dressing	—	—	—	—	Island Dressing (Primapore)
Dressing Status	—	—	—	—	Clean;Dry;Intact
Row Name	**01/15/25 0000**	**01/14/25 2000**	**01/14/25 1700**	**01/14/25 1300**	**01/14/25 0800**
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Intact and in place;Blood return noted	—
Color/Movement/ Sensation	—	—	—	CMS Intact	—
Dressing	—	—	—	Chlorhexidine dressing	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Line Interventions	—	—	—	Flushed per protocol;Connections checked and tightened	—
Hematoma Assessment	—	—	—	None	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Infusing	Infusing	Infusing	Infusing	Infusing
External Length mark (cm)	—	—	—	15 cm	15 cm
Dressing Type	Transparent	Transparent	Transparent	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	Clean;Skin intact
Care & Maintenance	Peri/Foley care	—	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	Standard drainage bag;No dependent loops;To dependent drainage	Standard drainage bag;No dependent loops;To dependent drainage	—	—	Standard drainage bag;No dependent loops;To dependent drainage
Securement Method	Right thigh	Right thigh	—	—	Right thigh

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative
Output (mL)	—	—	—	100 mL	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Flushed without resistance	—	Flushed without resistance	Flushed without resistance
Dressing Type	Transparent	Transparent	—	Transparent	Transparent
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Change Due	—	—	—	—	01/14/25
Phlebitis Grade	—	—	—	0	0
Infiltration Grade	—	—	—	0	0
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	Unable to assess	—	—	Unable to assess	Unable to assess
Drainage Amount	None	—	—	None	None
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	—	Brown;Dry;Fragile;Intact;Pink	Brown;Dry;Fragile;Intact;Pink
Peri-Wound Assessment	Clean;Dry;Pink	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	None	—	—	None	None
Dressing	None - Open to air;Other (Comment)	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Peri-Wound Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Closure	Sutures;Skin glue	—	—	Sutures;Skin glue	Sutures;Skin glue
Drainage Amount	None	—	—	None	None
Dressing	Island Dressing (Primapore)	—	—	Island Dressing (Primapore)	Island Dressing (Primapore)
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Row Name	**01/13/25 2000**	**01/13/25 1700**	**01/13/25 1400**	**01/13/25 0800**	**01/13/25 0400**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Normal;Pulsatile blood flow	Positional
Art Line	—	—	—	Appropriate;Square	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Waveform				wave test performed	
Color/Movement/ Sensation	—	—	—	Capillary refill less than 2 sec;Cool fingers/toes	—
Dressing Type	—	—	Gauze;Transparent	Chlorhexidine dressing	—
Dressing Status	—	—	Clean;Dry;Intact	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/14/25	—
Line Interventions	—	—	—	Zeroed;Leveled;Connections checked and tightened;Flushed per protocol	—
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Intact and in place	—
Color/Movement/ Sensation	—	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—
Dressing	—	—	—	Chlorhexidine dressing	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/18/25	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing	—	—	Infusing	—
External Length mark (cm)	15 cm	—	—	15 cm	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	Skin intact;Clean	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	Antiseptic - non CHG;Peri/Foley care;Straining urine;Bag emptied	—
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	—	To dependent drainage;Standard drainage bag;No dependent loops	—
Securement Method	Right thigh	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires	—	—	—	Ventricular wires	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

are Secured				secured	
Wire Care	—	—	—	Connected to pacer	—
Current Length (TTVP)	—	—	—	36	—
Dressing Status	—	—	—	Intact;Clean;Dry	—
Site Assessment	—	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing;Flushed without resistance;Blood return noted	—	—	Infusing;Flushed without resistance;Blood return noted	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	01/14/25	—	—	—	—
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Unable to assess	—
Peri-Wound Assessment	—	—	—	Unable to assess	—
Closure	—	—	—	Unable to assess;Other (Comment)	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	Brown;Dry;Fragile;Intact;Pink	—
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	—
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	None - Open to air;Other (Comment)	—
Wound Properties	Date First Assessed: 01/13/25 Time First Assessed: 1621 Primary Wound Type: Incision Location: Chest Wound Location Orientation: Left;Upper Wound Description (Comments): Pacemaker Incision Final Assessment Date: 03/04/25 Final Assessment Time: 0900 Wound Outcome: Healed				
Wound Bed/Base Assessment	—	Clean;Dry;Intact	—	—	—
Peri-Wound Assessment	—	Clean;Dry;Intact	—	—	—
Closure	—	Sutures;Skin glue	—	—	—
Drainage Amount	—	None	—	—	—
Dressing	—	Island Dressing (Primapore)	—	—	—
Dressing Changed	—	New	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Row Name	**01/12/25 2000**	**01/12/25 1800**	**01/12/25 0800**	**01/11/25 2200**	**01/11/25 2000**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Normal;Pulsatile blood flow;Positional	—	Normal;Pulsatile blood flow	—	Positional
Art Line Waveform	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed
Color/Movement/ Sensation	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	Chlorhexidine dressing	—	Chlorhexidine dressing	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	**Dressing changed**	—	—	—
Dressing Change Due	01/14/25	01/14/25	01/14/25	—	01/14/25
Line Interventions	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened;Flushed per protocol
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Intact and in place	—	Intact and in place	—	Intact and in place
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	Chlorhexidine dressing	—	Chlorhexidine dressing	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	Dressing reinforced
Dressing Change Due	01/18/25	—	01/18/25	—	01/18/25
Line Interventions	Connections checked and tightened	—	—	—	Connections checked and tightened
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Infusing	—	Infusing	—	Infusing
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	Clean;Skin intact	—	Clean;Skin intact
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	Bag emptied	Antiseptic - non CHG;Straining urine;Peri/Foley	Antiseptic - non CHG;Peri/Foley care	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

			care;Bag emptied		
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	To dependent drainage;Standard drainage bag;No dependent loops	—	To dependent drainage;Standard drainage bag;No dependent loops
Securement Method	Right thigh	—	Right thigh	—	Right thigh
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	Ventricular wires secured	—	Ventricular wires secured	—	Ventricular wires secured
Wire Care	Connected to pacer	—	Connected to pacer	—	Connected to pacer
Current Length (TTVP)	36	—	36	—	36
Dressing Status	Clean;Dry	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Dressing reinforced	—	Dressing reinforced
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Disinfecting cap(s) present;Infusing;Saline locked;Flushed without resistance;No blood return	—	Infusing;Flushed without resistance;Blood return noted	—	Disinfecting cap(s) present;Infusing;Saline locked;Flushed without resistance;No blood return
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Change Due	01/14/25	—	—	—	01/14/25
Phlebitis Grade	0	—	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Peri-Wound Assessment	Unable to assess	—	Unable to assess	—	Unable to assess
Closure	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)	—	Unable to assess;Other (Comment)
Drainage Amount	None	—	None	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	—
Edges	Unable to assess	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Brown;Dry;Fragile;Intact;Pink	—	Brown;Dry;Fragile;Intact;Pink	—	—
Peri-Wound	Clean;Dry;Pink	—	Clean;Dry;Pink	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Assessment					
Drainage Amount	None	—	None	—	—
Dressing	None - Open to air;Other (Comment)	—	None - Open to air;Other (Comment)	—	—
Row Name	**01/11/25 1600**	**01/11/25 0800**	**01/11/25 0549**	**01/11/25 0400**	**01/11/25 0000**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Normal;Pulsatile blood flow	—	Normal;Pulsatile blood flow	Normal;Pulsatile blood flow
Art Line Waveform	—	Appropriate;Square wave test performed	—	Appropriate;Square wave test performed	Appropriate;Square wave test performed
Color/Movement/ Sensation	—	Capillary refill less than 2 sec;Cool fingers/toes	—	Capillary refill less than 2 sec;Cool fingers/toes	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	—	Chlorhexidine dressing	—	Chlorhexidine dressing	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	**Dressing changed**	—	—	—	—
Dressing Change Due	01/14/25	01/14/25	—	—	—
Line Interventions	—	Zeroed;Leveled;Connections checked and tightened	—	Zeroed;Leveled;Connections checked and tightened	Zeroed;Leveled;Connections checked and tightened
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	Intact and in place	—	—	Intact and in place	Intact and in place
Color/Movement/ Sensation	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	—	—	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes	CMS Intact;Capillary refill less than 2 sec;Cool fingers/toes
Dressing	Chlorhexidine dressing	—	—	Chlorhexidine dressing	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Dressing Intervention	**Dressing changed**	—	—	—	—
Dressing Change Due	01/18/25	—	—	—	—
Line Interventions	—	—	—	Connections checked and tightened	Connections checked and tightened
Hematoma Assessment	—	—	—	None	None
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing	—	Infusing	Infusing
External Length mark (cm)	—	15 cm	—	—	—
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Urethral Catheter	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Properties	Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	Clean;Skin intact	—
Care & Maintenance	Bag emptied	—	—	—	—
Collection Container	—	—	—	To dependent drainage;Standard drainage bag;No dependent loops	—
Securement Method	—	—	—	Right thigh	—
Reason for Continuing Urinary Catheterization past POD 1	—	—	—	Frequent UOP measurement for current treatment with no alternative	—
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	—	—	—	Ventricular wires secured	Ventricular wires secured
Wire Care	—	—	—	Connected to pacer	Connected to pacer
Current Length (TTVP)	—	—	—	36	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Site Assessment	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Leaking	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	—	—	Infusing	Infusing
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Reason Not Rotated	—	—	—	Not due	Not due
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	1	—	—
Infiltration/Phlebitis Interventions	—	—	Provider notified;Drug stopped;Drug discontinued;Limb elevated	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Line Status	—	Infusing;Flushed without resistance;Blood return noted	—	Infusing;Flushed without resistance;Blood return noted	Infusing;Flushed without resistance;Blood return noted
Dressing Type	—	Transparent	—	Transparent	Transparent
Dressing Status	—	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	—	Unable to assess	Unable to assess
Peri-Wound Assessment	—	—	—	Unable to assess	Unable to assess
Closure	—	—	—	Unable to assess;Other (Comment)	Unable to assess;Other (Comment)
Drainage Amount	—	—	—	None	None

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing	—	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)
Dressing Status	—	—	—	Clean;Dry;Intact	Clean;Dry;Intact
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	—	—	—	Clean;Dry;Pink	Clean;Dry;Pink
Drainage Amount	—	—	—	None	None
Dressing	—	—	—	None - Open to air;Other (Comment)	None - Open to air;Other (Comment)

Row Name	**01/10/25 2000**	**01/10/25 1853**	**01/10/25 1838**	**01/10/25 1745**	**01/10/25 1345**
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Site Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Line Status	Normal;Pulsatile blood flow	—	—	—	Normal
Art Line Waveform	Appropriate;Square wave test performed	—	—	—	Appropriate;Square wave test performed
Color/Movement/Sensation	Capillary refill less than 2 sec;Cool fingers/toes	—	—	—	Capillary refill less than 2 sec;Cool fingers/toes
Dressing Type	Chlorhexidine dressing	—	—	—	Chlorhexidine dressing
Dressing Status	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Dressing Change Due	—	—	—	—	01/17/25
Line Interventions	Zeroed;Leveled;Connections checked and tightened	—	—	—	Zeroed;Leveled;Connections checked and tightened
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Site Assessment	—	—	—	—	Clean;Dry;Intact;Drainage - Purulent
Line Status	—	—	—	—	Intact and in place
Dressing	—	—	—	—	Occlusive;Chlorhexidine dressing
Dressing Status	—	—	—	—	Clean;Dry;Intact
Dressing Intervention	—	—	—	—	Dressing changed
Dressing Change Due	—	—	—	—	01/17/25
Hematoma Assessment	—	—	—	—	None
Sheath Properties	Placement Date: 01/10/25 Placement Time: 1745 Inserted by: cath lab Site Prep: Chlorhexidine Local Anesthetic: Topical Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 36 cm Sutured: Yes Removal Date: 01/14/25 Removal Time: 1430 Removal Reason: Therapy complete Condition of Catheter: Intact Initial Post Removal Site Assessment: No complications				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Intact and in place	—	—	Intact and in place	—
Color/Movement/Sensation	CMS Intact;Capillary refill	—	—	CMS Intact;Capillary refill	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	less than 2 sec;Cool fingers/toes			less than 2 sec	
Dressing	Chlorhexidine dressing	—	—	Chlorhexidine dressing	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/17/25	—
Line Interventions	Connections checked and tightened	—	—	Connections checked and tightened	—
Hematoma Assessment	None	—	—	None	—
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	—	—
Line Status	Infusing	—	—	—	—
External Length mark (cm)	15 cm	—	—	—	—
Dressing Type	Transparent	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	—	—	—
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	—	—	—
Collection Container	To dependent drainage;Standard drainage bag;No dependent loops	—	—	—	—
Securement Method	Right thigh	—	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	—	—	—
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
How Pacer Wires are Secured	—	—	—	—	Ventricular wires secured
Wire Care	—	—	—	—	Connected to pacer
Current Length (TTVP)	—	—	—	—	34
Dressing Status	—	—	—	—	Clean;Dry;Intact
Site Assessment	—	—	—	—	Clean;Dry;Intact
Post Removal Complications	—	—	—	—	None
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657				
How Pacer Wires are Secured	Ventricular wires secured	—	—	Ventricular wires secured	—
Wire Care	Connected to pacer	—	—	Connected to pacer	—
Current Length (TTVP)	36	—	—	36	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	Reason: Infiltrated;Pain Condition of Catheter: Intact				
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Line Status	Infusing	—	—	Infusing	—
Dressing Type	Transparent	—	—	Transparent	—
Dressing Status	Clean;Dry;Intact	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/13/25	—
Reason Not Rotated	Not due	—	—	Not due	—
Phlebitis Grade	0	—	—	0	—
Infiltration Grade	0	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	3	—	—
Extravasation?	—	—	**Yes**	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 1853 Inserted by: Ken Belly Insertion attempts: 1 Patient Tolerance: Tolerated well Size (Gauge): 20 G Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/15/25 Removal Time: 1324 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Line Status	Infusing;Flushed without resistance;Blood return noted	Infusing;Flushed without resistance;Blood return noted	—	—	—
Dressing Type	Transparent	Transparent	—	—	—
Dressing Status	Clean;Dry;Intact	Clean;Dry;Intact	—	—	—
Dressing Change Due	—	01/14/25	—	—	—
Phlebitis Grade	0	0	—	—	—
Infiltration Grade	0	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	None - Open to air;Other (Comment)	—	—	—	—
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Row Name	01/10/25 1122	01/10/25 1026	01/10/25 1021	01/10/25 1000	01/10/25 0900
Art Line Properties	Placement Date: 01/10/25 Placement Time: 1230 Inserted by: Janet Phan, MD Insertion attempts: 1 Site Prep: Chlorhexidine Local Anesthetic: Injectable Patient Tolerance: Tolerated poorly Technique: Anatomical landmarks;Ultrasound guidance Orientation: Right Location: Radial Securement Method: Transparent dressing Sutures Placed: Yes Removal Date: 01/13/25 Removal Time: 1552				
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Infusing	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Dressing Change Due	—	—	—	01/16/25	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	Clean;Dry;Intact	—	—	—
Line Status	—	Disinfecting cap(s) present;Flushed without resistance;No blood return;Saline locked	—	—	—
Dressing Type	—	Transparent	—	—	—
Dressing Status	—	Clean;Dry;Intact	—	—	—
Dressing Change Due	—	01/16/25	—	—	—
Phlebitis Grade	—	0	—	—	—
Infiltration Grade	—	0	—	—	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	—
Line Status	—	—	Saline locked;Flushed without resistance;Blood return noted;Disinfecting cap(s) present	—	—
Dressing Type	—	—	Transparent	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Dressing Change Due	—	—	01/16/25	—	—
Phlebitis Grade	—	—	0	—	—
Infiltration Grade	—	—	0	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Wound Bed/Base Assessment	Unable to assess	—	—	—	—
Peri-Wound Assessment	Unable to assess	—	—	—	—
Closure	Unable to assess;Other (Comment)	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—	—	—
Dressing Status	Clean;Dry;Intact	—	—	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	—	—	Other (Comment)
Dressing Changed	—	—	—	—	Reapplication
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				

Row Name	**01/10/25 0830**	**01/10/25 0800**	**01/10/25 0730**	**01/10/25 0500**	**01/10/25 0400**
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Line Status	Infusing	—	—	—	Infusing
External Length mark (cm)	15 cm	—	—	—	15 cm
Dressing Type	Transparent	—	—	—	Transparent
Dressing Status	Clean;Dry;Intact	—	—	—	Clean;Dry;Intact
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	—	Skin intact	—	—	Clean;Skin intact
Care & Maintenance	—	Antiseptic - non CHG	—	—	Antiseptic - non CHG;Peri/Foley care
Collection Container	—	To dependent drainage;Standard drainage bag;No dependent loops	—	—	Standard drainage bag
Securement Method	—	Right thigh	—	—	—
Reason for Continuing Urinary Catheterization past POD 1	—	Frequent UOP measurement for current treatment with no alternative	—	—	Frequent UOP measurement for current treatment with no alternative
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
Site Assessment	—	—	—	—	Clean;Dry;Intact
Line Status	—	—	—	—	Infusing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing Type	—	—	—	—	Transparent
Dressing Status	—	—	—	—	Clean;Dry;Intact
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	—	—	0
Infiltration Grade	—	—	—	—	0
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	—	Infusing	—	Infusing
Dressing Type	—	—	Transparent	—	Transparent
Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	—	—	—	—	Not due
Phlebitis Grade	—	—	0	—	0
Infiltration Grade	—	—	0	—	0
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Size (Gauge): 22 G Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/11/25 Removal Time: 0549 Removal Reason: Drainage at site;Erythemia;Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Reason Not Rotated	—	—	—	Not due	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
IV Properties	Placement Date: 01/10/25 Placement Time: 0500 Insertion attempts: 1 Size (Gauge): 20 G Orientation: Anterior;Left Location: Forearm Removal Date: 01/10/25 Removal Time: 1839 Removal Reason: Extravasation Condition of Catheter: Intact				
Site Assessment	—	—	—	Clean;Dry;Intact	—
Line Status	—	—	—	Disinfecting cap(s) present;Flushed without resistance;Blood return noted	—
Dressing Type	—	—	—	Transparent	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Reason Not Rotated	—	—	—	Not due	—
Phlebitis Grade	—	—	—	0	—
Infiltration Grade	—	—	—	0	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	Other (Comment)	—	—	—	—
Peri-Wound Assessment	Clean;Dry;Pink	—	—	—	—
Drainage Amount	None	—	—	—	—
Dressing	Barrier Cream;Other (Comment)	—	—	—	—
Dressing Changed	Reapplication	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed				
Row Name	**01/10/25 0000**	**01/09/25 2300**	**01/09/25 2000**	**01/09/25 1926**	**01/09/25 1835**
Sheath Properties	Placement Date: 01/10/25 Site Prep: Chlorhexidine Local Anesthetic: Injectable Sheath Size: 6 Fr. Line Orientation: Right Sheath Insertion Site: Jugular Catheters Through Sheath: Transvenous Pacing Wire (See LDA) Internal Length (cm): 38 cm Sutured: Yes Removal Date: 01/10/25 Removal Time: 1730 Removal Reason: Other (Comment)				
Nerve Catheter Properties	Placement Date: 01/09/25 Placement Time: 1600 Inserted by: Nicklaus Houston, MD Block Type: Femoral Catheter Size: 19 G Laterality: Left Skin Depth (cm): 15 cm Securement Method: Transparent dressing Earliest Known Removed: 01/20/25				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Clean;Intact;Dry
Line Status	Infusing	—	Infusing	Infusing	—
External Length mark (cm)	15 cm	—	15 cm	15 cm	15 cm
Dressing Type	Transparent	—	Transparent	Gauze	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	Clean;Dry;Intact	Dry;Clean;Intact
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703				
External Urinary Device Properties	Placement Date: 10/17/23 Placement Time: 1419 Earliest Known Present: 10/17/23 Removal Date: 01/09/25 Removal Time: 1655				
Urethral Catheter Properties	Placement Date: 01/09/25 Placement Time: 1655 Catheter Type: Straight-tip Tube Size (Fr.): 16 Fr. Catheter Balloon Size: 10 mL Urine Returned: Yes Removal Date: 01/23/25 Removal Time: 0210 Removal Reason: Other (Comment)				
Site Assessment	Clean;Skin intact	—	Clean;Skin intact	—	Clean
Care & Maintenance	Antiseptic - non CHG;Peri/Foley care	—	Antiseptic - non CHG;Peri/Foley care	—	Bag emptied
Collection Container	Standard drainage bag	—	Standard drainage bag	—	Standard drainage bag
Securement Method	—	—	Right thigh	—	—
Reason for Continuing Urinary Catheterization past POD 1	Frequent UOP measurement for current treatment with no alternative	—	Frequent UOP measurement for current treatment with no alternative	—	—
Output (mL)	—	10 mL	—	—	250 mL
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652				
IV Properties	Placement Date: 01/09/25 Placement Time: 1042 Insertion attempts: 1 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Left;Proximal Location: Forearm Removal Date: 01/10/25 Removal Time: 0500 Removal Reason: Infiltrated				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Infusing	—	Infusing	—	Infusing
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	Not due	—	Not due	—	—
Phlebitis Grade	0	—	0	—	—
Infiltration Grade	0	—	0	—	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1120 Insertion attempts: 2 Site Prep: Chlorhexidine Patient Tolerance: Tolerated well Size (Gauge): 20 G Line Length: 1.16 in Orientation: Anterior;Proximal;Right Location: Forearm Removal Date: 01/09/25 Removal Time: 2100 Removal Reason: Infiltrated Condition of Catheter: Intact				
Site Assessment	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	—	—	Saline locked;Flushed without resistance;No blood return	—	Saline locked;Flushed without resistance;No blood return
Dressing Type	—	—	Transparent	—	Transparent

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Dressing Status	—	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Dressing Intervention	—	—	Removed	—	—
Site Intervention	—	—	Hot pack;Elevated;Other (Comment)	—	—
Reason Not Rotated	—	—	Not due	—	—
Phlebitis Grade	—	—	2	—	—
Infiltration Grade	—	—	2	—	—
Infiltration/Phlebitis Interventions	—	—	Limb elevated	—	—
IV Properties	Placement Date: 01/09/25 Placement Time: 1800 Inserted by: PACU Insertion attempts: 1 Size (Gauge): 18 G Orientation: Anterior;Distal;Right Location: Forearm Removal Date: 01/10/25 Removal Time: 1830 Removal Reason: Infiltrated;Pain Condition of Catheter: Intact				
Site Assessment	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Line Status	Saline locked;Flushed without resistance;Blood return noted	—	Saline locked;Flushed without resistance;Blood return noted	—	Saline locked;Flushed without resistance;Blood return noted
Dressing Type	Transparent	—	Transparent	—	Transparent
Dressing Status	Clean;Dry;Intact	—	Clean;Dry;Intact	—	Clean;Dry;Intact
Reason Not Rotated	Not due	—	Not due	—	—
Phlebitis Grade	0	—	0	—	—
Infiltration Grade	0	—	0	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Wound Bed/Base Assessment	—	—	Unable to assess	—	—
Peri-Wound Assessment	—	—	Unable to assess	—	—
Closure	—	—	Sutures;Staples	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Gauze Compression Roll (Kerlix);Xeroform;Elastic Wrap (ACE)	—	—
Dressing Status	—	—	Clean;Dry;Intact	—	—
Edges	—	—	Unable to assess	—	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Wound Bed/Base Assessment	—	—	Clean;Dry;Pink	—	—
Peri-Wound Assessment	—	—	Clean;Dry;Pink	—	—
Drainage Amount	—	—	None	—	—
Dressing	—	—	Barrier Cream	—	—
Dressing Changed	—	—	New	—	—
Edges	—	—	Undefined edges	—	—
Non-staged Wound Description	—	—	Partial thickness	—	—
Wound Properties	Date First Assessed: 10/05/20 Time First Assessed: 1107 Date Acquired: 10/05/17 Wound Number: #17 Left Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Primary Etiology: Venous Leg Ulcer Final Assessment Date: 01/09/25 Final Assessment Time: 2200 Wound Outcome: Amputated				
Wound	Date First Assessed: 10/05/20 Time First Assessed: 1108 Date Acquired: 10/05/17 Wound Number: #18 Right				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Properties	Lower Leg Wounding Event: Gradually Appeared Result of an Accident: No Recurrence: No Clustered Wound/Ulcer: Yes Final Assessment Date: 01/10/25 Final Assessment Time: 1200 Wound Outcome: Healed

MacLab Hemo

Row Name	01/13/25 15:22:53	01/10/25 17:07:24	01/10/25 17:02:02	01/10/25 16:57:33	01/10/25 16:52:05
SpO2	—	87 %	90 %	100 %	95 %
Heart Rate	—	71 bpm	57 bpm	73 bpm	42 bpm
Systolic Pressure	—	138 mmHg	137 mmHg	127 mmHg	125 mmHg
Diastolic Pressure	—	60 mmHg	63 mmHg	74 mmHg	59 mmHg
Mean Pressure	—	87 mmHg	91 mmHg	94 mmHg	85 mmHg
Respiration Rate	—	14 breaths/min	21 breaths/min	16 breaths/min	41 breaths/min
Phase	Protocol: Baseline	—	—	—	—
Row Name	**01/10/25 16:47:06**	**01/10/25 16:42:38**	**01/10/25 16:16:02**	**01/10/25 13:28:09**	**01/10/25 13:23:05**
SpO2	—	—	—	98 %	97 %
Heart Rate	37 bpm	—	—	156 bpm	65 bpm
Systolic Pressure	146 mmHg	—	—	134 mmHg	127 mmHg
Diastolic Pressure	67 mmHg	—	—	63 mmHg	60 mmHg
Mean Pressure	96 mmHg	—	—	91 mmHg	86 mmHg
Respiration Rate	17 breaths/min	—	—	22 breaths/min	15 breaths/min
Phase	—	Phase: Baseline	Phase: Baseline	—	—
VO2 Value	—	174.17 ml/min	174.17 ml/min	—	—
VO2I	—	125 %	125 %	—	—
Row Name	**01/10/25 13:18:22**	**01/10/25 13:13:27**	**01/10/25 13:08:35**	**01/10/25 13:07:14**	**01/10/25 13:07:13**
SpO2	96 %	100 %	98 %	97 %	99 %
Heart Rate	36 bpm	35 bpm	236 bpm	41 bpm	72 bpm
Systolic Pressure	126 mmHg	147 mmHg	149 mmHg	—	—
Diastolic Pressure	60 mmHg	64 mmHg	66 mmHg	—	—
Mean Pressure	86 mmHg	92 mmHg	95 mmHg	—	—
Respiration Rate	21 breaths/min	20 breaths/min	23 breaths/min	34 breaths/min	36 breaths/min
Row Name	**01/10/25 13:06:48**	**01/10/25 13:06:46**	**01/10/25 12:44:55**	**01/10/25 12:40:12**	
Heart Rate	71 bpm	71 bpm	—	—	
Respiration Rate	43 breaths/min	52 breaths/min	—	—	
Phase	—	—	Phase: Baseline	Phase: Baseline	
VO2 Value	—	—	174.17 ml/min	174.17 ml/min	
VO2I	—	—	125 %	125 %	

Medication Bedside DeliveryNav

Row Name	02/03/25 1558
Is the patient interested in more information on Medication Bedside Delivery at Discharge?	Yes confirmed by pharmacy technician

Modified Aldrete Score

Row Name	01/10/25 13:09:07
Activity	Able to move 4 extremities voluntarily or on command
Respiration	Able to breathe deeply and cough

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

	freely
Circulation	Blood pressure within 20% of pre-anesthetic level
Consciousness	Fully awake
Oxygen Saturation	Able to maintain oxygen saturation greater than 92% on room air
Modified Aldrete Score	10

Non-Violent Restraints

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1200	01/12/25 1000	01/12/25 0800
Restraints Monitored	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**	**01/11/25 2200**
Restraints Monitored	Yes	Yes	Yes	Yes	Yes

Nutrition Focused Physical Findings

Row Name	01/10/25 1300
Malnutrition Assessment	Severe malnutrition
Present at admission?	Yes

OR Assessment

Row Name	01/09/25 1657	01/09/25 1433
Anxiety Care Plan Interventions	—	Answer questions and allow patient to verbalize anxieties;Identify self and address patient by name;Explain procedure (On patient's level) using age specific language;Provide support to patient and family members present
Expected Outcome: Patient verbalizes/indicates a decreased anxiety, an understanding of procedure, and the sequence of events, as applicable	—	Goal met
Intraprocedure Care Plan: Spine Interventions	—	N/A
Expected Outcome: Risk	—	N/A

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

for injury is reduced by maintaining spinal precautions		
Intraprocedure Nursing Care Plan: Positioning Interventions	Relieve, reduce, or redistribute pressure over bony prominences;Position extremities to protect from nerve injury;Reduce/prevent friction and shear during positioning and transfer;Maintain proper body alignment;Elevate heels off underlying surface	—
Expected Outcome: Patient is free from apparent signs and symptoms of positioning injuries	Goal met	—
Intraprocedure Care Plan: Urinary Catheter Interventions	Place perioperatively using aseptic technique;Perform peri-care before patient leaves OR;Use antimicrobial wipe for peri-care;Keep foley bag off floor, without a dependent loop;Secure foley before patient leaves OR	—
Expected Outcome: Patient is free from apparent signs and symptoms of infection related to urinary catheter	Goal met	—

OR Lines/Drains/Airways

Row Name	01/10/25 17:10:20	01/10/25 13:27:50
Pacer Properties	Placement Date: 01/10/25 Location: Neck Orientation: Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 38 cm Removal Date: 01/10/25 Removal Time: 1652	
Wire Care	—	Connected to pacer
Dressing Status	—	Clean;Dry;Intact
Pacer Properties	Placement Date: 01/10/25 Placement Time: 1652 Location: Neck Orientation: Anterior;Right Type: Transvenous Affected Chamber: Ventricle Baseline Length: 36 cm Removal Date: 01/13/25 Removal Time: 1657	
How Pacer Wires are Secured	Ventricular wires secured	—
Wire Care	Connected to pacer	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Current Length (TTVP)	36	—
Dressing Status	Clean;Dry;Intact	—
Site Assessment	Clean;Dry;Intact	—

OT Evaluation

Row Name	02/11/25 1500	01/15/25 1010
OT Treatment START Time	—	1010 [N1]
OT Treatment End Time	—	1050 [N1]
OT Total Treatment Time in Minutes	—	40 Minutes [N1]
OT Total Treatment Timed Codes in Minutes	—	25 [N1]
Family/Caregiver Comments	—	none present - son entered right after OT exited [N1]
Patient Report/Self-Assessment	—	"I just turned 100!" [N1]
Type of Home	—	Homeless [N1]
Lives With	—	Son [N1]
Lives with Comments	—	Jeanne's son, Louis, is the primary caregiver for Jeanne [N1]
Assistance Available at Home	—	24 hour assistance [N1]
Mobility Equipment Owned	—	Front wheeled walker;Other [N1]
Home Living Comments	—	Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island [N1]
BADLs	—	Requires assist [N1]
IADLs	—	Requires assist [N1]
Functional Mobility	—	Requires assist [N1]
Leisure and Hobbies	—	travel [N1]
Details of previous level of function	—	per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility. [N1]
RUE Assessment	—	Within Functional Limits [N1]
RUE Assessment Comments	—	generalized weakness/deconditioning ~4-/5 [N1]
LUE Assessment	—	Within Functional Limits [N1]
LUE Assessment Comments	—	generalized weakness/deconditioning ~4-/5 [N1]
RLE Assessment Comments	—	her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021 [N1]
Movements are Fluid and Coordinated	—	No [N1]
Coordination and Movement Description	—	had some difficulty coordinating items in her hands [N1]
Vision Comments	—	wears glasses [N1]
Overall Cognitive Status	—	Impaired [N1]
Cognition Comments	—	hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information [N1]
Time Entry (min)	—	25 Minutes [N1]
Grooming	—	Position-sitting;Maximum Assist (between 50-74% help needed) [N1]
Grooming Comments	—	washing face at EOB, required mod assist to maintain sitting balance while bringing washcloth to face; relies heavily on UE's for stability & balance. max A to comb hair

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		[N1]
Oral Hygiene	—	Dependent (greater than 75% help needed);Position-sitting [N1]
Oral Hygiene Comments	—	required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth [N1]
Upper Body Dressing	—	Maximum Assist (between 50-74% help needed) [N1]
Putting on/taking off footwear	—	Dependent (greater than 75% help needed) [N1]
Putting on/taking off footwear Comment	—	donning sock on R foot [N1]
Toileting	—	Dependent (greater than 75% help needed) [N1]
Toileting Comments	—	total assist for clean up of minor incontinence at bed level [N1]
ADL Comments	—	edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences [N1]
Static Sitting Level of Assistance	—	Minimum Assist (less than 25% help needed) [N1]
Static Sitting	—	dangling at EOB;

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Balance Comment		able to maintain midline with light hands on assist once scooted to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance [N1]
Dynamic Sitting Balance Level of Assist	—	Dependent (greater than 75% help needed) [N1]
Dynamic Sitting Balance Comment	—	unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability [N1]
Supine>Sit	—	Maximum Assist (between 50-74% help needed);Cues needed [N1]
Sit>Supine	—	Dependent (greater than 75% help needed);Cues needed [N1]
Scooting	—	Dependent (greater than 75% help needed) [N1]
Endurance	—	Tolerates 10 - 20 min of activity with multiple rests [N1]
Activity Tolerance Comments	—	fatigues quickly, tolerated dangling at EOB for ~7 mins [N1]
OT Total Treatment Timed Codes in Mins	—	25 [N1]
AMPAC Assessment Needed?	—	Yes [N1]
Help from another person eating meals	—	A Lot [N1]
Help from another person taking care of personal grooming	—	A Lot [N1]
Help from another person to put on/take off upper body	—	Total [N1]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

clothing		
Help from another person to put on/take off lower body clothing	—	Total [N1]
Help from another person toileting	—	Total [N1]
Help from another person bathing	—	Total [N1]
Total score	—	8 [N1]
OT Assessment Results	—	Impaired ADL status;Impaired functional mobility;Impaired upper extremity range of motion;Impaired upper extremity strength;Impaired lower extremity strength;Impaired balance;Impaired safety and/or judgement during ADL's;Decreased endurance/activity tolerated;Impaired cognition;Visual deficit;Impaired fine motor coordination [N1]
Impact on Function and Participation	—	Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p L AKA & PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain PPM precautions and needed a lot of assistance to maintain her sitting balance at edge of bed. She was also limited by pain with majority of

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time. [N1]
Functional Prognosis	—	Fair [N1]
Barriers to Discharge	—	heavy care needs [N1]
Evaluation/Treatment Tolerance	—	Patient limited by fatigue;Patient limited by pain [N1]
OT Daily Recommendations	—	bed level toileting [N1]
Treatment Interventions	—	Self-care/Home management;Caregiver education/training;Therapeutic exercise;Therapeutic activities [N1]
OT Plan	—	Skilled OT [N1]
OT Frequency	—	2-3x/week [N1]
Recommendation for further OT	—	Will need follow up OT at next level of care [N1]
Assistance with	—	ADLs;Functional mobility and transfers;Home safety;IADLs [N1]
Equipment Comments	—	TBD pending dispo plan [N1]
OT Coverage for Next Shift	—	progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance [N1]
Priority	3	2 [N1]
Goal	—	Self feeding;Grooming;Set up or clean up assistance [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Bed mobility;Minimum Assist (less than 25% help needed) [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Toileting;Toilet

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

		transfer;Moderate Assist (between 25-49% help needed) [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]
Goal	—	Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks. [N1]
Estimated Completion Date	—	01/29/25 [N1]
Goal Status	—	Progressing [N1]

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Liuzzi, Christina M, OT	Occupational Therapist	Occupational Therapy	Progress Notes	Signed	01/15/25 1410

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 13 of 16) (continued)

Hand Function:

Coordination: Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

Proprioception:

Vision: Vision Comments: wears glasses

Perception:

Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

,
Balance:
Sitting:
Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted
Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,
ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment TBD pending dispo plan

Recommended:

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16)

OT Treatment

Row Name	01/22/25 1439	01/15/25 1010	01/14/25 0800	01/10/25 0700
OT Received On	01/22/25 [N1]	01/15/25 [N2]	—	—
OT Diagnosis	—	—	L AKA 1/9, bradycardia & AV block s/p PPM 1/13	L AKA 1/9, bradycardia
OT Documentation Type	Progress [N1]	Initial Eval [N2]	—	—
OT Treatment START Time	1439 [N1]	—	—	—
OT Treatment End Time	1450 [N1]	—	—	—
OT Total Treatment Time in Minutes	11 Minutes [N1]	—	—	—
OT Total Treatment Timed Codes in Minutes	11 [N1]	—	—	—
Patient Report/Self-Assessment	Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." - Son [N1]	—	—	—
Overall Cognitive Status	Impaired [N1]	—	—	—
Arousal/Alertness	Unresponsive to stimuli [N1]	—	—	—
Time Entry (min)	11 Minutes [N1]	—	—	—
ADL Comments	Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up. [N1]	—	—	—
Scooting	Dependent (greater than 75% help needed) [N1]	—	—	—
Impact on Function and Participation	Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0 [N1]	—	—	—

PACU

Row Name	01/09/25 1900	01/09/25 1859	01/09/25 1845	01/09/25 1830	01/09/25 1815

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pulse	—	—	—	**37** !	**37** !
Resp	—	—	—	18	18
BP	—	—	—	**139/50** !	**135/49** !
MAP (mmHg)	—	—	—	72	74
SpO2	—	—	—	100 %	100 %
Pulse Oximetry Type	—	—	Continuous	Continuous	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	No/denies pain	—
Shivering	—	—	—	No	—
Head of Bed Elevated	—	—	—	HOB 30	—
Best Eye Response	—	—	—	Spontaneous	—
Best Verbal Response	—	—	—	Oriented	—
Best Motor Response	—	—	—	Follows commands	—
Glasgow Coma Scale Score	—	—	—	15	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated				
Drainage Amount	—	—	—	None	—
Dressing	—	—	—	Elastic Wrap (ACE);Fluffs	—
Dressing Status	—	—	—	Clean;Dry;Intact	—
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 2000 Present on Original Admission: Yes Primary Wound Type: Incontinence Associated Dermatitis Location: Perineum Wound Description (Comments): IAD Final Assessment Date: 03/09/25 Final Assessment Time: 2305 Wound Outcome: Unknown (No longer present)				
Reason for Communication	—	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Face to face	—	—	—	—

Row Name	**01/09/25 1800**	**01/09/25 1755**	**01/09/25 1750**
Temp	—	—	36 °C
Temp src	—	—	Temporal
Pulse	**38** !	**37** !	**43** !
Cardiac Rhythm	—	—	Sinus Bradycardia
Heart Rate Source	—	—	Monitor
Resp	20	20	20
BP	**146/48** !	**147/51** !	**150/55** !
MAP (mmHg)	73	76	82
BP Site	—	—	Right Arm
BP Method	—	—	Automatic
Patient Position	—	—	Lying
Vital Sign Reason	—	—	Post-operative
SpO2	100 %	100 %	100 %
Pulse Oximetry Type	—	—	Continuous
Oximetry Probe Site Changed	—	—	Yes
Oxygen Therapy	—	—	None (Room air)
Supraglottic Airway Properties	Placement Date: 01/09/25 Placement Time: 1532 Removal Date: 01/09/25 Removal Time: 1703		
Wound Properties	Date First Assessed: 01/09/25 Time First Assessed: 1656 Primary Wound Type: Incision Location: Leg Wound Location Orientation: Left;Upper Wound Outcome: Amputated		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Assessment

Row Name	03/08/25 0900	03/08/25 0618	03/08/25 0500	03/08/25 0310	03/08/25 0011
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/07/25 1927**	**03/07/25 1508**	**03/07/25 1408**	**03/07/25 0001**	**03/06/25 2250**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/06/25 2200**	**03/06/25 2118**	**03/06/25 1828**	**03/05/25 1900**	**03/05/25 1540**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**03/05/25 0950**	**03/04/25 2100**	**03/04/25 1031**	**03/03/25 2331**	**03/03/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/27/25 1754**	**02/27/25 1116**	**02/27/25 0430**	**02/27/25 0155**	**02/26/25 1957**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/25/25 1813**	**02/25/25 0823**	**02/25/25 0521**	**02/24/25 2153**	**02/24/25 2055**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/24/25 0635**	**02/24/25 0339**	**02/23/25 2225**	**02/23/25 2149**	**02/23/25 1916**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/23/25 0303**	**02/22/25 2100**	**02/22/25 1546**	**02/22/25 0955**	**02/21/25 2300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/21/25 2100**	**02/21/25 0900**	**02/21/25 0328**	**02/20/25 1656**	**02/20/25 1625**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/20/25 1049**	**02/20/25 0859**	**02/19/25 2100**	**02/19/25 1752**	**02/19/25 1644**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/19/25 1140**	**02/19/25 0705**	**02/19/25 0548**	**02/18/25 2157**	**02/18/25 2132**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/18/25 1634**	**02/18/25 1602**	**02/18/25 1200**	**02/18/25 0809**	**02/17/25 2315**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/17/25 2245**	**02/16/25 1000**	**02/16/25 0354**	**02/15/25 2124**	**02/15/25 1100**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/15/25 0120**	**02/14/25 1710**	**02/14/25 1625**	**02/14/25 0217**	**02/14/25 0031**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/13/25 2121**	**02/13/25 2006**	**02/12/25 2300**	**02/12/25 0830**	**02/11/25 0700**
Restart Pain	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Assessment Timer					
Row Name	**02/11/25 0446**	**02/10/25 2318**	**02/10/25 2100**	**02/10/25 0600**	**02/10/25 0026**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/09/25 1113**	**02/09/25 0549**	**02/09/25 0357**	**02/09/25 0112**	**02/09/25 0042**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/08/25 1731**	**02/08/25 1703**	**02/08/25 1457**	**02/08/25 1045**	**02/08/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/08/25 0124**	**02/08/25 0052**	**02/07/25 2100**	**02/07/25 2000**	**02/07/25 1215**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/07/25 0128**	**02/07/25 0028**	**02/06/25 1029**	**02/06/25 0013**	**02/05/25 2329**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/05/25 2056**	**02/05/25 1035**	**02/05/25 0935**	**02/05/25 0039**	**02/04/25 0753**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/04/25 0325**	**02/03/25 2308**	**02/03/25 0845**	**02/03/25 0048**	**02/02/25 2300**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/02/25 1813**	**02/02/25 1713**	**02/02/25 1016**	**02/02/25 0916**	**02/01/25 2128**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/01/25 1629**	**02/01/25 1529**	**02/01/25 1000**	**02/01/25 0856**	**01/31/25 2317**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/31/25 1930**	**01/30/25 2111**	**01/30/25 1502**	**01/30/25 1150**	**01/30/25 0836**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/29/25 2124**	**01/29/25 1936**	**01/29/25 0948**	**01/28/25 2139**	**01/28/25 2109**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/28/25 1727**	**01/28/25 1627**	**01/28/25 0504**	**01/28/25 0429**	**01/28/25 0252**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 2300**	**01/27/25 1746**	**01/27/25 1716**	**01/27/25 1000**	**01/27/25 0936**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 0054**	**01/26/25 2332**	**01/26/25 2244**	**01/26/25 2206**	**01/26/25 2037**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/26/25 1503**	**01/26/25 0915**	**01/25/25 0622**	**01/24/25 2025**	**01/24/25 1721**
Restart Pain Assessment	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Timer

Row Name	01/24/25 1651	01/24/25 1115	01/24/25 1045	01/24/25 0114	01/23/25 2300
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/23/25 1035**	**01/23/25 1005**	**01/23/25 0355**	**01/23/25 0117**	**01/23/25 0040**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 2203**	**01/22/25 2133**	**01/22/25 0952**	**01/22/25 0922**	**01/22/25 0527**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 0236**	**01/21/25 1524**	**01/21/25 1319**	**01/20/25 0946**	**01/20/25 0356**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/20/25 0325**	**01/19/25 2219**	**01/19/25 1931**	**01/19/25 1755**	**01/19/25 1730**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/19/25 1359**	**01/19/25 1257**	**01/18/25 2058**	**01/18/25 1740**	**01/18/25 1520**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/18/25 1027**	**01/18/25 0948**	**01/18/25 0126**	**01/17/25 2033**	**01/17/25 1735**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/17/25 1656**	**01/17/25 1231**	**01/17/25 1012**	**01/17/25 0122**	**01/17/25 0029**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 1728**	**01/16/25 1637**	**01/16/25 1409**	**01/16/25 1340**	**01/16/25 1305**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 1222**	**01/16/25 0929**	**01/16/25 0908**	**01/16/25 0209**	**01/15/25 1404**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/15/25 1030**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 0930**	**01/14/25 0900**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0800**	**01/14/25 0433**	**01/13/25 1820**	**01/13/25 1720**	**01/13/25 1200**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 0831**	**01/13/25 0800**	**01/13/25 0720**	**01/13/25 0400**	**01/13/25 0000**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 2000**	**01/12/25 1726**	**01/12/25 1600**	**01/12/25 1314**	**01/12/25 1110**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 1007**	**01/12/25 0905**	**01/12/25 0800**	**01/12/25 0039**	**01/11/25 2213**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	01/11/25 2000	01/11/25 1600	01/11/25 1200	01/11/25 1143	01/11/25 1038
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/11/25 0905**	**01/11/25 0800**	**01/11/25 0625**	**01/11/25 0555**	**01/10/25 2330**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/10/25 2000**	**01/10/25 1843**	**01/10/25 1745**	**01/10/25 1600**	**01/10/25 1500**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/10/25 0823**	**01/10/25 0801**	**01/10/25 0619**	**01/10/25 0400**	**01/10/25 0000**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 2340**	**01/09/25 2000**	**01/09/25 1900**	**01/09/25 1830**	**01/09/25 1033**
Restart Pain Assessment Timer	Yes	Yes	Yes	Yes	Yes

Pain Assessment

Row Name	03/08/25 0618	03/08/25 0410	03/08/25 0011	03/07/25 1927	03/07/25 1508
Pain Scale	—	Pain Scale	Pain Scale	Pain Scale	—
FLACC	FLACC	—	—	—	FLACC
Pain Score	—	—	Patient sleeping	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	—	—	—	Content, relaxed
Score: FLACC (Rest)	0	—	—	—	2
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	No particular expression or smile
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	Content, relaxed
Score: FLACC (Activity)	0	—	—	—	1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	03/07/25 0231	03/07/25 0120	03/06/25 2018	03/06/25 1911	03/06/25 1828
Pain Scale	—	—	—	—	Pain Scale
FLACC	FLACC	FLACC	FLACC	FLACC	—
Pain Score	—	—	—	—	Patient UNavailable for reassessment
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	—	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	Normal position or relaxed	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	No cry (awake or asleep)	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	—	Content, relaxed	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	0	—	0	5	—
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	—

Row Name	03/06/25 1539	03/06/25 1225	03/04/25 1031	03/03/25 2331	02/28/25 2006
Pain Scale	—	—	Pain Scale	Pain Scale	—
Pain Descriptor Scale	—	—	—	—	Pain Descriptor Scale
CNPI	CNPI	CNPI	—	—	—
Pain Score	—	—	Patient sleeping	Patient sleeping	—
Pain Intensity	—	—	—	—	Rest
Pain Relief Scale	—	—	—	—	Slight
Vocal Complaints: Nonverb at Rest	Behavior not observed	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score at Rest	1	3	—	—	—

Row Name	02/27/25 1754	02/27/25 0225	02/26/25 0116	02/25/25 2208	02/25/25 1813
Pain Scale	—	—	—	—	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
FLACC	FLACC	—	FLACC	FLACC	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	Uneasy, restless, tense	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—
Score: FLACC (Rest)	5	—	5	4	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	—
Score: FLACC (Activity)	2	—	—	—	—

Row Name	**02/25/25 0823**	**02/25/25 0521**	**02/24/25 2153**	**02/24/25 2055**	**02/24/25 0635**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping

Row Name	**02/24/25 0339**	**02/23/25 2225**	**02/23/25 2149**	**02/23/25 1916**	**02/22/25 1646**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	—
FLACC	—	—	—	—	FLACC
Pain Score	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC	—	—	—	—	6

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(Rest)

Row Name	02/22/25 1024	02/22/25 0638	02/21/25 2306	02/21/25 1328	02/21/25 0328
Pain Scale	—	—	—	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	Pain Descriptor Scale	—	—
FLACC	FLACC	—	—	FLACC	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Patient sleeping	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	3	—	—	—	—

Row Name	02/20/25 1656	02/20/25 1049	02/19/25 1752	02/19/25 1644	02/19/25 1140
Pain Scale	Pain Scale	—	—	Pain Scale	Pain Scale
FLACC	FLACC	FLACC	FLACC	—	—
Pain Score	Patient sleeping	—	—	—	0
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Rest)	4	3	7	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Rating: FLACC (Activity) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	5	5	—	—	—
Row Name	**02/19/25 0705**	**02/18/25 2157**	**02/18/25 1654**	**02/18/25 1634**	**02/17/25 2315**
Pain Scale	Pain Scale	Pain Scale	—	—	Pain Scale
FLACC	—	—	FLACC	—	—
Pain Score	Patient sleeping	Patient sleeping	—	—	5
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Arched, rigid or jerking	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Difficult to console or comfort	—
Score: FLACC (Activity)	—	—	—	10	—
Row Name	**02/17/25 1010**	**02/16/25 2232**	**02/16/25 0454**	**02/15/25 0120**	**02/14/25 1710**
Pain Scale	—	—	—	Pain Scale	Pain Scale
FLACC	FLACC	FLACC	FLACC	—	—
Pain Score	—	—	—	Patient sleeping	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) -	Crying steadily, screams or sobs,	Crying steadily, screams or sobs,	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Cry	frequent complaint	frequent complaint			
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	6	8	—	—	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Row Name	**02/14/25 1625**	**02/14/25 0217**	**02/14/25 0031**	**02/13/25 2121**	**02/11/25 0446**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale	Pain Scale
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping	Patient sleeping
Row Name	**02/10/25 0600**	**02/09/25 1320**	**02/09/25 1113**	**02/09/25 0549**	**02/09/25 0357**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
Pain Score	Patient sleeping	—	Patient sleeping	Patient sleeping	Patient sleeping
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Intensity	—	Rest	—	—	—
Row Name	**02/09/25 0112**	**02/08/25 1731**	**02/08/25 1045**	**02/08/25 0124**	**02/07/25 1909**
Pain Scale	Pain Scale	Pain Scale	—	Pain Scale	—
Pain Descriptor Scale	—	—	—	—	Pain Descriptor Scale
CNPI	—	—	CNPI	—	—
Pain Score	Patient sleeping	Patient sleeping	—	Patient sleeping	—
Pain Descriptor Scale	—	—	—	—	Patient sleeping
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	—	—
Bracing with Movement	—	—	Behavior occurred even briefly	—	—
Restlessness with Movement	—	—	Behavior not observed	—	—
Rubbing with Movement	—	—	Behavior not observed	—	—
Vocal Complaints: Verbal with movement	—	—	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	—	4	—	—
Vocal Complaints: Nonverb at Rest	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	—	Behavior occurred even briefly	—	—
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior not observed	—	—
Rubbing at Rest	—	—	Behavior not observed	—	—
Verbal	—	—	Behavior not	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Complaints Verbal at Rest			observed		
Subtotal Score at Rest	—	—	2	—	—
CNPI Total Score	—	—	6	—	—
Row Name	**02/07/25 1044**	**02/07/25 0128**	**02/06/25 1742**	**02/06/25 1029**	**02/06/25 0013**
Pain Scale	—	Pain Scale	—	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	—	—	—	—
FLACC	—	—	FLACC	FLACC	—
Pain Score	—	Patient sleeping	—	—	Patient sleeping
Pain Descriptor Scale	Moderate	—	Unable to describe	—	—
Pain Relief Scale	Slight	—	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	3	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	5	—
Row Name	**02/05/25 2056**	**02/05/25 1726**	**02/05/25 1035**	**02/05/25 0039**	**02/03/25 0048**
Pain Scale	—	—	Pain Scale	Pain Scale	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	—	—	—
FLACC	FLACC	—	—	—	—
Pain Score	—	—	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping
Pain Descriptor Scale	—	Mild	—	—	—
Pain Intensity	—	Rest	—	—	—
Unable to Self-Report Pain	—	Nonverbal	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Reason					
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	6	—	—	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	6	—	—	—	—

Row Name	**02/02/25 1813**	**02/02/25 1016**	**02/01/25 2128**	**02/01/25 1629**	**01/31/25 2317**
Pain Scale	—	Pain Scale	Pain Scale	Pain Scale	Pain Scale
FLACC	FLACC	—	—	—	—
Pain Score	—	Patient UNavailable for reassessment	Patient sleeping	Patient sleeping	2
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	2	—	—	—	—
Pain Rating: FLACC (Activity) - Face	No particular expression or smile	—	—	—	—
Pain Rating:	Normal position or	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

FLACC (Activity) - Legs	relaxed				
Pain Rating: FLACC (Activity) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	No cry (awake or asleep)	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	—	—	—	—
Score: FLACC (Activity)	0	—	—	—	—
Row Name	**01/30/25 1502**	**01/30/25 1150**	**01/29/25 2124**	**01/29/25 1936**	**01/29/25 0948**
Pain Scale	Pain Scale	—	Pain Scale	—	Pain Scale
CNPI	—	CNPI	—	CNPI	—
Pain Score	Patient sleeping	—	Patient sleeping	—	Patient sleeping
Vocal Complaints: Non-verbal with Movement	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	Behavior not observed	—
Bracing with Movement	—	Behavior not observed	—	Behavior not observed	—
Restlessness with Movement	—	Behavior not observed	—	Behavior not observed	—
Rubbing with Movement	—	Behavior not observed	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score with Movement	—	0	—	0	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	—	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	—	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score at Rest	—	0	—	0	—
CNPI Total Score	—	0	—	0	—
Row Name	**01/28/25 2139**	**01/28/25 1727**	**01/28/25 0504**	**01/28/25 0252**	**01/27/25 2303**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
CPOT	—	CPOT	—	—	—
CNPI	—	CNPI	—	—	—
Pain Score	Patient sleeping	—	Patient sleeping	Patient sleeping	—
Vocal Complaints: Non-verbal with	—	Behavior not observed	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Movement					
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	—	—
Bracing with Movement	—	Behavior not observed	—	—	—
Restlessness with Movement	—	Behavior not observed	—	—	—
Rubbing with Movement	—	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	—	—	—
Subtotal Score with Movement	—	0	—	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	—	—
Bracing at Rest	—	Behavior not observed	—	—	—
Restlessness at Rest	—	Behavior not observed	—	—	—
Rubbing at Rest	—	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	—	—
Subtotal Score at Rest	—	0	—	—	—
CNPI Total Score	—	0	—	—	—
Row Name	**01/27/25 1746**	**01/26/25 2244**	**01/25/25 1939**	**01/25/25 1909**	**01/25/25 1351**
Pain Descriptor Scale	—	—	Pain Descriptor Scale	Pain Descriptor Scale	—
CNPI	CNPI	CNPI	—	—	—
FLACC	—	—	—	—	FLACC
Pain Descriptor Scale	—	—	Patient sleeping	Patient sleeping	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior not observed	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Bracing with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Restlessness with Movement	Behavior occurred even briefly	Behavior not observed	—	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score with Movement	3	0	—	—	—
Vocal Complaints:	Behavior not observed	Behavior occurred even briefly	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior not observed	Behavior not observed	—	—	—
Restlessness at Rest	Behavior not observed	Behavior not observed	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score at Rest	0	2	—	—	—
CNPI Total Score	3	2	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	—	4
Row Name	**01/25/25 0622**	**01/24/25 2025**	**01/24/25 1721**	**01/24/25 1115**	**01/24/25 0114**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
FLACC	—	FLACC	—	FLACC	—
Pain Score	Patient sleeping	—	4	3	Patient sleeping
Pain Rating: FLACC (Rest) - Face	—	No particular expression or smile	—	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	Content, relaxed	—
Score: FLACC (Rest)	—	0	—	0	—
Pain Rating: FLACC (Activity) - Face	—	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating:	—	Lying quietly,	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

FLACC (Activity) - Activity		normal position, moves easily			
Pain Rating: FLACC (Activity) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	—	2	—	—	—
Row Name	**01/23/25 1948**	**01/23/25 1819**	**01/23/25 1716**	**01/23/25 1035**	**01/23/25 0355**
Pain Scale	—	—	—	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—
CPOT	—	—	—	CPOT	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Mild	Mild	Patient sleeping	—	—
Pain Location	Amputation site	—	—	—	—
Patient Behaviors	Fidgeting	—	—	—	—
Pain Relief Scale	Moderate	Moderate	Lots	—	—
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Row Name	**01/23/25 0117**	**01/22/25 2203**	**01/22/25 2133**	**01/22/25 0952**	**01/22/25 0527**
Pain Scale	Pain Scale	Pain Scale	Pain Scale	—	Pain Scale
CPOT	—	—	—	CPOT	—
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	—	Patient sleeping
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Row Name	**01/22/25 0236**	**01/21/25 1005**	**01/21/25 0600**	**01/20/25 1900**	**01/20/25 1700**
Pain Scale	Pain Scale	—	—	—	—
Pain Descriptor Scale	—	—	Pain Descriptor Scale	—	—
FLACC	—	FLACC	—	FLACC	FLACC
Pain Score	Patient sleeping	—	—	—	—
Pain Descriptor Scale	—	—	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile
Pain Rating: FLACC (Rest) -	—	—	—	Uneasy, restless, tense	Normal position or relaxed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Legs					
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	Content, relaxed
Score: FLACC (Rest)	—	—	—	5	0
Row Name	**01/20/25 1328**	**01/20/25 0832**	**01/20/25 0325**	**01/19/25 2151**	**01/19/25 1755**
Pain Scale	—	—	Pain Scale	—	Pain Scale
Pain Descriptor Scale	—	—	—	Pain Descriptor Scale	—
FLACC	FLACC	FLACC	—	—	—
Pain Score	—	—	Patient UNavailable for reassessment	—	Patient sleeping
Pain Descriptor Scale	—	—	—	Severe	—
Pain Intensity	—	—	—	Rest	—
Pain Location	—	—	—	amputation site	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—	—
Score: FLACC (Rest)	5	0	—	—	—
Row Name	**01/19/25 1359**	**01/19/25 1257**	**01/19/25 1214**	**01/19/25 0707**	**01/19/25 0556**
Pain Scale	Pain Scale	Pain Scale	—	—	—
Pain Descriptor Scale	—	—	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale
Pain Score	Patient sleeping	10	—	—	—
Pain Descriptor Scale	—	—	Severe	Patient sleeping	Severe
Pain Intensity	—	—	Rest	—	—
Pain Location	—	—	Pt is having severe pain to Lt stump	—	—
Pain Interventions	—	—	Medication (See MAR)	—	—
Patient Behaviors	—	—	Agitated;Facial grimacing;Groaning;Moaning	—	—
Response to Interventions	—	—	No	—	—
Pain Relief Scale	—	—	None	—	—
Row Name	**01/18/25 2058**	**01/18/25 1027**	**01/18/25 0948**	**01/18/25 0126**	**01/17/25 1736**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Scale	Pain Scale	—	—	Pain Scale	—
CPOT	—	—	CPOT	—	CPOT
FLACC	—	FLACC	—	—	—
Pain Score	Patient sleeping	—	—	Patient sleeping	—
Facial Expression	—	—	Grimacing	—	—
Body Movements	—	—	Protection	—	—
Vocalization (Extubated Patients)	—	—	Sighing, moaning	—	—
Muscle Tension	—	—	Tense, rigid	—	—
Critical-Care Pain Observation Score	—	—	5	—	—
Pain Interventions	—	—	Repositioned;Elevated;Medication (See MAR)	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	—	—
Score: FLACC (Rest)	—	3	—	—	—
Pain Rating: FLACC (Activity) - Face	—	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Activity) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Activity) - Cry	—	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	—	Content, relaxed	—	—	—
Score: FLACC (Activity)	—	1	—	—	—
Row Name	**01/17/25 1735**	**01/17/25 1231**	**01/17/25 1012**	**01/17/25 0152**	**01/16/25 2345**
Pain Scale	—	Pain Scale	—	—	—
CPOT	CPOT	—	CPOT	—	—
FLACC	—	—	—	FLACC	FLACC
Pain Score	—	Patient sleeping	—	—	—
Facial Expression	Tense	—	Relaxed, neutral	—	—
Body Movements	Absence of movements or normal position	—	Absence of movements or normal position	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	Talking in normal tone or no sound	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Muscle Tension	Relaxed	—	Relaxed	—	—
Critical-Care Pain Observation Score	1	—	0	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Rest) - Legs	—	—	—	Normal position or relaxed	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	No cry (awake or asleep)	Crying steadily, screams or sobs, frequent complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Content, relaxed	Difficult to console or comfort
Score: FLACC (Rest)	—	—	—	1	8

Row Name	**01/16/25 1728**	**01/16/25 1409**	**01/16/25 1305**	**01/16/25 1222**	**01/16/25 0209**
Pain Scale	Pain Scale	Pain Scale	—	—	Pain Scale
CPOT	—	—	CPOT	CPOT	—
Pain Score	Patient sleeping	Patient sleeping	—	—	Patient sleeping
Facial Expression	—	—	Relaxed, neutral	Relaxed, neutral	—
Body Movements	—	—	Absence of movements or normal position	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	Talking in normal tone or no sound	Talking in normal tone or no sound	—
Muscle Tension	—	—	Relaxed	Relaxed	—
Critical-Care Pain Observation Score	—	—	0	0	—

Row Name	**01/15/25 1930**	**01/15/25 1853**	**01/15/25 1030**	**01/14/25 0930**	**01/14/25 0900**
Pain Scale	—	—	Pain Scale	—	Pain Scale
Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—	—	—
CPOT	—	—	—	CPOT	—
Pain Score	—	—	Patient sleeping	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	Unable to describe	—	—	—
Facial Expression	—	—	—	Relaxed, neutral	—
Body Movements	—	—	—	Absence of movements or normal position	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Relaxed	—
Critical-Care Pain Observation Score	—	—	—	0	—
Pain Interventions	—	—	—	Repositioned	—

Row Name	**01/14/25 0433**	**01/13/25 1815**	**01/13/25 0831**	**01/12/25 1726**	**01/12/25 1314**
Pain Scale	Pain Scale	—	—	—	—
CPOT	—	CPOT	CPOT	CPOT	CPOT

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Pain Score	Patient sleeping	—	—	—	—
Facial Expression	—	—	Tense	Relaxed, neutral	Tense
Body Movements	—	—	Absence of movements or normal position	Absence of movements or normal position	Protection
Vocalization (Extubated Patients)	—	—	Sighing, moaning	Talking in normal tone or no sound	Talking in normal tone or no sound
Muscle Tension	—	—	Tense, rigid	Relaxed	Tense, rigid
Critical-Care Pain Observation Score	—	—	3	0	3
Row Name	**01/12/25 1007**	**01/12/25 0905**	**01/12/25 0039**	**01/11/25 2213**	**01/11/25 1143**
Pain Scale	—	—	—	Pain Scale	—
CPOT	CPOT	CPOT	CPOT	—	CPOT
Pain Score	—	—	—	Patient sleeping	—
Facial Expression	Relaxed, neutral	Relaxed, neutral	Tense	—	Relaxed, neutral
Body Movements	Absence of movements or normal position	Absence of movements or normal position	Restlessness/agitation	—	Absence of movements or normal position
Vocalization (Extubated Patients)	Talking in normal tone or no sound	Talking in normal tone or no sound	Talking in normal tone or no sound	—	Talking in normal tone or no sound
Muscle Tension	Relaxed	Relaxed	Relaxed	—	Relaxed
Critical-Care Pain Observation Score	0	0	3	—	0
Row Name	**01/11/25 1038**	**01/11/25 0905**	**01/11/25 0625**	**01/10/25 2330**	**01/10/25 2000**
Pain Scale	Pain Scale	—	Pain Scale	Pain Scale	Pain Scale
CPOT	—	CPOT	—	—	—
Pain Score	Patient UNavailable for reassessment	—	0	Patient sleeping	—
Facial Expression	—	Relaxed, neutral	—	—	—
Body Movements	—	Absence of movements or normal position	—	—	—
Vocalization (Extubated Patients)	—	Talking in normal tone or no sound	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	1	—	—	—
Row Name	**01/10/25 1843**	**01/10/25 1503**	**01/10/25 1437**	**01/10/25 0853**	**01/10/25 0619**
Pain Scale	Pain Scale	—	—	—	Pain Scale
Pain Descriptor Scale	—	Pain Descriptor Scale	Pain Descriptor Scale	Pain Descriptor Scale	—
Pain Score	0	—	—	—	Patient sleeping
Pain Descriptor Scale	—	Moderate	Moderate	Mild	—
Pain Intensity	—	Rest	Rest	Activity	—
Pain Location	—	LLE, R KNEE	LLE, R KNEE	LLE, R KNEE	—
Pain Relief Scale	—	Moderate	Moderate	Lots	—
Row Name	**01/09/25 2340**				
Pain Scale	Pain Scale				
Pain Score	0				

Patient Belongings

Row Name	**01/09/25 1648**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Belongings at Bedside	Vision;Dentures

Perioperative Disposition

Row Name	01/09/25 1740
Report Given By (free-text):	Circ RN, surgical team, anesthesia
Report Given To (free-text):	SICU
Transferred To:	ICU
Transferred By (free-text):	Circ RN, surgical team, anesthesia
Transfer Mode:	ICU/LAL Bed

Post Fall Assessment

Row Name	03/05/25 1615
Neuro (WDL)	Exceptions to WDL
Level of Consciousness	Alert
Orientation Level	Oriented to person;Disoriented to place;Disoriented to time;Disoriented to situation
Cognition	Poor judgement;Poor safety awareness;Poor attention/concentration;Short term memory loss;Unable to follow commands
Speech	Incomprehensible;Uses written communication
Swallow	Chokes on liquids;Chokes on solids;Difficulty swallowing

Post Fall Information

Row Name	03/05/25 1608
Date of fall	03/05/25
Time of fall	1540
What patient said about the fall	Nothing
Event Location	Patient Room
Witnessed or assisted fall?	Unwitnessed fall
Did injury occur?	No
Patient transferred to higher level of care due to fall?	No
Details of Fall: Consider risk	Unwitnessed fall - appeared to have

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

factors leading to fall including environment, changes in mental or physical condition, medications, lab values, hydration status, toileting, and anyone involved with the fall.	slid out of bed, no evident injury, primary RNs' found patient laying with her bottom on the floor, holding onto the siderail with her left hand. Son not present in room. Staff assist pressed and patient transferred back to bed using sling/hoyer.

Post Fall Notification

Row Name	03/05/25 1614
Name of Provider Notified	Dr. Abay
Date Provider Notified	03/05/25
Time Provider Notified	1600
Family Notified of Fall	Yes
Name of Family Member Notified	Louis
Date Family Notified	03/05/25
Time Family Notified	1614
Name of Staff Notifying Family	Amber Callison

Post Fall Vital Signs

Row Name	03/05/25 1615
Temp	—

Provider Notification

Row Name	01/09/25 1227
Reason for Communication	Family request
Provider Name	MD Sond
Provider Role	Resident
Method of Communication	Secure Chat
Response	Waiting for response

PT Acute Eval/Tx

Row Name	03/07/25 1500	03/05/25 1300	02/16/25 0800	02/06/25 1600	01/29/25 1145
PT Received On	—	03/05/25 [N3]	—	02/06/25 [N4]	01/29/25
PT Diagnosis	L AKA 1/9, PPM 1/13; fall in hospital on 3/5 with R hip fracture, non -op	L AKA 1/9, PPM 1/13 [N3]	L AKA 1/9, PPM 1/13	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	management				
PT Considerations	NWB LLE, NWB RLE	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N3]	—	—	—
PT Documentation Type	—	Re-Evaluation [N3]	—	—	Progress
PT Treatment Start Time	—	1300 [N3]	—	—	1145
PT Treatment End Time	—	1340 [N3]	—	—	1245
PT Total Treatment Time in Minutes	—	—	—	—	60 Minutes
PT Total Timed Code in Minutes	—	25 Minutes [N3]	—	—	—
Family/Caregiver Comments	—	Son - Louis - lots of comments about how he is exercising her LEs when ever he gets the chance. Demo'd how the exercise her R LE but not the L LE [N3]	—	—	Son Louis present
Patient Report/Self-Assessment	—	n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd [N3]	—	—	Pt agreeable to PT, communication via whiteboard
Patient Stated Goal(s)	—	None stated [N3]	—	—	—
Lives with Comments	—	—	—	—	Lives in tent with flooring and heating
RUE Assessment	—	Exceptions to WFL [N3]	—	—	—
RUE Assessment Comments	—	able to bring hand to mouth, good grip during hand shake, limited hand opening [N3]	—	—	—
LUE Assessment	—	Exceptions to WFL [N3]	—	—	—
LUE Assessment Comments	—	able to bring hand to mouth [N3]	—	—	—
RLE Assessment	—	Exceptions to WFL [N3]	—	—	—
RLE Assessment Comments	—	antigravity strength [N3]	—	—	—
LLE Assessment	—	Exceptions to WFL [N3]	—	—	—
LLE Assessment Comments	—	limited assessment [N3]	—	—	—
Arousal/Alertness	—	Delayed responses to stimuli [N3]	—	—	—
Safety Judgment	—	Decreased awareness of need for assistance [N3]	—	—	—
Light Touch	—	unable to assess [N3]	—	—	—
Movements are Fluid and Coordinated	—	No [N3]	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Static Sitting Balance Level of Assistance	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Dynamic Sitting Balance Level of Assistance	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Endurance	—	Tolerates less than 10 min of activity, no significant change in vital signs [N3]	—	—	—
Rolling Left	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Rolling Right	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Supine to Sit	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Sit to Supine	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC Assistive Device Details	—	Mechanical lift [N3]	—	—	—
Chair/WC<>Bed	—	Dependent (greater than 75% help needed) [N3]	—	—	—
Bed<>Chair/WC Assistive Device Details	—	Mechanical lift [N3]	—	—	—
Help needed climbing 3-5 steps with a railing?	—	Total [N3]	—	—	—
Help needed walking in hospital room?	—	Total [N3]	—	—	—
Help needed moving to and from a bed to chair (including a wheelchair)?	—	Total [N3]	—	—	—
Difficulty moving from lying on back to sitting on the side of the bed?	—	Unable [N3]	—	—	—
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	Unable [N3]	—	—	—
Difficulty turning over in bed (including adjusting	—	Unable [N3]	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

bedclothes, sheets and blankets)?					
Score	—	6 [N3]	—	—	—
PT Therapeutic Exercise Activity Time Minute(s)	—	10 [N3]	—	—	—
PT Therapeutic Exercise Activity 1	—	provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows [N3]	—	—	—
PT Therapeutic Exercise Activity 2	—	- son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's [N3]	—	—	—
PT Therapeutic Activity Time Minute(s)	—	15 [N3]	—	—	—
PT Therapeutic Activity 1	—	supine > sit with dependent assist, elevated HOB, assist for initiation [N3]	—	—	—
PT Therapeutic Activity 2	—	sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting [N3]	—	—	—
PT Therapeutic Activity 3	—	sit > supine with dependent assist, scooting up in bed with two person dependent assist [N3]	—	—	—
PT Assessment	—	Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches. [N3]			
Barriers to Discharge	—	pt dependent for all mobility [N3]	—	—	—
Recommendation for further PT	—	Will need follow up PT at next level of care [N3]	—	—	—
Treatment/Interventions	—	Patient/family training;Therapeutic functional activities;Therapeutic exercise [N3]	—	—	—
PT Plan	—	Skilled PT [N3]	—	—	—
PT Dosage	—	1-2x/week [N3]	—	—	—
PT In-House Recommendations	—	ceiling lift. rental TIS w/c with roho cushion [N3]	—	—	—
PT Coverage for Next Shift	—	LE ther ex, sitting EOB [N3]	—	—	—
PT Daily Recommendations	—	2PA - OOB to chair via sling 3x/day [N3]	—	—	—
Goal	—	Home exercise program;Moderate Assist (between 25-49% help needed) [N3]	—	—	—
Estimated Completion Date	—	03/14/25 [N3]	—	—	—
Goal	—	Bed mobility;Moderate Assist (between 25-49% help needed) [N3]	—	—	—
Estimated Completion Date	—	03/14/25 [N3]	—	—	—
Goal	—	Other (Comment)	—	—	—
Goal Status	—	Updated	—	—	—
Goal	—	discontinued	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Goal Status	—	Updated	—	—	—
Goal	—	discontinued	—	—	—
Goal Status	—	Updated	—	—	—
Row Name	**01/23/25 1400**	**01/23/25 0800**	**01/16/25 1140**	**01/10/25 1049**	**01/10/25 0800**
PT Received On	01/23/25 [N5]	—	01/16/25	01/10/25 [N6]	—
PT Diagnosis	LLE acute limb ischemia now s/p L AKA, PPM 1/13 [N5]	LLE acute limb ischemia now s/p L AKA, PPM 1/13	—	LLE acute limb ischemia now s/p L AKA [N6]	LLE acute limb ischemia now s/p L AKA
PT Considerations	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N5]	—	—	NWB LLE [N6]	NWB LLE
PT Documentation Type	Progress [N5]	—	—	Initial Eval;Progress [N6]	—
PT Treatment Start Time	1310 [N5]	—	—	1049 [N6]	—
PT Treatment End Time	1341 [N5]	—	—	1200 [N6]	—
PT Total Treatment Time in Minutes	31 Minutes [N5]	—	—	71 Minutes [N6]	—
Family/Caregiver Comments	son in room [N5]	—	—	Pt's son, Louis, throughout [N6]	—
Safety measures	—	—	—	bradycardia [N6]	—
Is an interpreter used?	No [N5]	—	—	No [N6]	—
Patient Report/Self-Assessment	Continually attempts to mobilize to EOB [N5]	—	—	Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly. [N6]	—
Patient Stated Goal(s)	none stated, per son to received prothesis [N5]	—	—	"When can I start walking again?" [N6]	—
Home Living Comments	—	—	—	Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island [N6]	—
Type of Home	—	—	—	Homeless [N6]	—
Lives With	—	—	—	Son [N6]	—
Lives with Comments	—	—	—	Jeanne's son, Louis, is the primary caregiver for Jeanne [N6]	—
Assistance Available at Home	—	—	—	24 hour assistance [N6]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility Equipment Owned	—	—	—	Front wheeled walker;Other [N6]	—
Prior Level of Function	—	—	—	limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility. [N6]	—
Leisure and Hobbies	—	—	—	travel [N6]	—
RUE Assessment	—	—	—	Within Functional Limits [N6]	—
LUE Assessment	—	—	—	Within Functional Limits [N6]	—
RLE Assessment	—	—	—	Within Functional Limits [N6]	—
RLE Assessment Comments	—	—	—	her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021 [N6]	—
LLE Assessment	—	—	—	Exceptions to WFL [N6]	—
LLE Assessment Comments	—	—	—	AKA. limited assessment of L hip AROM 2/2 pain/soreness [N6]	—
Cognition Comments	—	—	—	Jeanne is very HOH and it's best to communicate with her via writing. [N6]	—
Light Touch	—	—	—	WFL [N6]	—
Static Sitting Balance Comments	—	—	—	sitting at EOB w/o back support, no foot support. intermittent retropulsion [N6]	—
Static Sitting Balance Level of Assistance	—	—	—	Minimum Assist (less than 25% help needed) [N6]	—
Dynamic Sitting Balance Comments	—	—	—	scooting forward, pulling on mattress or bed rail w/BUE [N6]	—
Dynamic Sitting Balance Level of Assistance	—	—	—	Contact guard assist (touching/steadying assistance) [N6]	—
Static Standing	—	—	—	deferred standing at	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Balance Comments				this time [N6]	
Endurance	—	—	—	Tolerates 30 min of activity with multiple rests [N6]	—
Endurance Comments	—	—	—	bradycardia throughout session; stable BP [N6]	—
Rolling Left	—	—	—	Maximum Assist (between 50-74% help needed) [N6]	—
Rolling Right	—	—	—	Maximum Assist (between 50-74% help needed) [N6]	—
Supine to Sit	—	—	—	Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed [N6]	—
Sit to Supine	—	—	—	Dependent (greater than 75% help needed) [N6]	—
Scooting	—	—	—	Dependent (greater than 75% help needed) [N6]	—
AM-PAC Point of Care Asmt	—	—	—	Yes [N6]	—
Help needed climbing 3-5 steps with a railing?	—	—	—	Total [N6]	—
Help needed walking in hospital room?	—	—	—	Total [N6]	—
Help needed moving to and from a bed to chair (including a wheelchair)?	—	—	—	Total [N6]	—
Difficulty moving from lying on back to sitting on the side of the bed?	—	—	—	A Lot [N6]	—
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	—	—	A Lot [N6]	—
Difficulty turning over in bed (including adjusting bedclothes, sheets and blankets)?	—	—	—	A Lot [N6]	—
Score	—	—	—	9 [N6]	—
Highest Level of Mobility for this Event (PT)	—	—	—	Sat at edge of bed [N6]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

PT Therapeutic Activity Time Minute(s)	—	—	—	55 [N6]	—
PT Therapeutic Activity 1	—	—	—	Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB [N6]	—
PT Therapeutic Activity 2	—	—	—	Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. [N6]	—
PT Therapeutic Activity 3	—	—	—	Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care [N6]	—
PT Therapeutic Activity 4	—	—	—	Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home [N6]	
PT Impairments	—	—	—	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility;Impaired hearing;Impaired sensation;Difficulty ambulating;Orthopedic restrictions;Pain [N6]	—
PT Assessment	—	—	—	Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging. [N6]	
Barriers to Discharge	—	—	—	unable to safely ambulate or transfer OOB 2/2 bradycardia [N6]	—
Recommendation for further PT	—	—	—	Will need follow up PT at next level of care [N6]	—
PT Discharge Recommendations details	—	—	—	ideally SNF for sub-acute therapies [N6]	—
Treatment/Interventions	—	—	—	Therapeutic exercise;Therapeutic functional activities [N6]	—
PT Plan	—	—	—	Skilled PT [N6]	—
PT Dosage	—	—	—	2-3x/week [N6]	—
Discharge Equipment	—	—	—	TBD; pt has FWW and transport chair [N6]	—
PT In-House Recommendations	—	—	—	ceiling lift [N6]	—
PT Coverage for Next Shift	—	—	—	dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education [N6]	—
PT Daily Recommendations	—	—	—	1-2 person assist for dangle at EOB or ceiling lift transfer to chair [N6]	—
Goals	—	—	—	Goal 1;Goal 2;Goal 3;Goal 4 (Free Text) [N6]	—
Goal	—	—	—	Bed mobility;Contact guard assist (touching/steadying	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				assistance) [N6]	
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Transfer with AD;Contact guard assist (touching/steadying assistance) [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Amb with AD;Contact guard assist (touching/steadying assistance) [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Progressing [N6]	—
Goal	—	—	—	Pt will be able to tolerate sitting in her w/c for > 30 minutes [N6]	—
Estimated Completion Date	—	—	—	01/24/25 [N6]	—
Goal Status	—	—	—	Not Progressing [N6]	—

PT Acute Tx

Row Name	02/13/25 1500	02/06/25 1600	01/29/25 1145	01/23/25 1400	01/16/25 1140
PT Received On	02/13/25	—	—	—	—
PT Diagnosis	L AKA	L AKA [N4]	—	—	LLE acute limb ischemia now s/p L AKA
PT Considerations	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM)	NWB LLE, <10# push/pull through L UE for 30 days (1/13 PPM) [N4]	—	—	—
PT Documentation Type	Progress	Progress [N4]	—	—	—
PT Treatment Start Time	1455	1600 [N4]	—	—	1140
PT Treatment End Time	1535	1654 [N4]	—	—	1240
PT Total Treatment Time in Minutes	40 Minutes	54 Minutes [N4]	—	—	60 Minutes
PT Total Timed Code in Minutes	40 Minutes	54 Minutes [N4]	60 Minutes	31 Minutes [N5]	60 Minutes
Family/Caregiver Comments	Son-Louis	Pt's son Louis present, describing exercises that he has been doing with and for his mom (before AKA and now after) [N4]	—	—	Pts son Louis
Patient Report/Self-Assessment	Opened eyes and agreeable to PT for bed exercises	Pt opening eyes to loud voice, otherwise generally maintaining eyes	—	—	Nods yes to reviewing exercises and getting up to chair. Written on

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		closed [N4]			whiteboard
Patient Stated Goal(s)	son's goal is for her to be home with him taking care of her	—	—	—	—
Communication	—	—	—	verbal, use of whiteboard d/t HOH [N5]	—
Arousal/Alertness	—	—	—	Appropriate responses to stimuli [N5]	—
Orientation Level	—	—	—	— [N5]	—
Safety Judgment	—	—	—	Decreased awareness of need for assistance;Decreased awareness of need for safety [N5]	—
Awareness of Errors	—	—	—	Assistance required to identify errors made;Assistance required to correct errors made;Decreased awareness of errors [N5]	—
Deficits	—	—	—	Decreased awareness of deficits [N5]	—
Problem Solving	—	—	—	Assistance required to identify errors made;Assistance required to generate solutions;Assistance required to implement solutions [N5]	—
Cognition Comments	—	Opening eyes to loud voice. Not immideately following simple commands [N4]	—	—	—
Endurance	Tolerates 30 min of activity with multiple rests	—	—	—	—
Rolling Left	—	—	Maximum Assist (between 50-74% help needed)	Maximum Assist (between 50-74% help needed) [N5]	Maximum Assist (between 50-74% help needed)
Rolling Right	—	—	Maximum Assist (between 50-74% help needed)	Maximum Assist (between 50-74% help needed) [N5]	Maximum Assist (between 50-74% help needed)
Supine to Sit	—	Maximum Assist (between 50-74% help needed) [N4]	Moderate Assist (between 25-49% help needed)	Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed [N5]	—
Sit to Supine	—	—	Maximum Assist (between 50-74% help needed)	Supervision / Stand by assistance [N5]	—
Scooting	—	—	Maximum Assist	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

			(between 50-74% help needed)		
Sit<>Stand	—	Dependent (greater than 75% help needed) [N4]	Dependent (greater than 75% help needed)	—	—
Stand <> Sit	—	—	Dependent (greater than 75% help needed)	—	—
Bed<>Chair/WC	—	—	—	Dependent (greater than 75% help needed);Assistive device used [N5]	Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details	—	—	—	Mechanical lift [N5]	Mechanical lift
Wheelchair Activities	—	—	—	Yes [N5]	—
WC Type	—	—	—	Manual tilt-n-space [N5]	—
WC Size	—	—	—	16" [N5]	—
WC Cushion	—	—	—	roho [N5]	—
WC Pressure Relief	—	—	—	dependent - son educated on Q15 tilt backs for 1-2 min [N5]	—
Level of Assistance for Pressure Relief	—	—	—	Dependent (greater than 75% help needed) [N5]	—
Wheelchair Comments	—	—	—	pt's son dependently moves pt on unit after session [N5]	—
AM-PAC Point of Care Asmt	—	Yes [N4]	—	Yes [N5]	—
Help needed climbing 3-5 steps with a railing?	—	Total [N4]	Total	Total [N5]	Total
Help needed walking in hospital room?	—	Total [N4]	Total	Total [N5]	Total
Help needed moving to and from a bed to chair (including a wheelchair)?	—	Total [N4]	Total	Total [N5]	Total
Difficulty moving from lying on back to sitting on the side of the bed?	—	A Lot [N4]	A Lot	A Lot [N5]	Unable
Difficulty sitting down on and standing up from a chair with arms (e.g., wheelchair, bedside commode, etc,.)?	—	Unable [N4]	Unable	Unable [N5]	Unable
Difficulty turning over in bed (including adjusting bedclothes,	—	A Lot [N4]	A Lot	A Lot [N5]	Unable

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

sheets and blankets)?					
Score	—	8 [N4]	8	8 [N5]	6
PT Therapeutic Exercise Activity Time Minute(s)	40	54 [N4]	10	—	10
PT Therapeutic Exercise Activity 1	Supine LE therex with son with written communication to the patient via a white board with extra time needed for this	sling transfer from TIS chair back to bed [N4]	Edu on hip extension ex in SL - performed x20 AAROM hip extension exercises	—	Supine edu ther ex to son and pt: SLR B, hip add with pillow. Provided written handout with pictures of these two exercises to pts son
PT Therapeutic Exercise Activity 2	R HS and HC stretch 3 times 30 seconds	positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. [N4]	—	—	—
PT Therapeutic Exercise Activity 3	issued written handouts	Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity [N4]	—	—	—
PT Therapeutic Exercise Activity 4	—	pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. [N4]	—	—	—
PT Therapeutic Exercise Activity 5	—	Additional time spent for therapeutic rest, caregiver questions. [N4]	—	—	—
PT Therapeutic Activity Time Minute(s)	—	—	50	15 [N5]	50
PT Therapeutic Activity 1	—	—	Rolling B, then to EOB. Dependent for footwear. STS x1 with total assistance of two, pt declines second stand and	rolling L and R max A 2/2 poor command follow, donning of sling [N5]	Rolling side to side to don sling, pt needing clean up (dependent for pericare)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

			requests to lay down		
PT Therapeutic Activity 2	—	—	Extensive time spent edu son Louis on goal of SNF rehab, importance of having correct equiptment and training for safety prior to returning home. Son upset that she does not already have prosthetic and that she is not doing more. Feels like when she was in rehab in the past, she was in bed and getting weaker there	supine <> sit x5 sttempts in session spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control [N5]	Lift to pts transport chair, likely not enough support with pts core weakness but able to get her positioned (lifting/lowering several times to get better positioning in chair, needed to tip transport chair back). Pt not able to keep self upright without assistance as she was fatiguing, placed posey belt around pt to better support her chest
PT Therapeutic Activity 3	—	—	—	education on progression of mobility, therapeutic rest breaks 2/2 dizziness [N5]	—
PT Therapeutic Activity 4	—	—	—	education to son about timeline of prosthetic, d/c recommendations [N5]	—
PT Wheelchair Management Activity Time Minute(s)	—	—	—	16 [N5]	—
PT Wheelchair Management Activity 1	—	—	—	TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time [N5]	—
PT Wheelchair Management Activity 2	—	—	—	educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only [N5]	—
PT Impairments	—	Decreased mobility;Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased cognition;Decreased safety awareness;Impaired hearing;Difficulty ambulating;Orthopedic restrictions;Pain [N4]	—	Decreased strength;Decreased range of motion;Decreased endurance;Impaired balance;Decreased mobility;Impaired hearing;Impaired sensation;Difficulty ambulating;Orthopedic restrictions;Pain [N5]	—
PT Assessment	Jeanne was willing	Jeanne Hoffman	Jeanne was seen	Pt seen this PM for	Jeanne continues to

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	to do PT but extra time was needed for communication and for her son's questions and concerns. She tolerated in bed LE exercises and stretches with written handouts given to her son and ques via a white dry erase communication board to the patient. Her son deferred transfer training for now due to concerns about her R UE IV and not wanting it to dislodge. Will continue to follow and progress as able.	demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course. [N4]	for a bed level exercise that she was able to complete with help from her son. Pt able to dangle EOB with mod-max A and then attempt a partial stand with total 2 person assistance. Pt declined second stand and urgently laid backwards on bed, dependent to return to supine and reposition. Education provided to pts son on goal of SNF, post op amputee expectations (if she is a prosthesis candidate she will not obtain one for months to years), and that SNF is for temporary rehab to prepare her and Louis for home. Pt is making progress compared to eval, but cognition and communication with pt are barriers to progress in addition to comborbidities, nutrition, etc	TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies. [N5]	demonstrate impaired cognition but is able to follow simple commands. Provided education on several exercises she can perform on her own with her son. She needs heavy assistance for rolling in the bed, lift utilized to get her to her personal transport chair, which at this time is not supportive enough with new amputation and her hospital aquired weakness -ordered rental tilt in space wheelchair for pt.
Functional Prognosis	—	—	—	Fair [N5]	—
Barriers to Discharge	—	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time [N4]	—	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time [N5]	Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time
Recommendation for further PT	—	Will need follow up PT at next level of care [N4]	—	Will need follow up PT at next level of care [N5]	Will need follow up PT at next level of care
PT Discharge Recommendations details	—	—	—	ideally SNF for sub-acute therapies [N5]	—
Treatment/Interventions	—	Therapeutic exercise;Therapeutic functional activities [N4]	—	Therapeutic exercise;Therapeutic functional activities [N5]	—
PT Plan	—	Skilled PT [N4]	—	Skilled PT [N5]	—
PT Dosage	—	—	—	2-3x/week [N5]	—
Discharge Equipment	—	—	—	TBD, unclear discharge disposition [N5]	TBD, unclear discharge disposition
PT In-House	—	—	—	ceiling lift [N5]	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Recommendations					
PT Coverage for Next Shift	—	postural control, caregiver training, therex PROM, Stump shrinker when ready. [N4]	—	dangle EOB/scooting? sling for L UE PRN [N5]	Fit to TIS, dangle at EOB; STS practice; pivot transfer to chair; ongoing amputation education
PT Daily Recommendations	—	Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk. [N4]	—	Lift for transfers to TIS chair [N5]	Lift for transfers to TIS chair
Goals	—	—	—	Goal 1;Goal 2;Goal 3;Goal 4 (Free Text) [N5]	—
Goal	Bed mobility;Contact guard assist (touching/steadying assistance)	—	—	Bed mobility;Contact guard assist (touching/steadying assistance) [N5]	—
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Progressing	—	—	Progressing [N5]	—
Goal	Transfer with AD;Contact guard assist (touching/steadying assistance)	—	—	Transfer with AD;Contact guard assist (touching/steadying assistance) [N5]	—
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Not Progressing	—	—	Not Progressing [N5]	—
Goal	Sit unsupported for	—	—	Sit unsupported for [N5]	Sit unsupported for
Estimated Completion Date	02/20/25	—	—	01/31/25 [N5]	01/31/25
Goal Status	Not Progressing	—	—	Progressing [N5]	—
Goal	Pt will be able to tolerate sitting in her w/c for > 30 minutes	—	—	Pt will be able to tolerate sitting in her w/c for > 30 minutes [N5]	—
Estimated Completion Date	02/20/25	—	—	01/24/25 [N5]	—
Goal Status	Progressing	—	—	Progressing [N5]	—
Goal	Patient to need only a little bit of assist from her son for her home exercise program	—	—	—	—
Estimated Completion Date	02/20/25	—	—	—	—
Goal Status	Progressing	—	—	—	—

QA Measures

Row Name	01/09/25 1658
QA Measures	Name Bracelet On

Restraint Summary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1400	01/12/25 1200	01/12/25 1000
NB Restraint Status	DISCONTINUED	START	DISCONTINUED	CONTINUED	CONTINUED

Row Name	01/12/25 0800	01/12/25 0600	01/12/25 0400	01/12/25 0200	01/12/25 0000
NB Restraint Status	CONTINUED	CONTINUED	CONTINUED	CONTINUED	CONTINUED

Row Name	01/11/25 2200
NB Restraint Status	START

Restraints - Non-violent

Row Name	02/18/25 1517	02/18/25 1404	01/12/25 1400	01/12/25 1200	01/12/25 1000
Environment	—	Attendant 1:1;Modified environment	—	—	—
Distraction/Diversion	—	Family involvement	—	—	—
Explanation/Reminders	—	Reassurance	—	—	—
Camoflauge	—	Cover exposed lines/tubes	—	—	—
Technologic Reduction	—	Bed/chair/personal alarm;Low bed	—	—	—
Patient Response to Alternatives	—	Behaviors continue;Unable to follow instructions	—	—	—
Family Notification	—	Other (Comment)	—	—	—
Physical	—	Communication deficit;Delirium	—	—	—
Mental/Psychological	—	Inadequate coping	—	—	—
Behavioral	—	Exit seeking	—	—	—
Environmental	—	Change in usual environment	—	—	—
Clinical Justification	—	Pulling lines;Pulling tubes;Impulsive, unpredictable behavior	—	Pulling lines;Pulling tubes;Removal of equipment	Pulling lines;Pulling tubes;Removal of equipment
Discontinuation Criteria	Other (comment)	Lines/tubed removed	—	Lines/tubed removed	Lines/tubed removed
Criteria Explained	Yes	Yes	—	Patient sleeping/sedated	Patient sleeping/sedated
Patient's Response	Needs reinforcement	Needs reinforcement	—	Needs reinforcement	Needs reinforcement
Circulation and Skin	No signs of injury	No signs of injury	—	No signs of injury	No signs of injury
Mobility	ROM Performed	ROM Performed	—	Position changed	Position changed
Fluids	NPO	NPO	—	IV fluids	IV fluids
Food/Meal	NPO	NPO	—	Not indicated	Not indicated
Elimination	Other (Comment)	Other (Comment)	—	Urinary catheter	Urinary catheter
Environment Scan/Visual Check	Yes	Yes	—	Yes	Yes
Restraint Evaluation	Meets criteria for release (comment)	Did NOT meet criteria for release (comment)	—	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)
Mitt Secured R (NV)	—	—	Discontinued	Continued	Continued
Mitt Secured L	—	—	Discontinued	Continued	Continued

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(NV)					
Soft Restraint R Wrist (NV)	Discontinued	Start	—	—	—
Soft Restraint L Wrist (NV)	Discontinued	Start	—	—	—
Self-release Belt (NV)	Discontinued	Start	—	—	—
Row Name	**01/12/25 0800**	**01/12/25 0600**	**01/12/25 0400**	**01/12/25 0200**	**01/12/25 0000**
Family Notification	—	—	—	—	—
Clinical Justification	Pulling lines;Pulling tubes;Removal of equipment	—	—	—	—
Discontinuation Criteria	Lines/tubed removed	—	—	—	—
Criteria Explained	Unable	—	—	—	—
Patient's Response	Needs reinforcement	—	—	—	—
Circulation and Skin	No signs of injury	No signs of injury	No signs of injury	No signs of injury	No signs of injury
Mobility	Position changed	ROM Performed	ROM Performed	ROM Performed	ROM Performed
Fluids	IV fluids	IV fluids	IV fluids	IV fluids	IV fluids
Food/Meal	Patient declined	Patient declined	Patient declined	Patient declined	Patient declined
Elimination	Urinary catheter	Urinary catheter	Urinary catheter	Urinary catheter	Urinary catheter
Environment Scan/Visual Check	Yes	Yes	Yes	Yes	Yes
Restraint Evaluation	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)	Did NOT meet criteria for release (comment)
Mitt Secured R (NV)	Start	—	—	—	—
Mitt Secured L (NV)	Start	—	—	—	—
Soft Restraint R Wrist (NV)	Discontinued	Continued	Continued	Continued	Continued
Soft Restraint L Wrist (NV)	Discontinued	Continued	Continued	Continued	Continued
Row Name	**01/11/25 2200**				
Environment	Attendant 1:1;Provide familiar things;Reduce stimuli				
Distraction/Diversion	Family involvement				
Explanation/Reminders	Frequent reorientation;Reassurance				
Camoflauge	Cover exposed lines/tubes				
Technologic Reduction	Remove tubes/lines ASAP				
Patient Response to Alternatives	Behaviors continue;Injury risk factors continue;Unable to follow instructions				
Family Notification	Other (Comment)				
Physical	Delirium;Fatigue;Pain				
Mental/Psycholog	Cognitive deficit				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

ical	
Behavioral	Delusions;Misperceptions of caregiver action
Environmental	Misperception of environment
Clinical Justification	Pulling lines;Removal of dressing;Restricted mobility to support medical healing
Discontinuation Criteria	Lines/tubed removed
Criteria Explained	Unable
Patient's Response	No evidence of learning
Circulation and Skin	No signs of injury
Mobility	ROM Performed
Fluids	IV fluids
Food/Meal	Snack
Elimination	Urinary catheter
Environment Scan/Visual Check	Yes
Restraint Evaluation	Did NOT meet criteria for release (comment)
Soft Restraint R Wrist (NV)	Start
Soft Restraint L Wrist (NV)	Start

RRT

Row Name	02/16/25 0550	01/25/25 0350
Time Call Received	0550 [N7]	0248 [N8]
Arrival Time	0550 [N7]	0250 [N8]
Activation	Rapid Response Call [N7]	Rapid Response Call [N8]
Clinical Trigger for RRT	Acute change in respiratory status [N7]	Acute change in respiratory status [N8]
Acute change in respiratory status	O2 sat <92 with increased O2 requirements [N7]	Concerns for respiratory compromise [N8]
Primary covering service at bedside?	Yes [N7]	Yes [N8]
Primary/Covering srvc provider name at bedside	Bhandari, S - MD [N7]	Julia Wilson [N8]
Transferred to	Stayed on unit nursing orders received [N7]	Stayed on unit nursing orders received [N8]
RRT Time Completed	0612 [N7]	0330 [N8]
Family Present	Yes [N7]	Yes [N8]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

RT Assessment/Treatment/Procedure

Row Name	02/24/25 1238	02/24/25 0816	02/23/25 1658	02/23/25 1105	02/23/25 1055
Pulse	—	71	72 [N9]	70	—
Heart Rate Source	—	Monitor	Monitor [N9]	Monitor	—
SpO2	—	94 %	92 % [N9]	**88 %** !	**88 %** !
Oxygen Therapy	None (Room air)	Supplemental oxygen	Supplemental oxygen [N9]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	—	Heated High Flow - Mask	Heated High Flow - Mask [N9]	**Heated High Flow - Mask**	Venturi mask
FiO2 (%)	—	100 %	50 % [N9]	**100 %**	50 %
O2 Flow Rate (L/min)	—	45 L/min	50 L/min [N9]	70 L/min	15 L/min
Heater Temperature	—	31.1 °C	31 °C [N9]	31 °C	—
Patient Activity	At rest	At rest	At rest [N9]	At rest	—
Safety Instructions	—	Yes (Comment)	—	—	—
ROX Index	—	3.92	8.36 [N9]	3.14	—
Assessment Type	Assess only	Assess only	Assess only [N9]	Assess only	—
Resp	**22** !	**24** !	**22** ! [N9]	**28** !	—
Respiratory Pattern	Tachypneic	Tachypneic	Tachypneic [N9]	Tachypneic	—
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N9]	Chest expansion symmetrical	—
Assisted cough	No	No	—	—	—
Suction	No	No	No [N9]	No	—
Bilateral Breath Sounds	—	Diminished	Clear;Diminished [N9]	Clear;Diminished	—

Row Name	02/19/25 2032	02/19/25 1040	02/18/25 1715	02/18/25 1500	02/18/25 1035
Pulse	—	80	—	77	74 [N10]
Heart Rate Source	—	Monitor	—	Monitor	Monitor [N10]
SpO2	—	94 %	92 %	92 %	98 % [N10]
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	Supplemental oxygen	Supplemental oxygen [N10]
O2 Delivery Method	—	—	—	Heated High Flow - Mask;Face tent	Heated High Flow - Mask;Face tent [N10]
FiO2 (%)	—	—	—	70 %	70 % [N10]
O2 Flow Rate (L/min)	—	—	—	70 L/min	70 L/min [N10]
Heater Temperature	—	—	—	37 °C	37 °C [N10]
Patient Activity	—	—	—	At rest	At rest [N10]
ROX Index	—	—	—	6.57	7 [N10]
Assessment Type	Assess only	Assess only	—	Assess only	Assess only [N10]
Resp	18	**24** !	—	20	20 [N10]
Respiratory Pattern	Normal	Tachypneic	—	Normal	Normal [N10]
Chest Assessment	Symmetrical	Symmetrical;Chest expansion symmetrical	—	Chest expansion symmetrical	Chest expansion symmetrical [N10]
Suction	—	—	—	No	No [N10]
Bilateral Breath Sounds	—	Diminished	—	Diminished	Diminished [N10]
RT Safety Check	—	Ambu Bag	—	Ambu Bag	Ambu Bag [N10]
Time Spent	—	—	15-30	—	30-60 [N10]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Row Name	02/18/25 0410	02/17/25 2120	02/17/25 1810	02/17/25 1343	02/17/25 1020
Pulse	71	71	70 [N11]	69	71
Heart Rate Source	—	—	Monitor [N11]	Monitor	Monitor
Position	—	—	Fowler's [N11]	Fowler's	Fowler's
SpO2	96 %	94 %	100 % [N11]	97 %	98 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen [N11]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask;Face tent	Heated High Flow - Mask	Heated High Flow - Mask [N11]	Heated High Flow - Mask	Heated High Flow - Mask
FiO2 (%)	70 %	70 %	70 % [N11]	70 %	70 %
O2 Flow Rate (L/min)	70 L/min	70 L/min	70 L/min [N11]	70 L/min	70 L/min
Heater Temperature	31 °C	31 °C	—	—	—
Patient Activity	At rest	At rest	Sleeping [N11]	Sleeping	—
ROX Index	6.23	6.71	7.94 [N11]	7.7	7.78
Assessment Type	Assess only	Assess only	Assess only [N11]	Assess only	Assess only
Resp	**22** !	20	18 [N11]	18	18
Respiratory Pattern	Normal	Normal	Normal [N11]	Normal	Normal
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N11]	Chest expansion symmetrical	Chest expansion symmetrical
Suction	No	No	—	—	—
Bilateral Breath Sounds	Clear	Clear	Diminished [N11]	Diminished	Diminished
RT Safety Check	—	Ambu Bag	—	—	—

Row Name	02/17/25 0434	02/16/25 2040	02/16/25 1605	02/16/25 1220	02/16/25 0813
Pulse	70	81	70 [N12]	72	79
Heart Rate Source	—	—	Monitor [N12]	Monitor	Monitor
Position	—	—	Fowler's [N12]	Fowler's	Fowler's
SpO2	97 %	95 %	98 % [N12]	98 %	98 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen	Supplemental oxygen [N12]	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask	Heated High Flow - Mask	Heated High Flow - Mask [N12]	Heated High Flow - Mask	Heated High Flow - Mask
FiO2 (%)	70 %	70 %	70 % [N12]	70 %	**70 %**
O2 Flow Rate (L/min)	70 L/min	70 L/min	70 L/min [N12]	70 L/min	70 L/min
Heater Temperature	31 °C	31 °C	31 °C [N12]	31 °C	31 °C
ROX Index	6.3	6.79	5.83 [N12]	5	4.67
Assessment Type	Assess only	Assess only	Assess only [N12]	Assess only	Assess only
Resp	**22** !	20	**24** ! [N12]	**28** !	**30** !
Respiratory Pattern	Normal;Tachypneic	Normal	Tachypneic [N12]	Tachypneic	Tachypneic
Chest Assessment	Chest expansion symmetrical	Chest expansion symmetrical	Chest expansion symmetrical [N12]	Chest expansion symmetrical	Chest expansion symmetrical
Cough	—	—	Occasional;Non-productive [N12]	—	Dry
Suction	No	No	—	—	—
Bilateral Breath Sounds	—	Clear;Diminished	Diminished;Rhonchi [N12]	Diminished	Diminished
RT Safety Check	—	Ambu Bag	—	—	—

Row Name	02/16/25 0758	02/16/25 0628	02/16/25 0625	02/16/25 0618	02/16/25 0615
Pulse	80	81 [N13]	—	—	81
Heart Rate	Monitor	Monitor [N13]	—	—	Monitor

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Source					
Position	Fowler's	—	—	—	Fowler's
SpO2	90 %	95 % [N13]	95 %	—	96 %
Oxygen Therapy	Supplemental oxygen	Supplemental oxygen [N13]	Supplemental oxygen	—	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask	Heated High Flow - Mask [N13]	Heated High Flow - Mask	—	**High flow nasal cannula;Heated High Flow - Mask**
FiO2 (%)	100 %	100 % [N13]	—	—	**100 %**
O2 Flow Rate (L/min)	70 L/min	**70 L/min** [N13]	—	—	**60 L/min**
Heater Temperature	31 °C	—	—	—	—
ROX Index	2.5	3.96 [N13]	—	—	4
$ Pulse Ox One-time Charge	Yes	—	—	—	—
Assessment Type	Pre-treatment	Assess only [N13]	—	—	Pre-treatment
Resp	**36** !	**24** ! [N13]	—	—	**24** !
Respiratory Pattern	Tachypneic	Tachypneic [N13]	—	—	Tachypneic
Chest Assessment	Chest expansion symmetrical	Symmetrical [N13]	—	—	Symmetrical
Cough	Moist	—	—	—	—
Suction	Yes	—	—	—	—
$ Suction Type	Nasotracheal	—	—	—	—
Bilateral Breath Sounds	Crackles;Diminished	Diminished;Crackles [N13]	—	—	Diminished;Crackles
R Breath Sounds	—	—	—	—	Inspiratory wheezes
Secretion Amount	Large	—	—	—	—
Secretion Color	White;Yellow	—	—	—	—
Secretion Consistency	Thick	—	—	—	—
Suction Tolerance	Tolerated fairly well	—	—	—	—
Suctioning Adverse Effects	Anxiety	—	—	—	—
RT Treatments	—	—	—	Inhalation Therapy	Inhalation Therapy
Med/Therapy Type	—	—	—	Aeroneb	Aeroneb
$ Medication Delivered	—	—	—	Hypertonic Saline	DuoNeb
Administration Method	—	—	—	Inline	Inline
Duration	—	—	—	10	10
Post-Treatment Pulse	—	—	—	81	81
Post-Treatment Respirations	—	—	—	24	24
Delivery Source	—	—	—	Ultrasonic	Ultrasonic
Position	—	—	—	Semi Fowler's	High Fowler's
Treatment Tolerance	—	—	—	Tolerated well	Tolerated well

Rx Routing

Row Name	03/08/25 0853
For Discharge	Not printed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Prescriptions

Screenings

Row Name	03/08/25 1000	03/07/25 2100	03/07/25 1000	03/06/25 2100	03/06/25 0830
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	Occasionally moist	Very moist	Very moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Very limited	Very limited	Very limited	Very limited	Very limited
Nutrition	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Problem	Problem	Problem	Problem	Problem
Braden Scale Score	12	12	12	11	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	No	—	—
Last Known Fall	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !	**During the current hospitalization** !
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	No meds	No meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	No problems	No problems	No problems	No problems	No problems
Communication/Sensory	**Visual (Glasses)/hearing**	**Visual (Glasses)/hearing**	**Visual (Glasses)/hearing**	Visual (Glasses)/hearing	Visual (Glasses)/hearing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	deficit;Non-English patient/unable to speak/slurred speech !	**deficit;Non-English patient/unable to speak/slurred speech** !	**deficit;Non-English patient/unable to speak/slurred speech** !	deficit	deficit
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station;Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Stay within arms' reach while toileting/in bathroom	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	—	—	Low stimulus environment;Room close to nurses' station;Bed/chair alarm on and plugged into wall	Low stimulus environment;Bed/chair alarm on and plugged into wall;Delirium prevention
Toileting needs	—	—	—	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom
Volume/Electrolyte Status	—	—	—	—	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	—	—	—	—	Bed/chair alarm on and plugged into wall
Behavior	—	—	—	Reinforce fall interventions;Bed/ch	Reinforce fall interventions;Bed/ch

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				air alarm on and plugged into wall;Low stimulus environment	air alarm on and plugged into wall
Row Name	**03/05/25 1900**	**03/05/25 1617**	**03/05/25 0950**	**03/04/25 2200**	**03/04/25 1609**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Very moist	—	Very moist	—	Occasionally moist
Activity	Bedfast	—	Bedfast	—	Bedfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Probably inadequate	—	Probably inadequate	—	Probably inadequate
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	11	—	11	—	12
Age (greater than 85)	**Yes** !	—	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	—	No	No	No
Coagulopathy (bleeding risk)	No	—	No	No	No
Surgery in the last 24hrs	No	—	No	No	No
Injury Risk Assessment Score	High Risk for Injury	—	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	**During the current hospitalization** !	—	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	No meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	—	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	—	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	No problems	—	No problems	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing	—	Visual (Glasses)/hearing	Visual (Glasses)/hearing	Visual (Glasses)/hearing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	deficit		deficit	deficit	deficit
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	—	3	3	3
Hester Davis Fall Risk Total	31	—	23	26	26
Hester Davis Fall Risk Category	High Risk	—	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	—	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall;Collaborate with pharmacist/provider to discontinue/decrease/stagger medications	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Room close to nurses' station	—
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	—
Communication/Sensory	—	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall;Hearing aids,	Communication alternatives within reach (picture	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	glasses, and/or dentures within reach	boards, note pad, interpreted education/communication, SLP recommendations); Hearing aids, glasses, and/or dentures within reach	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Low stimulus environment	—
Row Name	**03/04/25 0200**	**03/03/25 1000**	**03/02/25 2000**	**03/02/25 0946**	**03/01/25 1900**
Sensory Perceptions	—	Slightly limited	—	Slightly limited	—
Moisture	—	Occasionally moist	—	Occasionally moist	—
Activity	—	Bedfast	—	Bedfast	—
Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Very poor	—
Friction and Shear	—	Problem	—	Problem	—
Braden Scale Score	—	12	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan,**	**Use of assistive device (Bedside commode, bedpan,**	**Incontinence** !	**Incontinence** !	**Incontinence** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	urinal);Incontinence !	**urinal);Incontinence** !			
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	No problems	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	26	26	21	22	22
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station
Toileting needs	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Monitor abnormal labs	Monitor abnormal labs	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations); Bed/chair alarm on and plugged into	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

				wall	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall
Row Name	**03/01/25 0900**	**02/28/25 2100**	**02/28/25 1146**	**02/27/25 2000**	**02/27/25 1139**
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Very limited	Very limited	Very limited	Very limited	Very limited
Nutrition	Very poor	Very poor	Very poor	Very poor	Very poor
Friction and Shear	Potential problem	Potential problem	Potential problem	Problem	Problem
Braden Scale Score	12	12	12	11	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !
Volume/Electrolyte Status	No problems	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	21	21	21	23	23
Hester Davis Fall	High Risk	High Risk	High Risk	High Risk	High Risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Risk Category					
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	—	—	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Row Name	**02/27/25 0000**	**02/26/25 0900**	**02/25/25 2100**	**02/25/25 1300**	**02/25/25 1219**
Sensory Perceptions	Slightly limited	Slightly limited	—	—	Slightly limited
Moisture	Occasionally moist	Very moist	—	—	Very moist
Activity	Bedfast	Bedfast	—	—	Bedfast
Mobility	Very limited	Very limited	—	—	Very limited
Nutrition	Very poor	Very poor	—	—	Very poor
Friction and Shear	Problem	Problem	—	—	Problem
Braden Scale Score	11	10	—	—	10
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Skull Bone Missing	No	No	No	No	—
Coagulopathy (bleeding risk)	No	No	No	No	—
Surgery in the	No	No	No	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

last 24hrs					
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	—
Last Known Fall	No falls	No falls	No falls	No falls	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	—
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	—
Volume/Electrolyte Status	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Nausea/vomiting** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	Visual (Glasses)/hearing deficit	—
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	—
Age Adjustment	3	3	3	3	—
Hester Davis Fall Risk Total	23	23	23	26	—
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Low bed (recommended with floor mats)	—
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Medications	Bed/chair alarm on and plugged into wall	—	—	BSC/urinal ready and within reach	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Toileting needs	—	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Volume/Electrolyte Status	—	—	—	Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	Bed/chair alarm on and plugged into wall	—
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall;Reinforce fall interventions	Bed/chair alarm on and plugged into wall	—
Row Name	**02/24/25 2035**	**02/24/25 1137**	**02/23/25 2119**	**02/23/25 0815**	**02/22/25 2100**
Sensory Perceptions	—	Slightly limited	Slightly limited	Slightly limited	—
Moisture	—	Very moist	Very moist	Very moist	—
Activity	—	Bedfast	Bedfast	Bedfast	—
Mobility	—	Very limited	Very limited	Very limited	—
Nutrition	—	Very poor	Very poor	Very poor	—
Friction and Shear	—	Problem	Problem	Problem	—
Braden Scale Score	—	10	10	10	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !	**Unresponsive/non compliance with instruction** !
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !	**Incontinence** !
Volume/Electrolyte Status	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	27	27	27	27
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Room close to nurses' station	Low bed (recommended with floor mats)	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Medications	BSC/urinal ready and within reach	—	BSC/urinal ready and within reach	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Toileting needs	Peri-pad in bed/ brief out of bed	—	Peri-pad in bed/ brief out of bed	—	—
Volume/Electrolyte Status	Monitor abnormal labs	—	Monitor abnormal labs	—	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	—	—
Row Name	**02/22/25 0955**	**02/21/25 2100**	**02/21/25 0900**	**02/21/25 0000**	**02/20/25 0801**
Sensory Perceptions	Slightly limited	—	Very limited	—	Very limited
Moisture	Very moist	—	Very moist	—	Very moist
Activity	Bedfast	—	Bedfast	—	Bedfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	10	—	9	—	9
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Unresponsive/non compliance with instruction** !	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Incontinence** !	**Incontinence** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	Visual (Glasses)/hearing deficit	**Neuropathy** !	**Neuropathy** !	**Neuropathy** !	**Neuropathy** !
Behavior	**Impulsiveness** !	Depression/anxiety	Depression/anxiety	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	16	20	20	20
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	—	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	BSC/urinal ready and within reach	—	—	—
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	—	—	—
Toileting needs	—	Peri-pad in bed/ brief out of bed	—	Preemptive scheduled toileting	Preemptive scheduled toileting
Volume/Electrolyt	—	Monitor abnormal	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

e Status		labs			
Communication/Sensory	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	—	Bed/chair alarm on and plugged into wall	—	—	—

Row Name	02/19/25 2300	02/19/25 2120	02/19/25 1526	02/19/25 1500	02/18/25 2226
Sensory Perceptions	Very limited	—	Very limited	—	Very limited
Moisture	Very moist	—	Very moist	—	Very moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	10	—	10	—	10
Age (greater than 85)	**Yes** !	**Yes** !	—	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	**Yes** !	**Yes** !
Skull Bone Missing	No	No	—	No	No
Coagulopathy (bleeding risk)	No	No	—	No	No
Surgery in the last 24hrs	No	No	—	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	High Risk for Injury	—
Last Known Fall	No falls	No falls	—	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person	—	Awake, alert, and oriented to date, place, and person	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	—	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	NPO greater than 24 hours	NPO greater than 24 hours	—	NPO greater than 24 hours	NPO greater than 24 hours
Communication/Sensory	**Neuropathy** !	**Neuropathy** !	—	**Neuropathy** !	**Neuropathy** !
Behavior	Depression/anxiety	Depression/anxiety	—	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	—	3	—
Hester Davis Fall Risk Total	20	20	—	20	—
Hester Davis Fall Risk Category	High Risk	High Risk	—	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	—	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Stay within arms' reach while toileting/in bathroom	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—	Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)
Medications	—	BSC/urinal ready and within reach;Bed/chair alarm on and plugged into wall	—	Preemptive scheduled toileting	Preemptive scheduled toileting
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	—	Delirium prevention	Delirium prevention
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach
Behavior	—	Bed/chair alarm on and plugged into wall	—	—	Reinforce fall interventions

Row Name	**02/18/25 0800**	**02/17/25 2000**	**02/17/25 1416**	**02/16/25 2200**	**02/16/25 1000**
Sensory Perceptions	—	Very limited	Very limited	Slightly limited	Slightly limited
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist
Activity	—	Chairfast	Chairfast	Chairfast	Chairfast
Mobility	—	Very limited	Very limited	Very limited	Very limited
Nutrition	—	Very poor	Very poor	Very poor	Probably inadequate
Friction and Shear	—	Problem	Problem	Problem	Problem
Braden Scale Score	—	11	11	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

mets)					
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	No meds	No meds	No meds	No meds
Mental Status/LOC/Awareness	—	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Unresponsive/noncompliance with instruction;Memory loss/confusion and requires reorienting** !
Toileting Needs	—	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Incontinence;Use of catheters or diversion devices** !
Volume/Electrolyte Status	—	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	—	**Visual (Glasses)/hearing deficit;Blindness or recent visual change** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !
Behavior	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Impulsiveness;Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	—	35	33	30	30
Hester Davis Fall Risk Category	—	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	—	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Bed/chair alarm on and plugged into wall (recommended for for all high fall	Low bed (recommended with floor mats)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

(Completed)		risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	
Mobility	—	—	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	—	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Preemptive scheduled toileting	Preemptive scheduled toileting
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	Bed/chair alarm on and plugged into wall	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall

Row Name	**02/15/25 2124**	**02/15/25 1101**	**02/15/25 0100**	**02/14/25 2044**	**02/14/25 0800**
Sensory Perceptions	—	Slightly limited	Slightly limited	—	Slightly limited
Moisture	—	Occasionally moist	Occasionally moist	—	Occasionally moist
Activity	—	Chairfast	Chairfast	—	Chairfast
Mobility	—	Very limited	Very limited	—	Very limited
Nutrition	—	Probably inadequate	Very poor	—	Very poor
Friction and Shear	—	Problem	Problem	—	Problem
Braden Scale Score	—	13	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Missing					
Coagulopathy (bleeding risk)	**Yes** !	No	No	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Nausea/vomiting** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	34	33	36	36	36
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

					moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Preemptive scheduled toileting	BSC/urinal ready and within reach	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach
Volume/Electrolyte Status	Monitor abnormal labs;Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations); Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Row Name	**02/13/25 2030**	**02/13/25 0809**	**02/12/25 2300**	**02/12/25 0800**	**02/11/25 2000**
Sensory Perceptions	Slightly limited	Slightly limited	—	Slightly limited	Slightly limited
Moisture	Occasionally moist	Occasionally moist	—	Occasionally moist	Occasionally moist
Activity	Chairfast	Chairfast	—	Chairfast	Chairfast
Mobility	Very limited	Very limited	—	Very limited	Very limited
Nutrition	Very poor	Very poor	—	Very poor	Very poor
Friction and Shear	Problem	Problem	—	Problem	Problem
Braden Scale Score	12	12	—	12	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone	No	No	No	No	No

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Missing					
Coagulopathy (bleeding risk)	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people**	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people**	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people**	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people**	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people**
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction**	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction**	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction**	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction**	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction**
Toileting Needs	**Incontinence**	**Incontinence**	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence**	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence**	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence**
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances**	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances**	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances**	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances**	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances**
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech**	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech**	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech**	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech**	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech**
Behavior	**Behavioral noncompliance with instruction;Impulsiveness**	**Behavioral noncompliance with instruction;Impulsiveness**	**Behavioral noncompliance with instruction;Impulsiveness**	**Behavioral noncompliance with instruction;Impulsiveness**	**Behavioral noncompliance with instruction;Impulsiveness**
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	35	35	37	37	37
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor mats)	Low bed (recommended with floor	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Prior Fall (Completed)				mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	—	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach	—	BSC/urinal ready and within reach	BSC/urinal ready and within reach;Stay within arms' reach while toileting/in bathroom;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	IV tubing length does not create fall risk;Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Row Name	**02/11/25 0700**	**02/10/25 2100**	**02/10/25 1000**	**02/10/25 0000**	**02/09/25 0900**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	—	Occasionally moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Very poor	—	Very poor	—	Very poor
Friction and Shear	Problem	—	Problem	—	Problem
Braden Scale Score	12	—	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	—	—	No	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Incontinence;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Precautions In Place?					
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	BSC/urinal ready and within reach	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Unable to Assess	—	—	—	Yes	—
Row Name	**02/08/25 0741**	**02/07/25 2100**	**02/07/25 0900**	**02/06/25 2100**	**02/06/25 0900**
Sensory Perceptions	Slightly limited	—	Slightly limited	Slightly limited	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	Very moist	Very moist
Activity	Chairfast	—	Chairfast	Chairfast	Chairfast
Mobility	Very limited	—	Very limited	Very limited	Very limited
Nutrition	Very poor	—	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Problem	—	Problem	Problem	Potential problem
Braden Scale Score	12	—	13	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is	—	—	No	No	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

patient sedated or comatose?					
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Immobilized/requires assist of one person;Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Unresponsive/noncompliance with instruction;Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of assistive device (Bedside commode, bedpan, urinal);Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Neuropathy** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	34	34	34	34
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	(recommended with floor mats);Room close to nurses' station			(recommended with floor mats);Room close to nurses' station	(recommended with floor mats)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)
Medications	—	—	—	—	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station	—	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—	Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Preemptive scheduled toileting
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	—	—	Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach	—	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan)	—	—	—
Row Name	**02/05/25 1900**	**02/05/25 1300**	**02/04/25 2200**	**02/04/25 0800**	**02/03/25 2336**
Sensory Perceptions	—	Slightly limited	—	Slightly limited	—
Moisture	—	Very moist	—	Very moist	—
Activity	—	Chairfast	—	Chairfast	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Probably inadequate	—
Friction and Shear	—	Potential problem	—	Potential problem	—
Braden Scale Score	—	13	—	13	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	**Yes** !	**Yes** !
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	31	31	31	31	31
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready);Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting (and address other needs);Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed;Preemptive scheduled toileting	BSC/urinal ready and within reach;Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach	—

Row Name	02/03/25 0845	02/02/25 2000	02/02/25 1200	02/01/25 1900	02/01/25 1000
Sensory Perceptions	Slightly limited	Slightly limited	Slightly limited	—	—
Moisture	Very moist	Occasionally moist	Occasionally moist	—	—
Activity	Chairfast	Chairfast	Chairfast	—	—
Mobility	Very limited	Very limited	Very limited	—	—
Nutrition	Probably	Probably	Probably	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	inadequate	inadequate	inadequate		
Friction and Shear	Potential problem	Potential problem	Potential problem	—	—
Braden Scale Score	13	14	14	—	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	**Yes** !	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	**Use of catheters or diversion devices;Incontinence** !	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit
Behavior	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !	**Impulsiveness** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	27	20	20	20	20
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds)	behavioral scores)	behavioral scores)	behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds)
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	—	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Door open (for increased visibility);Delirium prevention;Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	BSC/urinal ready and within reach;Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	—	BSC/urinal ready and within reach	—	Stay within arms' reach while toileting/in bathroom
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	—	—	—	—	Bed/chair alarm on and plugged into wall
Behavior	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Reinforce fall interventions;Refuses interventions (comment)

Row Name	**02/01/25 0749**	**01/31/25 1930**	**01/31/25 0900**	**01/30/25 2100**	**01/30/25 0800**
Sensory Perceptions	Slightly limited	—	Slightly limited	—	Slightly limited
Moisture	Occasionally moist	—	Occasionally moist	—	Occasionally moist
Activity	Chairfast	—	Chairfast	—	Chairfast
Mobility	Very limited	—	Very limited	—	Very limited
Nutrition	Probably inadequate	—	Probably inadequate	—	Probably inadequate
Friction and Shear	Potential problem	—	Problem	—	Problem
Braden Scale Score	14	—	13	—	13

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Age (greater than 85)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	—	No	No	No	No
Coagulopathy (bleeding risk)	—	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	—	No	No	No	No
Injury Risk Assessment Score	—	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	No	—	—	—
Last Known Fall	—	No falls	No falls	No falls	No falls
Mobility	—	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !
Medications	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	—	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	—	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	—	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !
Behavior	—	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !
Age Adjustment	—	3	3	3	3
Hester Davis Fall Risk Total	—	37	37	37	38

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Hester Davis Fall Risk Category	—	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	—	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station;Stay within arms' reach while toileting/in bathroom;Fall Risk arm band	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station
Mobility	—	Bed/chair alarm on and plugged into wall;Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	Bed/chair alarm on and plugged into wall
Medications	—	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	—	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Preemptive scheduled toileting	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	—	Ensure hydration: fluids within reach or MIVF/TF;Nutrition consult;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	—	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids,	Bed/chair alarm on and plugged into wall;Hearing aids,

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)		glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	glasses, and/or dentures within reach
Behavior	—	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Preemptive scheduled toileting (and address other needs);Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment;Refuses interventions (comment)	Bed/chair alarm on and plugged into wall;Low stimulus environment;Refuses interventions (comment)	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment

Row Name	01/29/25 1900	01/29/25 1239	01/28/25 1930	01/28/25 0900	01/28/25 0000
Sensory Perceptions	—	Slightly limited	Slightly limited	Slightly limited	—
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	—
Activity	—	Chairfast	Chairfast	Chairfast	—
Mobility	—	Very limited	Very limited	Very limited	—
Nutrition	—	Probably inadequate	Probably inadequate	Probably inadequate	—
Friction and Shear	—	Problem	Problem	Problem	—
Braden Scale Score	—	13	13	13	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	No	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Mobility	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people;Immobilized/requires assist of one person** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !	**Memory loss/confusion and requires reorienting;Unresponsive/noncompliance with instruction** !
Toileting Needs	**Incontinence;Use of catheters or diversion devices** !	**Incontinence;Use of catheters or diversion devices** !	**Incontinence** !	**Incontinence** !	**Incontinence;Diarrhea/frequency/urgency** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction;Depression/anxiety;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction;Impulsiveness** !	**Depression/anxiety;Behavioral noncompliance with instruction** !
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	38	38	34	34	36
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		mats (recommended with low beds);Room close to nurses' station			
Mobility	Bed/chair alarm on and plugged into wall;BSC/urinal ready and within reach (safe toileting);Stay within arms' reach while toileting/in bathroom	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Preemptive scheduled toileting	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Preemptive scheduled toileting (and address other needs);Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment
Toileting needs	BSC/urinal ready and within reach	Preemptive scheduled toileting;Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Nutrition consult;Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs	Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	Bed/chair alarm on and plugged into wall
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Preemptive scheduled toileting (and address other needs);Triggers, coping mechanisms, de-escalation, and/or redirection	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment			
Row Name	**01/27/25 2200**	**01/27/25 0900**	**01/27/25 0100**	**01/26/25 1300**	**01/26/25 0731**
Sensory Perceptions	—	Very limited	Very limited	—	Very limited
Moisture	—	Very moist	Very moist	—	Very moist
Activity	—	Bedfast	Chairfast	—	Chairfast
Mobility	—	Very limited	Very limited	—	Very limited
Nutrition	—	Very poor	Very poor	—	Probably inadequate
Friction and Shear	—	Problem	Problem	—	Problem
Braden Scale Score	—	9	10	—	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Skull Bone Missing	No	No	No	No	—
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	—
Surgery in the last 24hrs	No	No	No	No	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	—
ICU ONLY: Is patient sedated or comatose?	—	—	No	—	—
Last Known Fall	No falls	No falls	No falls	No falls	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	No meds	No meds	No meds	No meds	—
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	—
Toileting Needs	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence;Diarrhea/frequency/urgency** !	**Incontinence** !	**Incontinence** !	—
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube feeds** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Non-**	**Visual (Glasses)/hearing deficit;Neuropathy**	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	English patient/unable to speak/slurred speech !	**English patient/unable to speak/slurred speech** !	**English patient/unable to speak/slurred speech** !	!	
Behavior	Depression/anxiety	Depression/anxiety	**Depression/anxiety;Impulsiveness** !	**Depression/anxiety;Impulsiveness** !	—
Age Adjustment	3	3	3	3	—
Hester Davis Fall Risk Total	27	27	28	25	—
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Low bed (recommended with floor mats);Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Floor mats (recommended with low beds);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Floor mats (recommended with low beds);Room close to nurses' station	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Mobilize for conditioning (nursing, PT if indicated)	—
Medications	Bed/chair alarm on and plugged into wall	—	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment;Door open (for increased visibility)	—
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed;BSC/urinal ready and within reach	BSC/urinal ready and within reach;Peri-pad in bed/ brief out of bed	—	—
Volume/Electrolyte Status	IV tubing length does not create fall risk	IV tubing length does not create fall risk;Nutrition consult;Monitor abnormal labs	IV tubing length does not create fall risk;Monitor abnormal labs	Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within	Hearing aids, glasses, and/or dentures within reach;Communication alternatives	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

		reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	
Behavior	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Low stimulus environment	Bed/chair alarm on and plugged into wall;Low stimulus environment	—
Unable to Assess	—	—	—	Yes	—
Row Name	**01/25/25 2119**	**01/25/25 1000**	**01/24/25 0900**	**01/23/25 2200**	**01/23/25 0800**
Sensory Perceptions	Very limited	Very limited	Very limited	—	Very limited
Moisture	Very moist	Very moist	Occasionally moist	—	Occasionally moist
Activity	Chairfast	Chairfast	Bedfast	—	Bedfast
Mobility	Very limited	Very limited	Very limited	—	Very limited
Nutrition	Probably inadequate	Very poor	Probably inadequate	—	Probably inadequate
Friction and Shear	Problem	Problem	Potential problem	—	Potential problem
Braden Scale Score	11	10	12	—	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	—	—	—
Last Known Fall	No falls	No falls	No falls	No falls	No falls
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	No meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	**Incontinence** !	**Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	Use of catheters or diversion devices

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds** !
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Neuropathy** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	**Impulsiveness** !	**Impulsiveness** !	Depression/anxiety	Depression/anxiety	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	20	20	22	21	18
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	—	Room close to nurses' station	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Low stimulus environment	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	—	IV tubing length does not create fall risk
Communication/Sensory	—	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions	Reinforce fall interventions	Reinforce fall interventions;Low stimulus environment	—	—
Row Name	**01/23/25 0600**	**01/22/25 0800**	**01/21/25 2130**	**01/20/25 2216**	**01/20/25 1000**
Sensory Perceptions	—	Very limited	Very limited	Very limited	Very limited
Moisture	—	Occasionally moist	Occasionally moist	Occasionally moist	Occasionally moist

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Activity	—	Bedfast	Bedfast	Bedfast	Chairfast
Mobility	—	Very limited	Very limited	Very limited	Very limited
Nutrition	—	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	—	Potential problem	Potential problem	Potential problem	Potential problem
Braden Scale Score	—	12	12	12	13
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	—	—	—	No	—
Last Known Fall	No falls	No falls	No falls	Within the last year	Within the last year
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	18	22	22	23	23
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	—
Mobility	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Volume/Electrolyte Status	IV tubing length does not create fall risk	IV tubing length does not create fall risk;Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach	Hearing aids, glasses, and/or dentures within reach	—

Row Name	**01/19/25 1900**	**01/19/25 0900**	**01/18/25 2100**	**01/18/25 1033**	**01/18/25 0200**
Sensory Perceptions	—	Very limited	—	Very limited	—
Moisture	—	Occasionally moist	—	Constantly moist	—
Activity	—	Chairfast	—	Chairfast	—
Mobility	—	Very limited	—	Very limited	—
Nutrition	—	Probably inadequate	—	Probably inadequate	—
Friction and Shear	—	Potential problem	—	Potential problem	—
Braden Scale Score	—	13	—	11	—
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**	**Dizziness/generali**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Immobilized/requires assist of one person;Use of assistive device/requires assist of two people** !	**zed weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Oriented to person and place;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior	Appropriate behavior
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	25	25	26	26	24
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Room close to nurses' station	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Gait belt (and mobility items ready)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift)	Bed/chair alarm on and plugged into wall
Medications	—	—	—	—	Bed/chair alarm on and plugged into

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

					wall
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Delirium prevention;Low stimulus environment;Door open (for increased visibility)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Bed/chair alarm on and plugged into wall
Toileting needs	—	—	—	—	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk	IV tubing length does not create fall risk;Dangle legs for 20 seconds before standing;Nutrition consult;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs
Communication/Sensory	Bed/chair alarm on and plugged into wall;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach
Behavior	—	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	Bed/chair alarm on and plugged into wall

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Schramm, Tiffany M, OT	Occupational Therapist	—	Progress Notes	Signed	01/22/25 1511

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 11 Minutes

Subjective: Not responding to therapist eyes closed. "We just got her back into bed from sitting at the Edge of the bed." -Son

Current Level of Function

Therapeutic Interventions

ADL/IADL Comments: Dependent positioning in bed, patient listing to the L. Patient requires dependent assistance to get centered in the bed and boosted up.

Assessment

Assessment: Jeanne was hard to arouse this afternoon, per son they had just been sitting at the EOB. She required dependent assistance to be boosted up in bed and recentered. Patient did not wake to movements. OT notified nursing that the patient is currently A&O x0

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
   Estimated Completion Date: 01/29/25
   Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.

Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Tiffany M Schramm, OT

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Liuzzi, Christina M, OT	Occupational Therapist	Occupational Therapy	Progress Notes	Signed	01/15/25 1410

Note Text

Occupational Therapy Note

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Total Treatment time: 40 Minutes

Home Living:
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (transport chair)
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Prior Level of Function:
BADLs: Requires assist
IADLs: Requires assist
Functional Mobility: Requires assist
Leisure and Hobbies: travel
Details of previous level of function: per PT note (son not present during eval & pt unable to report) - patient was limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Upper Extremities:
RUE Assessment: Within Functional Limits
RUE Assessment Comments: generalized weakness/deconditioning ~4-/5

LUE Assessment: Within Functional Limits
LUE Assessment Comments: generalized weakness/deconditioning ~4-/5

Hand Function:

Coordination:
Movements are Fluid and Coordinated: No
Coordination and Movement Description: had some difficulty coordinating items in her hands

Sensation:

Proprioception:
Vision: Vision Comments: wears glasses
Perception:
Cognition: Overall Cognitive Status: Impaired
Cognition Comments: hard to assess due to profound hearing loss, able to comprehend information best from reading from whiteboard but does not always answer questions directly; at times responds with unrelated information

Subjective: "I just turned 100!"

Current Level of Function

Grooming/Oral Hygiene: Position- sitting;Maximum Assist (between 50-74% help needed),

Dependent (greater than 75% help needed);Position-sitting
required assist to clean and rinse dentures; once handed dentures, she was able to put them back in herself with just a little bit of help to orient them in the correct direction/position prior to putting them in. while sitting at EOB, used mouthwash to rinse; had difficulty maintaining balance while also holding mouthwash and bringing to mouth - needed assist to hold basin under mouth

Upper Body Dressing: Maximum Assist (between 50-74% help needed)

Footwear Dressing: Dependent (greater than 75% help needed)
donning sock on R foot

Toileting: Dependent (greater than 75% help needed)
total assist for clean up of minor incontinence at bed level

Therapeutic Interventions

Functional Transfers

Bed Mobility: Supine>Sit: Maximum Assist (between 50-74% help needed);Cues needed
Sit>Supine: Dependent (greater than 75% help needed);Cues needed
Scooting: Dependent (greater than 75% help needed)

,
Balance:
Sitting:
Static: Minimum Assist (less than 25% help needed)
dangling at EOB; able to maintain midline with light hands on assist once scooted
Dynamic: to further edge of bed. limited tolerance of R knee flexion due to pain and limited AROM of

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

R knee at baseline; tolerated sitting at EOB better with RLE propped up on chair; kyphotic posture, relies on arms to maintain balance
Dependent (greater than 75% help needed)
unable to correct posture when beginning to lean backwards or laterally out of COG; requires total assist to return to midline and recover stability

,

ADL/IADL Comments: edu on OT role & POC; pt requires extra time to communicate as she is profoundly hard of hearing and does best understanding when information is written on whiteboard for her to read; she answered questions mostly with head nods yes/no and short few word sentences

Assessment

Assessment: Jeanne presents well below baseline with significant weakness, frailty, and deconditioning s/p recent L AKA & subsequent PPM placement. She required heavy physical assist to move from laying to sitting up at edge of bed and ultimately was only able to tolerate sitting up for about 6-7 minutes. After AKA, she relied heavily on her arms for stability when sitting up and is therefore currently not able to maintain new PPM precautions. She needed a lot of assistance to maintain her sitting balance at edge of bed today. She was also limited by pain with majority of movements and was unable to tolerate sitting with her right knee bent due to chronic joint stiffness from previous surgical repair in 2021. She ultimately requires near total assist for majority of cares at this time.

Session Tolerance: Patient limited by fatigue, Patient limited by pain

Plan

Plan: Skilled OT
Treatment Interventions: Self-care/Home management, Caregiver education/training, Therapeutic exercise, Therapeutic activities
Frequency: 2-3x/week
Coverage for Next Shift: progress EOB dangle & core/postural control activities, seated grooming/sitting tolerance

Discharge Recommendations

Recommendations: Will need follow up OT at next level of care
Barriers to Discharge: heavy care needs
Assistance with: ADLs, Functional mobility and transfers, Home safety, IADLs
Supervision with:

Equipment Recommended: TBD pending dispo plan

Goals

1. Goal: Self feeding, Grooming, Set up or clean up assistance
Estimated Completion Date: 01/29/25
Goal Status: Progressing

2. Goal: Bed mobility, Minimum Assist (less than 25% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

3. Goal: Toileting, Toilet transfer, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 01/29/25
Goal Status: Progressing

4. Goal: Jeanne will dangle at EOB x15 mins with SBA to complete grooming & hygiene tasks.
Estimated Completion Date: 01/29/25
Goal Status: Progressing

5.

Christina M Liuzzi, OT

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Menown, Jason L, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	03/05/25 1402

Note Text

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

3/5/2025
Duration of session: 40 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)

- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia
- Abdominal pain

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent*	12/13/2012

was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.

- Closed fracture of unspecified intracapsular section of neck of femur 5/1/2007
  Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.
- Unspecified vitamin B deficiency 5/1/2007
  Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency
- Impaired fasting glucose 3/22/2007
- Carpal tunnel syndrome 11/20/2006
  Carpal tunnel release right wrist in 1989
- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Subjective
Patient Report/Self-Assessment: n bed resting, asking if she will be in a coffin, if they will dig a hole, letting me know she pee'd
Patient Stated Goal(s): None stated

Objective
RUE Assessment
RUE Assessment: Exceptions to WFL
RUE Assessment Comments: able to bring hand to mouth, good grip during hand shake, limited hand opening

LUE Assessment
LUE Assessment: Exceptions to WFL
LUE Assessment Comments: able to bring hand to mouth

RLE Assessment
RLE Assessment: Exceptions to WFL
RLE Assessment Comments: antigravity strength

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: limited assessment

Sensation
Light Touch: unable to assess

Coordination
Movements are Fluid and Coordinated : No

Static Sitting Balance
Static Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)
Dynamic Sitting Balance
Dynamic Sitting Balance Level of Assistance: Dependent (greater than 75% help needed)

Activity Tolerance
Endurance: Tolerates less than 10 min of activity, no significant change in vital signs

Functional Level:
Bed Mobility
Rolling Left: Dependent (greater than 75% help needed)
Rolling Right: Dependent (greater than 75% help needed)
Supine to Sit: Dependent (greater than 75% help needed)
Sit to Supine: Dependent (greater than 75% help needed)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift
Chair/WC<>Bed: Dependent (greater than 75% help needed)
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Interventions:
Therex: provided pt's son with AKA exercise packet - reports he has been attempting these ex's when pt allows - son reports not being able to get into prone to perform hip ext ex's = addressed by having pt be in sidelying as they were taught in previous sessions to perform hip ext ex's
Theract: supine > sit with dependent assist, elevated HOB, assist for initiation sitting EOB x 3 mins - dependent assist, without support > posterior LOB. sits in flexed, kyphotic posture, sacral sitting sit > supine with dependent assist, scooting up in bed with two person dependent assist

ASSESSMENT/PLAN

Jeanne presents to PT at a dependent level for all functional mobility. When sitting EOB she requires continuous dependent assist to prevent posterior LOB. She demonstated she was able to hold my hands and maintain upright postion briefly unitl UEs fatigued and then began to lose balance. She is not able to turn or scoot up in bed without dependent assist. She attempts to communicate but is difficult to understand. Most comments today centered on how her body will be cared for after she dies. She was too fatigued to participate in active LE ex's today so we deferred until next session. Son is well versed in her LE ex's and will assist when pt is agreeable as well. Pt's son focused on a future in where pt will be able to work on standing and walking with crutches.

Barriers to Discharge: pt dependent for all mobility

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Home exercise program, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Progressing
Goal: Bed mobility, Moderate Assist (between 25-49% help needed)
Estimated Completion Date: 03/14/25
Goal Status: Not Progressing

Acute Care PT Plan of Care:
Treatment/Interventions: Patient/family training, Therapeutic functional activities, Therapeutic exercise
PT Plan: Skilled PT
PT Dosage: 1-2x/week
Plan for Next Session: LE ther ex, sitting EOB

Other Recommendations:
Recommendation for PT After Hospital Discharge: Will need follow up PT at next level of care
PT Daily Recommendations: 2PA - OOB to chair via sling 3x/day

Jason L Menown, PT

[N4]

Author	Author Type	Service	Note Type	Status	Filed Time
Gaines, Matthew P, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	02/06/25 1733

Note Text

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

2/6/2025
Duration of session: 54 Minutes

Subjective
Patient Report/Self-Assessment: Pt opening eyes to loud voice, otherwise generally maintaining eyes closed

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Lives in tent with flooring and heating

Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Supine to Sit: Maximum Assist (between 50-74% help needed)
Transfers
Sit<>Stand: Dependent (greater than 75% help needed)

Interventions:
Therex: sling transfer from TIS chair back to bed positioned in supine, flat, L hip gently stretched into neutral then slight extension, light pressure, myofacial release type of stm. Trial of bridging with R UE in hooklying. Manual cues for hip exetnsion during bridge, pt not able to carryout the activity pt assisted to sitting, provided with gentle lumbar thoracic stretch in sitting. Pt able to breifly maintain upright sitting, easier with pressure thru R knee to. Gentle stretch for hip, knee flexion prior to trial of stand. two trials of sit to stand with R shoe on, blocking R foot. 2 person dependent transfer into standing for 10 seconds X 2. Assisted to supine for rest after standing. Additional time spent for therapeutic rest, caregiver questions.
Theract:
Balance/Neuro Re-ed:
Gait Training:

ASSESSMENT/PLAN

Jeanne Hoffman demonstrated fair tolerance of therapeutic exercise today, including hip extensor stretching, sitting balance activites and 2 trials of standing on R LE. Limited due to fatigue (activity only stimulated minimal interaction, son states that often she is more alert). Also limited due to weakness, decreased ROM, pain. Anticipate prolonged rehabilitation course.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing

Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: postural control, caregiver training, therex PROM, Stump shrinker when ready.

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Sling to chair 3 X day. Allow oppotunities for L hip to stretch into extension in supine to limit contracture risk.

Matthew P Gaines, PT

[N5]

Author	Author Type	Service	Note Type	Status	Filed Time
Garcia, Emma Carmen, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	01/23/25 1441

Note Text

Physical Therapy Treatment

Jeanne Leonie Hoffman
U8170135

1/23/2025
Duration of session: 31 Minutes

Subjective
Patient Report/Self-Assessment: Continually attempts to mobilize to EOB
Patient Stated Goal(s): none stated, per son to received prothesis

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island

Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker, Other (Transport chair)

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Minimum Assist (less than 25% help needed);Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Railings used;Cues needed
Sit to Supine: Supervision / Stand by assistance (posterior LOB to bed after writer redirects pt not to use L UEon rail)
Transfers
Bed<>Chair/WC: Dependent (greater than 75% help needed);Assistive device used
Bed<>Chair/WC Assistive Device Details: Mechanical lift

Wheelchair Activities
Wheelchair Activities: Yes
WC Type: Manual tilt-n-space
WC Size: 16"
WC Cushion: roho
WC Pressure Relief: dependent - son educated on Q15 tilt backs for 1-2 min
Level of Assistance for Pressure Relief: Dependent (greater than 75% help needed)
Wheelchair Comments: pt's son dependently moves pt on unit after session

Interventions:
Therex:
Theract: rolling L and R max A 2/2 poor command follow, donning of sling supine <> sit x5 sttempts in session spontaneously, manual removal of L arm from bed rail 2/2 precautions > posterior LOB d/t poor upright trunk positioning/control education on progression of mobility, therapeutic rest breaks 2/2 dizziness education to son about timeline of prosthetic, d/c recommendations
Balance/Neuro Re-ed:
Gait Training:

PT Wheelchair Management Activity Time Minute(s): 16
PT Wheelchair Management Activity 1: TIS adjustment of head rest, arm rests; Roho apporpriately inflated, leg rest requires no adjustment at this point in time
PT Wheelchair Management Activity 2: educated pt's son on tilt back ad scheduling of tilt back - educated that w/c adjustments are by staff only

ASSESSMENT/PLAN

Pt seen this PM for TIS adjustment and to continue with mobility interventions. She requires Max cues and redirection to not use L UE throughout session, pt's son provides physical assist also breaking PPM precautions -re-educated and redirected during session. She is unable to sustain EOB sitting w/o L UE on bed rail during session and demonstrates posterior LOBs to supine multiple times. After use of OHL to chair, pt fitted to TIS, son educated on use of chair, features, and tilt back schedule. Will continue to follow. Recommend d/c setting that is w/c accessible, assist for all mobility, and ongoing therapies.

Increased time required for educating pt's son- demonstrates min readiness to learn at this point in time. Able to follow cues from therapist intermittently to adhere to pt safety/precautions, educated on: expectations with adjustment of TIS, how to provide physical assist to pt, use of nursing staff for dangling EOB and for use of OHL. Pt endorses knowing all information acute PT has provided thus far.

Barriers to Discharge: Currently dependent for all cares, pt family does not have proper training/equipment to manage her care at home at this time

Discharge Equipment: TBD, unclear discharge disposition

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/31/25
Goal Status: Not Progressing
Goal: Sit unsupported for (30 min)
Estimated Completion Date: 01/31/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle EOB/scooting? sling for L UE PRN

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: Lift for transfers to TIS chair

Emma C Garcia, PT

[N6]

Author	Author Type	Service	Note Type	Status	Filed Time
Munton-Spray, Brooke M, PT	Physical Therapist	Physical Therapy	Progress Notes	Signed	01/10/25 1529

Note Text

Physical Therapy

Physical Therapy Evaluation

Jeanne Leonie Hoffman
U8170135

1/10/2025
Duration of session: 71 Minutes

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- Hypercholesterolemia
- 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)
- Adult failure to thrive syndrome
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- History of recurrent deep vein thrombosis (DVT)
- Imbalance
- Primary osteoarthritis of both hips
- Vitamin D deficiency
- Atherosclerosis of native artery of both lower extremities with bilateral ulceration of calves (HCC)
- Primary open angle glaucoma (POAG) of both eyes
- Closed fracture of distal end of femur, unspecified fracture morphology, sequela
- Community acquired bacterial pneumonia
- Reduced vision
- Housing instability
- Advanced care planning/counseling discussion
- Acute lower limb ischemia
- Bradycardia

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Past Medical History:

Diagnosis	Date
• Closed fracture of right distal femur (HCC)	7/15/2021
• Fall	9/3/2019
• Non-pressure chronic ulcer of right ankle with necrosis of muscle (HCC)	5/26/2019
• Venous stasis ulcer (HCC)	5/26/2019
• Diabetic ulcer of lower extremity (HCC)	9/24/2018
• Severe protein-calorie malnutrition (HCC)	6/7/2018
• Urge urinary incontinence	6/7/2018
• Venous ulcer of left leg (HCC)	6/7/2018
• Normocytic anemia	6/7/2018
• Chronic venous hypertension with ulcer and inflammation, left (HCC)	5/17/2018
• Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC)	5/17/2018
• Non-pressure chronic ulcer of left calf with necrosis of muscle (HCC)	5/17/2018
• Thrombocytopenia (HCC)	11/2/2016
• Leg weakness, bilateral	1/6/2015
• Weakness of trunk musculature	1/6/2015
• Vertebral fracture *Dec 2012. L3 secondary to fall. TLSO brace placed. Follow up imaging in 6 months showed healed*	12/13/2012
• Thyroid nodule, uninodular *CT of spine at HMC sowed left thyroid nodule which needs follow up with US and checking TSH. TSH has been normal on several occassions, the most recent was in fall of 2011. 5/23/2013 thyroid US showed small bilateral thyroid nodules none of concern.*	12/13/2012
• Closed fracture of unspecified intracapsular section of neck of femur *Pinned April 2007. Post op hematocrit 25 Has walker with wheels for use outside of home. Uses cane in home.*	5/1/2007
• Unspecified vitamin B deficiency *Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency*	5/1/2007
• Impaired fasting glucose	3/22/2007
• Carpal tunnel syndrome *Carpal tunnel release right wrist in 1989*	11/20/2006

- DIAPHRAGMATIC HERNIA 11/20/2006
  CT of abdomen in 2006
- Esophageal reflux 11/20/2006
- Other convulsions 11/20/2006
  Petit Mal since 1975 Carbamazepine level 7.6 on Feb 2007 Discontinued based on ER neuro consult in early 2013 No recurrence
- Allergic rhinitis, cause unspecified 11/20/2006
- DVT, recurrent, lower extremity, chronic 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
- Diabetes mellitus (HCC)
- PAD (peripheral artery disease) (HCC)
- Ulcer of left lower extremity, limited to breakdown of skin (HCC)
  Chronic, Multiple sites of lower leg and ankle, with MSSA

Past Surgical History:

Procedure	Laterality	Date
• PR TOTAL ABDOMINAL HYSTERECT W/WO RMVL TUBE OVARY		

Subjective
Patient Report/Self-Assessment: Pt supine in bed, agreeable to work with PT. Pt's son, Louis, provided majority of her recent medical and social history since Jeanne's significantly HOH. Communicates the best with writing large letters on white board and speaking very loudly and clearly.
Patient Stated Goal(s): "When can I start walking again?"

Home Living
Home Living Comments: Jeanne and her son were evicted from their apartment in Oct 2024 and was living in a hotel until Dec 2024. They now live in a tent on Bainbridge Island
Type of Home: Homeless
Lives With: Son
Lives with Comments: Jeanne's son, Louis, is the primary caregiver for Jeanne
Assistance Available at Home : 24 hour assistance
Mobility Equipment Owned: Front wheeled walker;Other (Transport chair)

Prior Level of Function : limited mobility within tent. she was using FWW or SPC for short distances and then transport/wheelchair for community distances. she would occ need assistance wtih getting on/off the cot and for ADLs. Although Louis is a good historian, it can be difficult at times to get a understandable timeline of her fxnal mobility.

Objective
RUE Assessment
RUE Assessment: Within Functional Limits

LUE Assessment
LUE Assessment: Within Functional Limits

RLE Assessment
RLE Assessment: Within Functional Limits
RLE Assessment Comments: her R knee can have limited AROM 2/2 pain and stiffness from a femoral fx repair in 2021

LLE Assessment
LLE Assessment: Exceptions to WFL
LLE Assessment Comments: AKA. limited assessment of L hip AROM 2/2 pain/soreness

Sensation
Light Touch: WFL

Static Sitting Balance
Static Sitting Balance Comments: sitting at EOB w/o back support, no foot support. intermittent retropulsion
Static Sitting Balance Level of Assistance: Minimum Assist (less than 25% help needed)
Dynamic Sitting Balance

Dynamic Sitting Balance Comments: scooting forward, pulling on mattress or bed rail w/BUE
Dynamic Sitting Balance Level of Assistance: Contact guard assist (touching/steadying assistance)
Static Standing Balance
Static Standing Balance Comments: deferred standing at this time

Activity Tolerance
Endurance: Tolerates 30 min of activity with multiple rests
Endurance Comments: bradycardia throughout session; stable BP

Functional Level:
Bed Mobility
Rolling Left: Maximum Assist (between 50-74% help needed)
Rolling Right: Maximum Assist (between 50-74% help needed)
Supine to Sit: Moderate Assist (between 25-49% help needed);Head of Bed Elevated;Cues needed
Sit to Supine: Dependent (greater than 75% help needed)
Scooting: Dependent (greater than 75% help needed)

Interventions:

Theract: Bed mobility - supine>Sit ModA for LEs, heavy cues for hand placement. pt declined log roll technique, preferring to sit up into long sitting. sit>supine dependent 2/2 LOC/syncopal episode at EOB Sitting tolerance - Jeanne sat at EOB for 15-20 minutes w/close SBA to MinA to maintain upright posture. Intermittent retropulsion w/Min to ModA to correct; pt reaching with UEs to maintain balance. Frequent monitoring of vitals - HR brady but stable, BP WNL - until pt demostrated syncopal episode/LOC and was returned to supine quickly with RN assessment. Jeanne quickly responded, RN monitoring vitals. Provided pt and son some amputation education re: process of fitting for prosthesis, phantom sensations, possibly fxnal mobility. Aimed to provide them with realistic expectations for post-AKA rehab. They will benefit from further education and handouts re: amputation care Additonal time needed for lengthy discussion with Jeanne and Louis regarding her PLOF and past experiences with PT. Louis is a good advocate for his mother's medical care and has had a lot of experience with working with her on exercises at home

ASSESSMENT/PLAN

Jeanne presents with decreased activity tolerance, generalized weakness, impaired sitting balance, h/o falls, bradycardia at rest, and significantly HOH. At her baseline, she is able to amb short distances with walker or cane and uses a w/c (transport chair) for community distances. Her son is her primary caregiver and provides a fluctuating amount of assistance. They are also currently homeless, living in a tent on Bainbridge Island. Today, Jeanne required 50-100% assist for bed mobility and was able to sit at EOB for 15-20 minutes with intermittent assistance. She did have a syncopal/LOC episode while at EOB and was returned to supine w/RN assistance. Her HR continued to be low but stable throughout the session. Provided some education regarding AKA and treating amputation including mobility progression and phantom sensations. They will benefit from on-going education. Jeanne's son, Louis, has made it clear that he does not want his mother to discharge to a SNF for sub-acute therapies, although this would the

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

PT recommendation for dispo after today's session. Since Jeanne and Louis are currently homeless, this makes receiving HHPT extremely challenging.

Barriers to Discharge: unable to safely ambulate or transfer OOB 2/2 bradycardia

Discharge Equipment: TBD; pt has FWW and transport chair

Goals:
Goal: Bed mobility, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Transfer with AD, Contact guard assist (touching/steadying assistance)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Amb with AD, Contact guard assist (touching/steadying assistance) (> 15 feet)
Estimated Completion Date: 01/24/25
Goal Status: Progressing
Goal: Pt will be able to tolerate sitting in her w/c for > 30 minutes
Estimated Completion Date: 01/24/25
Goal Status: Not Progressing

PT Plan of Care:
Treatment/Interventions: Therapeutic exercise, Therapeutic functional activities
PT Plan: Skilled PT
PT Dosage: 2-3x/week
Plan for Next Session: dangle at EOB; transfer training w/FWW (have pt wear shoe on R foot); pivot transfer to chair; ongoing amputation education

Other Recommendations:
Recommendation for further PT: Will need follow up PT at next level of care
PT Daily Recommendations: 1-2 person assist for dangle at EOB or ceiling lift transfer to chair

Brooke M Munton-Spray, PT

[N7]

Author	Author Type	Service	Note Type	Status	Filed Time
Arzaga, Aaron, RN	Registered Nurse	STAT RN	Significant Event	Addendum	02/16/25 0626

Note Text

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	02/16/25 0550
RRT Event Details	
Time Call Received	0550
Arrival Time	0550
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	O2 sat <92 with increased O2 requirements
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Bhandari, S - MD
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0612
Tracking	
Family Present	Yes

RRT for potential aspiration event w/ acute desaturations to 70s. Pt. went from RA -> NRB -> HFM 60L/60%. CXR done. Nebs given. Holding abx treatment for now d/t current goals of care.

[N8]

Author	Author Type	Service	Note Type	Status	Filed Time
Nario Jr., Edwin A, RN	Registered Nurse	STAT RN	Significant Event	Signed	01/25/25 0354

Note Text

	01/25/25 0350
RRT Event Details	
Time Call Received	0248
Arrival Time	0250
Activation	Rapid Response Call
Clinical Trigger for RRT	
Clinical Trigger for RRT	Acute change in respiratory status
Acute change in respiratory status	Concerns for respiratory compromise
Physician Notification	
Primary covering service at bedside?	Yes
Primary/Covering srvc provider name at bedside	Julia Wilson
Disposition	
Transferred to	Stayed on unit nursing orders received
RRT Time Completed	0330

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Tracking	
Family Present	Yes

RRT was called due to possible aspiration. Upon arrival patient was confused at baseline, RR 30, spo2 90% on RA. Lungs are clear with diminished at base. CXR was done, labs and VBG were drawn. 500cc bolus given for lactate 2.2. Per provider keep spo2 goal >88%. Repositioned patient, patient is more calm and comfortable.

[N9]

Author	Author Type	Service	Note Type	Status	Filed Time
Callahan, Hailey Michelle, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/23/25 1730

Note Text

Patient unable to maintain SpO2 goal on Venti mask 50% 15L, placed on HHFM. Current settings 50% 50L. No NTS needed throughout the day, BS clear/diminished

	02/23/25 1658
Vital Signs	
Pulse	72
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	92 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	50 %
O2 Flow Rate (L/min)	50 L/min
Heater Temperature	31 °C
Patient Activity	At rest
ROX Index	8.36
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 22**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Suction	No
Bilateral Breath Sounds	Clear;Diminished

[N10]

Author	Author Type	Service	Note Type	Status	Filed Time
Callahan, Hailey Michelle, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Addendum	02/18/25 1130

Note Text

Son requested to speak with RT, had lengthy conversation expressing his concerns about his mothers condition. Requested RT to assess for NG tube and IV placement. RT stated this is not within my scope of practice and he should discuss this with the team during rounds. Patient's son stated he would like to take his mother to a different facility where they could place NG tube. Advised that HHFM is a barrier to transport and we can work towards transitioning to a different O2 device.

[N11]

Author	Author Type	Service	Note Type	Status	Filed Time
Dunham, Tom, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/17/25 2026

Note Text

	02/17/25 1810
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	100 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Patient Activity	Sleeping
ROX Index	7.94
Respiratory Assessment	
Assessment Type	Assess only
Resp	18
Respiratory Pattern	Normal
Chest Assessment	Chest expansion symmetrical
Bilateral Breath Sounds	Diminished

Patient remains on HHFM settings above.
RCP will continue to monitor.

[N12]

Author	Author Type	Service	Note Type	Status	Filed Time
Dunham, Tom, RCP	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/16/25 2005

Note Text

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

	02/16/25 1605
Vital Signs	
Pulse	70
Heart Rate Source	Monitor
Position	Fowler's
Oxygen Therapy	
SpO2	98 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	70 %
O2 Flow Rate (L/min)	70 L/min
Heater Temperature	31 °C
ROX Index	5.83
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic
Chest Assessment	Chest expansion symmetrical
Cough	Occasional;Non-productive
Bilateral Breath Sounds	Diminished;Rhonchi

Did nasotracheal suctioning in morning; removed large amount of white/yellow thick secretions. Patient less somnolent as day progressed.
RCP will continue to monitor

[N13]

Author	Author Type	Service	Note Type	Status	Filed Time
Angeles, Jessie J, RRT	Respiratory Therapist	Respiratory Therapy	Progress Notes	Signed	02/16/25 0638

Note Text

	02/16/25 0628
Vital Signs	
Pulse	81
Heart Rate Source	Monitor
Oxygen Therapy	
SpO2	95 %
Oxygen Therapy	Supplemental oxygen
O2 Delivery Method	Heated High Flow - Mask
FiO2 (%)	100 %
O2 Flow Rate (L/min)	(S) 70 L/min
ROX Index	3.96
Respiratory Assessment	
Assessment Type	Assess only
Resp	**(!) 24**
Respiratory Pattern	Tachypneic

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 14 of 16) (continued)

Chest Assessment	Symmetrical
Bilateral Breath Sounds	Diminished;Crackles

RT at bedside for rapid response and place pt on HF mask for desaturation and observed WOB. Breath sounds crackles/diminished with wheezing on right side. Duoneb and hypertonic saline given. NTS ordered PRN. RT will continue to follow and assist.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16)

Screenings

Row Name	01/17/25 1400	01/17/25 1028	01/17/25 0200	01/16/25 1300	01/16/25 1001
Sensory Perceptions	—	Very limited	—	—	Very limited
Moisture	—	Occasionally moist	—	—	Occasionally moist
Activity	—	Chairfast	—	—	Bedfast
Mobility	—	Very limited	—	—	Very limited
Nutrition	—	Probably inadequate	—	—	Probably inadequate
Friction and Shear	—	Potential problem	—	—	Potential problem
Braden Scale Score	—	13	—	—	12
Age (greater than 85)	**Yes** !	—	**Yes** !	**Yes** !	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	—	**Yes** !	**Yes** !	—
Skull Bone Missing	No	—	No	No	—
Coagulopathy (bleeding risk)	No	—	No	No	—
Surgery in the last 24hrs	No	—	No	No	—
Injury Risk Assessment Score	High Risk for Injury	—	High Risk for Injury	High Risk for Injury	—
Last Known Fall	Within the last year	—	Within the last year	Within the last year	—
Mobility	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—	**Use of assistive device/requires assist of two people;Dizziness/generalized weakness** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	—
Medications	Cardiovascular or central nervous system meds	—	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—
Mental Status/LOC/Awareness	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	—	**Memory loss/confusion and requires reorienting** !	**Lethargic/oriented to person only;Memory loss/confusion and requires reorienting** !	—
Toileting Needs	Use of catheters or diversion devices	—	Use of catheters or diversion devices	Use of catheters or diversion devices	—
Volume/Electrolyte Status	**Use of IV fluids/tube feeds;Nausea/vomiting;Low blood sugar/electrolyte imbalances** !	—	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	—
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	—
Behavior	Appropriate behavior	—	Appropriate behavior	Appropriate behavior	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Age Adjustment	3	—	3	3	—
Hester Davis Fall Risk Total	27	—	22	24	—
Hester Davis Fall Risk Category	High Risk	—	High Risk	High Risk	—
Universal Fall Precautions In Place?	Yes	—	Yes	Yes	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats);Room close to nurses' station	—	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores)	Bed/chair alarm on and plugged into wall (recommended for for all high fall risk, consider for moderate fall risk with high mobility, mental status, or behavioral scores);Low bed (recommended with floor mats)	—
Mobility	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Daily mobility assessment (completed this shift);Mobilize for conditioning (nursing, PT if indicated)	—
Medications	Bed/chair alarm on and plugged into wall	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Room close to nurses' station;Door open (for increased visibility);Low stimulus environment	—
Toileting needs	—	—	Stay within arms' reach while toileting/in bathroom	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Nutrition consult;Monitor abnormal labs	—	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk;Monitor abnormal labs	—
Communication/Sensory	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communi	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communi	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	cation, SLP recommendations)			cation, SLP recommendations)	
Behavior	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	—	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Reinforce fall interventions;Low stimulus environment	—
Row Name	**01/16/25 0115**	**01/15/25 1900**	**01/15/25 0800**	**01/14/25 0800**	**01/13/25 2000**
Sensory Perceptions	Very limited	—	Very limited	Very limited	Completely limited
Moisture	Occasionally moist	—	Occasionally moist	Rarely moist	Rarely moist
Activity	Bedfast	—	Bedfast	Bedfast	Bedfast
Mobility	Very limited	—	Very limited	Very limited	Completely immobile
Nutrition	Probably inadequate	—	Probably inadequate	Probably inadequate	Probably inadequate
Friction and Shear	Potential problem	—	Potential problem	Potential problem	Potential problem
Braden Scale Score	12	—	12	13	11
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	**Yes** !	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	—	No	No	No
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Hemiplegic, paraplegia, or quadriplegia** !	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	Awake, alert, and oriented to date, place, and person
Toileting Needs	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal)** !	**Use of catheters or diversion devices;Use of assistive device (Bedside commode, bedpan, urinal)** !	Use of catheters or diversion devices	Use of catheters or diversion devices	Use of catheters or diversion devices
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube**	**Low blood sugar/electrolyte imbalances;Use of IV fluids/tube**	No problems	No problems	**Low blood sugar/electrolyte imbalances** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	feeds !	**feeds** !			
Communication/Sensory	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Non-English patient/unable to speak/slurred speech** !
Behavior	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction** !	Depression/anxiety	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	25	25	17	17	16
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall Precautions In Place?	Yes	Yes	Yes	Yes	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station	Room close to nurses' station	Room close to nurses' station	—	—
Mobility	Stay within arms' reach while toileting/in bathroom	Stay within arms' reach while toileting/in bathroom	Daily mobility assessment (completed this shift)	—	—
Medications	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall	—	—	—
Mental Status/LOC/Awareness	Bed/chair alarm on and plugged into wall	Bed/chair alarm on and plugged into wall;Delirium prevention	—	—	—
Toileting needs	BSC/urinal ready and within reach	BSC/urinal ready and within reach	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	Ensure hydration: fluids within reach or MIVF/TF;IV tubing length does not create fall risk	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	—
Behavior	Low stimulus environment	Low stimulus environment	—	—	—
Row Name	**01/13/25 0800**	**01/12/25 2000**	**01/12/25 0800**	**01/11/25 2000**	**01/11/25 0800**
Sensory Perceptions	Completely limited	Completely limited	Completely limited	Very limited	Very limited
Moisture	Rarely moist	Rarely moist	Rarely moist	Rarely moist	Rarely moist
Activity	Bedfast	Bedfast	Bedfast	Bedfast	Bedfast
Mobility	Completely immobile	Very limited	Very limited	Very limited	Completely immobile
Nutrition	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate	Probably inadequate
Friction and	Potential problem	Potential problem	Potential problem	Potential problem	Potential problem

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Shear					
Braden Scale Score	11	12	12	13	12
Age (greater than 85)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	**Yes** !	**Yes** !	**Yes** !
Skull Bone Missing	No	No	No	No	No
Coagulopathy (bleeding risk)	No	No	No	No	No
Surgery in the last 24hrs	No	No	No	No	No
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No	No	No	No	No
Last Known Fall	Within the last year	Within the last year	Within the last year	Within the last year	Within the last year
Mobility	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !	**Dizziness/generalized weakness;Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	Awake, alert, and oriented to date, place, and person	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !	**Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !	**Use of catheters or diversion devices;Incontinence** !
Volume/Electrolyte Status	**Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !	**Low blood sugar/electrolyte imbalances** !
Communication/Sensory	**Non-English patient/unable to speak/slurred speech** !	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !	**Visual (Glasses)/hearing deficit;Non-English patient/unable to speak/slurred speech** !
Behavior	Depression/anxiety	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Depression/anxiety;Behavioral noncompliance with instruction** !	**Behavioral noncompliance with instruction;Impulsiveness** !	Depression/anxiety
Age Adjustment	3	3	3	3	3
Hester Davis Fall Risk Total	16	25	25	29	24
Hester Davis Fall Risk Category	High Risk	High Risk	High Risk	High Risk	High Risk
Universal Fall	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Precautions In Place?					
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	—	Room close to nurses' station	Room close to nurses' station;Stay within arms' reach while toileting/in bathroom	Room close to nurses' station	—
Mobility	Mobilize for conditioning (nursing, PT if indicated);Daily mobility assessment (completed this shift)	—	Mobilize for conditioning (nursing, PT if indicated);Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)	Daily mobility assessment (completed this shift)
Medications	Orthostatic Assessment (completed this shift)	—	Orthostatic Assessment (completed this shift)	—	—
Mental Status/LOC/Awareness	Delirium prevention;Low stimulus environment	Room close to nurses' station;Door open (for increased visibility);Delirium prevention;Low stimulus environment	Delirium prevention;Low stimulus environment	Room close to nurses' station;Door open (for increased visibility);Delirium prevention	Delirium prevention;Low stimulus environment
Toileting needs	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed	Preemptive scheduled toileting	Peri-pad in bed/ brief out of bed	Peri-pad in bed/ brief out of bed
Volume/Electrolyte Status	Nutrition consult;Monitor abnormal labs	Monitor abnormal labs;Nutrition consult	Nutrition consult;Monitor abnormal labs	Ensure hydration: fluids within reach or MIVF/TF;Monitor abnormal labs	Monitor abnormal labs;Nutrition consult
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Hearing aids, glasses, and/or dentures within reach;Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)
Behavior	Low stimulus environment	Triggers, coping mechanisms, de-escalation, and/or redirection techniques identified in "Situation Awareness" of handoff (or has a behavioral care plan);Low stimulus environment	Low stimulus environment	Low stimulus environment	Low stimulus environment

Row Name	01/10/25 2000	01/10/25 0800	01/09/25 2241	01/09/25 2015	01/09/25 2014
Sensory Perceptions	Very limited	Very limited	—	—	—
Moisture	Rarely moist	Rarely moist	—	—	—
Activity	Bedfast	Bedfast	—	—	—
Mobility	Very limited	Very limited	—	—	—
Nutrition	Probably inadequate	Probably inadequate	—	—	—
Friction and	Potential problem	Potential problem	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Shear					
Braden Scale Score	13	13	—	—	—
Age (greater than 85)	**Yes** !	**Yes** !	—	—	—
Bone (osteoporosis, hx of hip fx, or bony mets)	**Yes** !	**Yes** !	—	—	—
Skull Bone Missing	No	No	—	—	—
Coagulopathy (bleeding risk)	No	No	—	—	—
Surgery in the last 24hrs	**Yes** !	**Yes** !	—	—	—
Injury Risk Assessment Score	High Risk for Injury	High Risk for Injury	—	—	—
ICU ONLY: Is patient sedated or comatose?	No	No	—	—	—
Last Known Fall	No falls	No falls	—	—	—
Mobility	**Hemiplegic, paraplegia, or quadriplegia** !	**Hemiplegic, paraplegia, or quadriplegia** !	—	—	—
Medications	Cardiovascular or central nervous system meds	Cardiovascular or central nervous system meds	—	—	—
Mental Status/LOC/Awareness	Oriented to person and place	Oriented to person and place	—	—	—
Toileting Needs	Use of catheters or diversion devices	Use of catheters or diversion devices	—	—	—
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !	**NPO greater than 24 hours;Use of IV fluids/tube feeds;Low blood sugar/electrolyte imbalances** !	—	—	—
Communication/Sensory	Visual (Glasses)/hearing deficit	Visual (Glasses)/hearing deficit	—	—	—
Behavior	**Impulsiveness** !	Appropriate behavior	—	—	—
Age Adjustment	3	3	—	—	—
Hester Davis Fall Risk Total	17	18	—	—	—
Hester Davis Fall Risk Category	High Risk	High Risk	—	—	—
Universal Fall Precautions In Place?	Yes	Yes	—	—	—
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station	Room close to nurses' station	—	—	—
Mobility	Daily mobility assessment (completed this shift)	—	—	—	—
Medications	Preemptive	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	scheduled toileting				
Mental Status/LOC/Awareness	Door open (for increased visibility);Delirium prevention;Low stimulus environment	—	—	—	—
Toileting needs	Peri-pad in bed/ brief out of bed	—	—	—	—
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF	—	—	—	—
Communication/Sensory	Communication alternatives within reach (picture boards, note pad, interpreted education/communication, SLP recommendations)	—	—	—	—
Behavior	Low stimulus environment;Reinforce fall interventions	—	—	—	—
Living situation prior to admit	—	—	—	Tent	—
Patient expects to be discharged to:	—	—	home with son	—	—
INFLUENZA Vaccine Screening (Check all that apply)	—	—	—	—	Received influenza vaccine this season (September through March)

Row Name	**01/09/25 2000**
Does the patient have a Healthcare Advanced Directive	No (Information provided to patient)
In the past 3 months, have you had unintentional weight loss?	Yes, less than 7kg or 15 lbs
Are you currently receiving TPN or tube feeds?	No
Have you been eating poorly for at least 7 days because of decreased appetite?	Yes
In the past 3 months, how often have you used an illegal drug or used a prescription medication for non-medical purposes?	Never
How often do you have a drink	Never

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

containing alcohol?	
How often do you have six or more drinks on one occasion?	Never
Audit-C Score	0
Patient's Vision Adequate to Safely Complete Daily Activities	No
Patient's Judgment Adequate to Safely Complete Daily Activities	No
Patient's Memory Adequate to Safely Complete Daily Activities	No
Patient Able to Express Needs/Desires	Yes
Which is your dominant hand?	Right
Dressing	Needs assistance
Grooming	Needs assistance
Feeding	Needs assistance
Bathing	Needs assistance
Toileting	Needs assistance
In/Out Bed	Dependent
Walks in Home	Dependent
Weakness of Legs	Right
Weakness of Arms/Hands	Both
Hearing - Right Ear	Deaf
Hearing - Left Ear	Deaf
Belongings at Bedside	Clothing;Dentures;Vision
Dentures	Lowers;Uppers
Vision - Corrective Lenses	Glasses
1. Have you wished you were dead or wished you could go to sleep and not wake up?	No
2. Have you actually had any thoughts of killing yourself?	No
C-SSRS (Short) Risk Calculation	No Identified Risk
Pressure Injury on Admission	No
Sensory Perceptions	Very limited
Moisture	Rarely moist

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Activity	Bedfast
Mobility	Very limited
Nutrition	Probably inadequate
Friction and Shear	No apparent problem
Braden Scale Score	14
Age (greater than 85)	**Yes** !
Bone (osteoporosis, hx of hip fx, or bony mets)	No
Skull Bone Missing	No
Coagulopathy (bleeding risk)	No
Surgery in the last 24hrs	**Yes** !
Injury Risk Assessment Score	High Risk for Injury
ICU ONLY: Is patient sedated or comatose?	No
Last Known Fall	**Within the last six months** !
Mobility	**Use of assistive device/requires assist of two people** !
Medications	Cardiovascular or central nervous system meds
Mental Status/LOC/Awareness	**Memory loss/confusion and requires reorienting** !
Toileting Needs	Use of catheters or diversion devices
Volume/Electrolyte Status	**Use of IV fluids/tube feeds** !
Communication/Sensory	Visual (Glasses)/hearing deficit
Behavior	Appropriate behavior
Age Adjustment	3
Hester Davis Fall Risk Total	16
Hester Davis Fall Risk Category	High Risk
Universal Fall Precautions In Place?	Yes
Moderate/High Fall Risk, High Risk for Injury, or Prior Fall (Completed)	Room close to nurses' station
Mobility	Daily mobility

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	assessment (completed this shift)
Medications	Bed/chair alarm on and plugged into wall
Mental Status/LOC/Awareness	Low stimulus environment
Volume/Electrolyte Status	Ensure hydration: fluids within reach or MIVF/TF
Communication/Sensory	Hearing aids, glasses, and/or dentures within reach
Behavior	Reinforce fall interventions
In the past 12 months, has lack of transportation kept you from medical appointments or from getting medications?	No
Within the past 12 months, you worried that your food would run out before you got the money to buy more.	Never true
In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Yes
At any time in the past 12 months, were you homeless or living in a shelter (including now)?	Yes
Within the last year, have you been afraid of your partner or ex-partner?	Patient unable to answer

SLP Eval/Tx

Row Name	02/07/25 1042	02/03/25 1320	01/27/25 1100	01/25/25 1620	01/16/25 0902
SLP Received On	02/07/25	02/03/25	01/27/25 [N1]	01/25/25	01/16/25 [N2]
SLP Document Type	Progress	Progress	Progress [N1]	Progress	Progress [N2]
SLP Total Treatment Time in Minutes	10 Minutes	35 Minutes	21 Minutes [N1]	45 Minutes	20 Minutes [N2]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Visual Acuity	Corrective lenses	Corrective lenses	Corrective lenses [N1]	Corrective lenses	Corrective lenses [N2]
Auditory Acuity	Deaf	—	Deaf [N1]	Deaf	Deaf [N2]
Family/Caregiver Comments	No family present. RN reports Patient coughing on P-O trials this morning. RN communicating with team regarding Patient refusal of P-O and medications crushed in puree. RN concerned for Patient need for alternative means for offering Patient pain medication (IV?).	son, Louis	Son, Louis [N1]	Jeanne's very involved son, Louis was present and participated throughout the assessment	None [N2]
Is an interpreter used?	No	—	No [N1]	No	No [N2]
Patient Report/Self-Assessment	RN cleared SLP for entry. Pt crying out in bed and refusing oral care even with encouragement of ST by writing on white board and offering soft oral swab. Patient observed to cough intermittently on saliva.	RN cleared SLP for entry. Pt initially sleeping, but woke up easily and was fully awake/alert. Supportive son at bedside.	RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside. [N1]	Jean was restless throughout the session, reaching out and grabbing at her arms and blankets	Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss. [N2]
Patient Stated Goal	—	Per son, to resume PO intake and avoid NGT placement	Per son, to resume PO intake and avoid NGT placement [N1]	Per Jeanne's son, the plan is to understand what is happening with her new cough	None stated [N2]
Prior Function	—	Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N1]	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table	solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N2]
IADLs	—	Requires assist	Requires assist [N1]	Requires assist	Requires assist [N2]
Leisure and Hobbies	—	—	—	—	travel [N2]
Dentition	Other	Other	Adequate with dentures [N1]	Edentulous	Adequate with dentures [N2]
Oral mucosa	Dry	—	Dry [N1]	Dry;Thick saliva	Dry [N2]
Observations	Jeanne refused oral care from ST and refused ST attempts to initiate Patient trial of ice chips at bedside. Jean maintained a constant open mouth posture and rejected oral care and P-O trial by turning head and momentarily closing mouth. Spontaneous movements were symmetric	—	—	Jeanne did not follow any instructions for assessment today. She maintained a constant open mouth posture at baseline. Spontaneous movements were symmetric	Consistent w/ prior CNE [N2]
Temperature	Afebrile	Afebrile	Afebrile [N1]	Afebrile	Afebrile [N2]
Respiratory Status	Room air	Room air	Room air [N1]	Room air	Room air [N2]
Behavior/Cognition	Agitated;Distractible;No command following	Alert;Distractible	Alert;Impulsive;Distractible;No command following [N1]	Alert;Impulsive;Distractible;No command following	Alert;Participates well [N2]
Patient Positioning	Upright in bed	Upright in bed	Upright in bed [N1]	Upright in bed	Upright in bed [N2]
Consistencies Assessed	—	0-Thin Liquids;Soft solids	1-Slightly Thick [N1]	Ice chips;0-Thin Liquids	0-Thin Liquids;4-Pureed;Soft solids;Hard solids [N2]
Ice Chips - Presentation	—	—	—	Spoon	—
0-Thin Liquids - Presentation	—	—	Spoon [N1]	Spoon	Straw [N2]
4 Pureed - Presentation	—	—	—	—	Spoon;Self Fed [N2]
Soft Solids - Presentation	—	—	—	—	Spoon [N2]
Hard Solid - Presentation	—	—	—	—	Self Fed [N2]
Consistencies Assessed Comment	—	Jeanne held and sel-fed the ice cream bar with occasional assist to keep it from falling apart, needed some more assist to navigate biting from the popsicle stick successfully	pt declined a majority of PO trials by shaking her head [N1]	—	—
Oral Phase	—	Within Functional	Other;Spillage Right [N1]	Impaired;Oral	Prolonged

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		Limits		residue;Delayed anterior to posterior transit	mastication [N2]
Pharyngeal Phase	—	—	Other [N1]	Impaired	Other [N2]
Signs/Symptoms of Penetration/Aspiration	—	Wet vocal quality;Cough - immediate;Cough - delayed	None [N1]	Cough - immediate;Wet vocal quality	None [N2]
Strategies Used	—	Other strategies used	—	—	—
Other strategy used	—	Aspiration precautions reviewed with Louis. Bullet point list handout made and given for easy reference	—	—	—
Patient/Caregiver Training	ST communicated Patient agitation (moaning) and refusal of oral care and P-O trial to RN and Medical Team.	SLP ordered mouth moisturizer from materials management. Also, requested trial of humidified air via face tent to MD.	—	—	—
Assessment	Pt seen for swallow tx with no family present at bedside. Family currently not wanting to pursue alternative means of nutrition/hydration with focus on Patient taking small amounts of P-O. During today's swallow follow up, Pt moaning and at times crying out in bed and refusing ST attempts to initiate oral care even with encouragement of ST by writing on white board and offering Patient soft oral swab. Patient observed to cough intermittently on saliva. RN reports Patient coughing on P-O trials this morning. Intermittent coarse coughing noted during ST visit this am, c/f aspiration. Given pt/family GOC, recommend continue oral care and offering small amounts minced and moist diet and thin liquids when	Pt seen for swallow tx with Louis present. Louis is concerned regarding Jeanne's dry mouth r/t mouth breathing. SLP ordered mouth moisturizer and recommended trial of face tent for humidification. SLP also trialed ice cream bar with Jeanne. (Intended to trial a popsicle, but unwrapping revealed a chocolate dipped vanilla bar). Jeanne was very motivated and engaged, and actually held and self-fed the bar. Intermittent coarse coughing noted, c/f aspiration. Given pt/family GOC, recommend continue minced and moist diet and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.	Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation. [N1]	Jeanne presents with diminished swallowing function today with new oral inattention, overt s/sx aspiration with limited PO trials, and generalized weakness. Her new difficulty is concurrent with recent changes in mentation consistent with hyperactive delirium. Overall, she presents with very high risk for aspiration and given her worsening CXR, advanced age, and high risk for complications should aspiration occur, agree with RN and primary team recommendation to continue NPO as Jeanne's goals evolve. Should Jeanne's mental status rapidly improve to be consistent with previous assessment (e.g., following instructions, able to	she had no overt s/sx of aspiration across numerous trials. Given prior assessment,pt cue her to take small, single sips, which she was able to do without issue. she appears ok to continue current diet given supervision/assist and adherence to aspiration precautions. [N2]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	Patient alert and willing to participate and as tolerated by Patient iso of strict aspiration precautions including 1:1 supervision. d/c PO w/ inadequate alertness/mentation. ST communicated Patient current status to Care Team.			self-feed without significant physical assistance), defer to primary team for liberalizing diet (e.g., up to Pureed Solids and Thin Liquids). Otherwise, recommend continue NPO with frequent, rigorous oral care to minimize risk for aspiration of oral flora and allowance for ice chips and small sips of water with oral care for comfort. SLP will continue to follow	
SLP Assessment Results	Dysphagia	Dysphagia	Dysphagia [N1]	Dysphagia	Dysphagia [N2]
Dysphagia	Other	Other	Other [N1]	Other	Other [N2]
Aspiration Risk	Moderate;High	Moderate;High	Moderate;High [N1]	High	Low;Moderate [N2]
Impact on Function	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition [N1]	Risk for respiratory complications;Risk for not meeting oral nutrition	Risk for respiratory complications;Risk for not meeting oral nutrition [N2]
Confounding Factors	Delirium	Delirium	Delirium [N1]	Delirium	delirium [N2]
Prognosis	Fair	Fair	Fair [N1]	Fair	Good [N2]
Evaluation/Treatment Tolerance	Treatment limited secondary to agitation	Patient tolerated treatment well	Patient tolerated treatment well [N1]	Patient tolerated treatment well	Patient tolerated treatment well [N2]
SLP Plan	Skilled SLP	Skilled SLP	Skilled SLP [N1]	Skilled SLP	Skilled SLP [N2]
Treatment/Interventions	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education [N1]	Swallow treatment;Patient/family education	Swallow treatment;Patient/family education [N2]
SLP Frequency	1-3x/week	1-3x/week	1-3x/week [N1]	3-5x/week	1-3x/week [N2]
SLP Discharge Recommendations	No follow up SLP indicated	No follow up SLP indicated	No follow up SLP indicated [N1]	No follow up SLP indicated	No follow up SLP indicated [N2]
SLP Summary for Next Shift	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk). RN attempting to establish IV on 2/7/2025.	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk)	Serial assessment as mentation evolves though GOC appear to be clear (PO intake depsite aspiration risk) [N1]	Serial assessment as mentation evolves, ?instrumental	Assess diet tolerance, s/o if stable. [N2]
Goals	STG 1;STG - Education	STG 1;STG - Education	STG 1;STG - Education [N1]	STG 1;STG - Education	STG 1;STG - Education [N2]
Diet Recommendations	5-Minced and moist;0-Thin liquids	5-Minced and moist;0-Thin liquids	5-Minced and moist;0-Thin liquids [N1]	Sips & Chips only	6-Soft and bite-sized;0-Thin liquids [N2]
Medication Administration Recommendations	Meds whole/halved in puree;Meds crushed in puree	Meds whole/halved in puree;Meds crushed in puree	Meds whole/halved in puree;Meds crushed in puree [N1]	Meds via tube feed or IV	Meds whole/halved in puree;Meds crushed in puree [N2]
Oral care	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 5-6x per day;Oral swab and	Frequency: 2-3x per day;Toothbrush and

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	suction;Suction toothbrush/toothette	suction;Suction toothbrush/toothette	suction;Suction toothbrush/toothette [N1]	suction;Suction toothbrush/toothette	toothpaste [N2]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating [N1]	—	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time [N2]
Short Term Goal	Tolerate least restrictive diet	Tolerate least restrictive diet	Tolerate least restrictive diet [N1]	Tolerate least restrictive diet	Tolerate least restrictive diet [N2]
Estimated Completion Date	02/22/25	02/22/25	02/22/25 [N1]	02/22/25	01/24/25 [N2]
Goal Status	Not Progressing	Progressing	Progressing [N1]	Not Progressing	Progressing [N2]
Patient/caregiver will participate in education regarding	Dysphagia	Dysphagia	Dysphagia [N1]	Dysphagia	Dysphagia [N2]
Estimated Completion Date	02/22/25	02/22/25	02/22/25 [N1]	02/22/25	01/24/25 [N2]
Goal Status	Progressing	Progressing	Progressing [N1]	Progressing	Progressing [N2]
Row Name	**01/10/25 1020**				
SLP Received On	01/10/25 [N3]				
SLP Document Type	Eval [N3]				
SLP Total Treatment Time in Minutes	20 Minutes [N3]				
Visual Acuity	Corrective lenses [N3]				
Auditory Acuity	Deaf [N3]				
Family/Caregiver Comments	son present at bedside [N3]				
Is an interpreter used?	No [N3]				
Patient Report/Self-Assessment	pt. awake and alert, sitting upright in bed [N3]				
Patient Stated Goal	to eat/drink [N3]				
Prior Function	Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill				

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table [N3]
Dentition	Adequate with dentures [N3]
Oral mucosa	Dry [N3]
Volitional cough	Within Functional Limits [N3]
Labial ROM	Within Functional Limits [N3]
Labial Symmetry	Within Functional Limits [N3]
Labial Strength	Within Functional Limits [N3]
Lingual ROM	Within Functional Limits [N3]
Lingual Symmetry	Within Functional Limits [N3]
Lingual Strength	Within Functional Limits [N3]
Soft Palate	Within Functional Limits [N3]
Vocal Quality	Within Functional Limits [N3]
Respiratory Status	Room air [N3]
Behavior/Cognition	Alert;Participates well [N3]
Patient Positioning	Upright in bed [N3]
Consistencies Assessed	0-Thin Liquids;4-Pureed;Soft solids [N3]
0-Thin Liquids - Presentation	Straw;Self Fed [N3]
4 Pureed - Presentation	Spoon;Self Fed [N3]
Soft Solids - Presentation	Self Fed [N3]
Consistencies Assessed Comment	Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

	no overt s/s aspiration with puree or graham cracker, no significant oral residuals [N3]
Patient/Caregiver Training	SLP education provided regarding patients current swallow function [N3]
Assessment	Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow. [N3]
SLP Assessment Results	Dysphagia [N3]
Dysphagia	— [N3]
Aspiration Risk	Moderate [N3]
Impact on Function	Risk for respiratory complications;Risk for not meeting oral nutrition [N3]
Confounding Factors	presbyphagia [N3]
Prognosis	Good [N3]
Evaluation/Treatment Tolerance	Patient tolerated treatment well [N3]
SLP Plan	Skilled SLP [N3]
Treatment/Interventions	Swallow eval [N3]
SLP Frequency	1-3x/week [N3]
SLP Discharge Recommendations	No follow up SLP indicated [N3]
SLP Summary for Next Shift	assess diet tolerance,s/o if stable [N3]

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Goals	STG 1;STG - Education [N3]
Diet Recommendations	6-Soft and bite-sized;0-Thin liquids [N3]
Medication Administration Recommendations	Meds whole/halved in puree;Meds crushed in puree [N3]
Oral care	Frequency: 2-3x per day;Toothbrush and toothpaste [N3]
Aspiration Precautions	As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time [N3]
Short Term Goal	Tolerate least restrictive diet [N3]
Estimated Completion Date	01/24/25 [N3]
Goal Status	Updated [N3]
Patient/caregiver will participate in education regarding	Dysphagia [N3]
Estimated Completion Date	01/24/25 [N3]
Goal Status	Updated [N3]

Spiritual Care Interventions

Row Name	03/07/25 1211	02/27/25 1522	02/25/25 1700	02/24/25 1652	02/23/25 1529
Referral From	RN	Palliative Care	—	Palliative Care	RN
Requested by	RN	—	—	—	Family
Contact Type	—	In person	—	In person	In person
Present at encounter	—	Patient and caregivers	—	Patient and caregivers	Patient and caregivers
Visit type	Attempted (Inpatient)	Follow-up	—	Follow-up	Initial
Reason for not visiting (Inpatient)	Other (comment)	—	—	—	—
Specialized Visit	—	Palliative care	—	Palliative care	—
Location	UWMC (Montlake)	UWMC (Montlake)	—	UWMC (Montlake)	UWMC (Montlake)
UWMC (Montlake) Units	7SA	7SA	—	7SA	7SA
Spiritual Preference	—	—	—	Catholic	—
Spiritual Care Interventions	—	Spiritual Support;Ritual	—	Spiritual Support;Other (Comment)	Spiritual Care Assessment;Spiritual Support
Spiritual Care Ritual Provided	—	Prayer	—	—	—
Continue Visiting	No further needs at this time	Yes	—	Yes	No further needs at this time
Spiritual Care Follow-Up	—	As available	—	As available	—
To provide	—	Faith	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		affirmation;Ritual: prayer/blessing/meditation			
No further needs at this time	—	—	—	—	Will request spirtual care as desired
Direct Time	10	25	0	15	40
Indirect Time	10	20	15	20	30
Total Time	20	45	15	35	70

Row Name	**02/21/25 1517**
Referral From	RN
Requested by	RN
Contact Type	In person
Present at encounter	Patient and caregivers
Visit type	Initial
Location	UWMC (Montlake)
UWMC (Montlake) Units	7SA
Spiritual Care Interventions	Spiritual Care Assessment
Continue Visiting	No further needs at this time
No further needs at this time	Will request spirtual care as desired
Direct Time	30
Indirect Time	15
Total Time	45

SW Productivity Data

Row Name	**03/08/25 1900**	**03/06/25 1500**	**03/05/25 1200**	**03/03/25 1100**	**03/02/25 1400**
Assessment Type	Discharge Planning Assessment (Face-to-Face)	Follow-Up Assessment	—	—	Follow-Up Assessment
Interventions & Referrals	Placement - Skilled Nursing Facility	Care Coordination;Chart Review/Screening;Consult with healthcare team/provider/community;Discharge planning;Advanced Directives education, support and/or notary coordination;Transportation Referral/Arranged;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning	Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility	Placement - Skilled Nursing Facility;Care Coordination;Consult with healthcare team/provider/community
SW Inpatient services (minutes)	95	90	30	60	60

Row Name	**03/01/25 1400**	**02/27/25 1200**	**02/27/25 1100**	**02/26/25 1500**	**02/24/25 1700**
Assessment Type	Follow-Up Assessment	—	—	—	—
Interventions & Referrals	Consult with healthcare team/provider/community	Consult with healthcare team/provider/community;Discharge planning;Placement	Consult with healthcare team/provider/community;Discharge planning	Consult with healthcare team/provider/community;Discharge planning;Placement	Consult with healthcare team/provider/community;Discharge planning

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

		- Skilled Nursing Facility		- Skilled Nursing Facility	
SW Inpatient services (minutes)	45	60	60	30	90

Row Name	02/21/25 0900	02/17/25 1000	02/13/25 1500	02/10/25 1300	02/05/25 1200
Assessment Type	—	Follow-Up Assessment	—	Discharge Planning Assessment (Face-to-Face)	Discharge Planning Assessment (Face-to-Face)
Interventions & Referrals	Consult with healthcare team/provider/community;Discharge planning	—	Consult with healthcare team/provider/community;Discharge planning;Hospice Referral;Care Coordination	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility
SW Inpatient services (minutes)	30	30	90	90	45

Row Name	02/04/25 1600	01/30/25 1300	01/28/25 1300	01/22/25 1100	01/16/25 0700
Assessment Type	Discharge Planning Assessment (Face-to-Face)	Discharge Planning Assessment (Face-to-Face)	—	—	—
Interventions & Referrals	Care Coordination;Chart Review/Screening;Discharge planning;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning;Placement - Skilled Nursing Facility	Consult with healthcare team/provider/community;Discharge planning	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community
SW Inpatient services (minutes)	45	60	150	20	20

Row Name	01/15/25 1400	01/15/25 0800
Assessment Type	Discharge Planning Assessment (Chart Review)	—
Interventions & Referrals	Assessment - Inpatient Medical;Care Coordination;Chart Review/Screening;Consult with healthcare team/provider/community;Discharge planning	Care Coordination;Chart Review/Screening;Discharge planning;Consult with healthcare team/provider/community;APS Referral
SW Inpatient services (minutes)	45	30

SW Psychosocial Assessment

Row Name	03/06/25 1600	03/06/25 1300	03/04/25 1200	02/27/25 1131	02/26/25 1200
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment
Interventions & Referrals	Consult with healthcare team/provider/community;Chart Review/Screening	Consult with healthcare team/provider/community;Chart Review/Screening	Consult with healthcare team/provider/community;Chart Review/Screening;C	Care Coordination;Palliative Care Consult;Chart Review/Screening	Care/Family conference facilitated;Consult with healthcare team/provider/com

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

			ounseling/Support/Psychoeducation (coping, adjustment to illness)		munity;Chart Review/Screening;Care Coordination
SW Inpatient services (minutes)	30	30	30	45	90

Row Name	02/24/25 1100	02/20/25 1500	02/19/25 1100	02/18/25 1200	02/13/25 0929
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment	Follow-Up Assessment
Interventions & Referrals	Goals of Care;Care Coordination;Counseling/Support/Psychoeducation (coping, adjustment to illness)	Care Coordination;Consult with healthcare team/provider/community;Counseling/Support/Psychoeducation (coping, adjustment to illness)	Care Coordination;Consult with healthcare team/provider/community;Chart Review/Screening;Care/Family conference facilitated	Care/Family conference facilitated;Chart Review/Screening;Consult with healthcare team/provider/community;Care Coordination	Care/Family conference facilitated
SW Inpatient services (minutes)	60	45	120	175	60

Row Name	02/11/25 1400	02/10/25 1600	01/31/25 1400
Assessment Type	Follow-Up Assessment	Follow-Up Assessment	—
Interventions & Referrals	Palliative Care Consult	Palliative Care Consult	Consult with healthcare team/provider/community;Placement - Skilled Nursing Facility;Discharge planning
SW Inpatient services (minutes)	60	75	45

Vital Signs

Row Name	01/09/25 1345	01/09/25 1230	01/09/25 1215	01/09/25 1033	01/09/25 1026
Temp	—	—	—	36.8 °C	36.9 °C (P)
Temp src	—	—	—	Temporal	Temporal (P)
Pulse	**41** !	**39** !	**40** !	**40** !	**41** ! (P)
Heart Rate Source	—	—	—	Monitor	Monitor (P)
Resp	20	17	14	14	16 (P)
BP	**165/56** !	**147/50** !	**141/49** !	**152/54** !	**152/54** ! (P)
MAP (mmHg)	87	77	77	—	82 (P)
BP Site	—	—	—	Right Arm	Left Arm (P)
BP Method	—	—	—	Automatic	Automatic (P)
Patient Position	—	—	—	Sitting	Sitting (P)
SpO2	99 %	100 %	100 %	99 %	99 % (P)
Vital Sign Reason	—	—	—	Routine	—
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes (P)
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	—
Pain Score	—	—	—	10 - Worst possible pain	—
Weight	—	—	—	45.5 kg (100 lb 6.4 oz)	—
Weight Method	—	—	—	Bed scale	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vitals

Row Name	03/08/25 0900	03/08/25 0500	03/08/25 0310	03/08/25 0011	03/07/25 2031
Pain Assessment	FLACC	FLACC	FLACC	FLACC	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—
Score: FLACC (Rest)	2	5	3	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—
Pain Rating: FLACC (Activity) - Legs	Normal position or relaxed	Uneasy, restless, tense	Normal position or relaxed	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Activity) - Consolability	Content, relaxed	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Activity)	3	5	3	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Ramsay Scale (RS): Score	Awake, patient responds to commands only	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Restless	—	—	—	—
Is the patient experiencing symptoms of hypoglycemia?	No	—	—	—	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Abay, Rebecca
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Waiting for response

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Notification Time	—	—	—	—	2031
Row Name	**03/07/25 1408**	**03/07/25 0554**	**03/07/25 0418**	**03/07/25 0330**	**03/07/25 0231**
Pain Assessment	FLACC	FLACC	FLACC	FLACC	FLACC
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	—	—
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	—	—
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior not observed	—	—
Rubbing at Rest	—	—	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	—	—
Subtotal Score at Rest	—	—	0	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	No particular expression or smile	No particular expression or smile	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	No cry (awake or asleep)	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	Content, relaxed	Content, relaxed	Content, relaxed	—
Score: FLACC (Rest)	6	0	0	0	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	7	—	—	—	—
Reason for Communication	—	Review case	—	—	—
Provider Name	—	Abay	—	—	—
Provider Role	—	Attending physician	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	No new orders	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Notification Time	—	0555	—	—	—
Row Name	**03/07/25 0147**	**03/07/25 0136**	**03/07/25 0135**	**03/07/25 0001**	**03/06/25 2352**
Pain Assessment	FLACC	FLACC	FLACC	FLACC	—
Pain Score	—	—	—	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	No particular expression or smile	No particular expression or smile	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	Reassured by occasional touch, hug or being talked to	Content, relaxed	—
Score: FLACC (Rest)	3	0	3	0	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Abay
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Notification Time	—	—	—	—	2358
Row Name	**03/06/25 2250**	**03/06/25 2200**	**03/06/25 2118**	**03/06/25 2018**	**03/06/25 1911**
Resp	—	16	16	—	—
Pain Assessment	FLACC	FLACC	FLACC	FLACC	FLACC
Pain Score	Patient sleeping	Patient sleeping	Patient sleeping	—	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	No particular expression or smile	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	Normal position or relaxed	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	No cry (awake or asleep)	No cry (awake or asleep)	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Content, relaxed	Content, relaxed	—	—
Score: FLACC (Rest)	0	0	0	—	—
Row Name	**03/06/25 1900**	**03/06/25 1252**	**03/06/25 1251**	**03/06/25 1058**	**03/06/25 1056**
Vital Sign Reason	Other(comment)	—	—	—	—
Pain Interventions	—	—	—	—	Medication (See MAR)
Reason for Communication	—	Other (Comment)	Other (Comment)	Other (Comment)	Other (Comment)
Provider Name	—	—	—	barns, james	barns, james
Provider Role	—	Other (Comment)	Other (Comment)	Resident	Resident
Method of	—	Secure Chat	Secure Chat	Secure Chat	Secure Chat

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Communication					
Response	—	Other (Comment)	Other (Comment)	Waiting for response	Waiting for response
Notification Time	—	1251	1251	1058	1058
Row Name	**03/06/25 0830**	**03/05/25 1900**	**03/05/25 1540**	**03/05/25 0950**	**03/04/25 2100**
Pain Assessment	CNPI	CNPI	CNPI	CNPI	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	—	—	—	—
Pain Intensity	Rest	—	—	—	—
Pain Location	UTA	—	—	—	—
Unable to Self-Report Pain Reason	Nonverbal	—	—	—	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	Behavior occurred even briefly	—
Bracing with Movement	—	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—
Restlessness with Movement	—	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—
Rubbing with Movement	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Subtotal Score with Movement	—	2	2	4	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	Behavior not observed	Behavior not observed	—
Subtotal Score at Rest	—	0	0	0	—
CNPI Total Score	—	2	2	4	—
Row Name	**03/03/25 0900**	**03/03/25 0810**	**03/02/25 1900**	**03/02/25 1500**	**03/02/25 0900**
Temp	—	36.3 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	—	92	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	**21** !	—	—	—
BP	—	**101/54** !	—	—	—
MAP (mmHg)	—	70	—	—	—
BP Site	—	Left Arm	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Other(comment)	—	—	—
SpO2	—	94 %	—	—	—
Patient Activity	—	At rest	—	—	—
Pulse Oximetry Type	—	Continuous	—	—	—
Oximetry Probe Site Changed	—	Yes	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Pain Assessment	FLACC	—	FLACC	FLACC	FLACC
Pain Score	Patient UNavailable for reassessment	—	—	—	—
Pain Descriptor Scale	Unable to describe	—	Unable to describe	Unable to describe	Unable to describe
Pain Intensity	Rest	—	—	—	—
Unable to Self-Report Pain Reason	—	—	—	—	Nonverbal
Activities/Procedures Causing Pain	—	—	—	Turning/repositioning	Turning/repositioning
Row Name	**03/01/25 2154**	**03/01/25 1911**	**03/01/25 0910**	**02/28/25 2100**	**02/28/25 0900**
Pulse Oximetry Type	Continuous	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Pain Assessment	—	FLACC	FLACC	FLACC	FLACC
Pain Descriptor Scale	—	Unable to describe	Unable to describe	Unable to describe	—
Unable to Self-Report Pain Reason	—	Nonverbal	—	Nonverbal	Nonverbal
Activities/Procedures Causing Pain	—	Turning/repositioning	—	Turning/repositioning	Turning/repositioning
Patient Behaviors	—	—	—	—	Restless
Surrogate Reports Pain Behaviors	—	—	—	—	No
Assume Pain is Present	—	—	—	—	No
Row Name	**02/27/25 1900**	**02/27/25 1116**	**02/27/25 1100**	**02/27/25 1041**	**02/27/25 0854**
Pulse	—	—	—	—	91
BP	—	—	—	—	**142/67** !
MAP (mmHg)	—	—	—	—	92
SpO2	—	92 %	**70 %** !	**68 %** !	99 %
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	FLACC	FLACC	—	—	—
Pain Score	—	Patient UNavailable for reassessment	—	—	—
Pain Descriptor Scale	Unable to describe	Unable to describe	—	—	—
Pain Intensity	—	Rest	—	—	—
Pain Location	UTA	UTA	—	—	—
Row Name	**02/27/25 0430**	**02/27/25 0155**	**02/26/25 1957**	**02/26/25 1100**	**02/26/25 0900**
Pain Assessment	—	—	—	FLACC	FLACC
Pain Descriptor Scale	—	—	—	Unable to describe	Unable to describe
Pain Location	—	—	—	—	UTA

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vocal Complaints: Non-verbal with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	Behavior not observed	Behavior occurred even briefly	Behavior not observed	—	—
Bracing with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	Behavior occurred even briefly	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Subtotal Score with Movement	0	4	4	—	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Bracing at Rest	Behavior not observed	Behavior occurred even briefly	Behavior not observed	—	—
Restlessness at Rest	Behavior not observed	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior not observed	Behavior not observed	—	—
Subtotal Score at Rest	0	3	2	—	—
CNPI Total Score	0	7	6	—	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—

Row Name	02/25/25 2300	02/25/25 2123	02/25/25 0540	02/24/25 0610	02/24/25 0012
Temp	—	—	—	36.2 °C	36 °C
Temp src	—	—	—	Temporal	Temporal
Pulse	—	73	—	70	79
Heart Rate Source	—	Monitor	—	Monitor	Monitor
Resp	—	20	—	**22** !	**22** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP	—	**119/57** !	—	**113/54** !	**100/52** !
MAP (mmHg)	—	—	—	73	68
BP Site	—	Right Arm	—	Right Arm	Right Arm
BP Method	—	Automatic	—	Automatic	Automatic
Patient Position	—	Lying	—	Lying	Lying
Vital Sign Reason	—	Routine	—	Routine	Routine
SpO2	—	95 %	—	97 %	100 %
Patient Activity	—	At rest	—	At rest	At rest
Pulse Oximetry Type	—	—	—	Continuous	Continuous
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	None (Room air)	—	Supplemental oxygen	Supplemental oxygen
O2 Delivery Method	—	—	—	Heated High Flow - Mask	—
Pain Rating: FLACC (Rest) - Face	No particular expression or smile	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Content, relaxed	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	0	4	—	—	—
Reason for Communication	—	—	Review case	—	—
Provider Name	—	—	Mironchuk, Olesya	—	—
Provider Role	—	—	Resident	—	—
Method of Communication	—	—	Secure Chat	—	—
Response	—	—	Waiting for response	—	—
Notification Time	—	—	0540	—	—

Row Name	**02/23/25 2127**	**02/23/25 1846**	**02/23/25 1725**	**02/23/25 1100**	**02/23/25 1047**
Temp	36 °C	—	—	—	36.1 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	89	—	—	—	72
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	20	—	—	**27** !	—
BP	**113/57** !	—	—	—	111/69
MAP (mmHg)	76	—	—	—	83
BP Site	Right Arm	—	—	—	Right Arm
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	96 %	—	—	**88 %** !	**89 %** !
Patient Activity	At rest	—	—	—	Sleeping
Pulse Oximetry Type	Continuous	—	—	—	Continuous

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oximetry Probe Site Changed	No	—	—	—	No
Oxygen Therapy	—	—	—	—	Supplemental oxygen
O2 Delivery Method	—	—	—	Venturi mask	Face tent
O2 Flow Rate (L/min)	—	—	—	15 L/min	6 L/min
FiO2 (%)	—	—	—	50 %	—
Pain Assessment	—	FLACC	FLACC	—	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	Difficult to console or comfort	—	—
Score: FLACC (Rest)	—	8	8	—	—

Row Name	**02/23/25 1018**	**02/23/25 0800**	**02/23/25 0747**	**02/23/25 0608**	**02/22/25 2100**
Temp	—	—	—	**35.8 °C** !	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	81	—
Heart Rate Source	—	—	—	Monitor	—
Resp	—	—	—	20	—
BP	—	—	114/77	**175/80** !	—
MAP (mmHg)	—	—	89	112	—
BP Site	—	—	Right Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	—	—	—	97 %	—
Patient Activity	—	—	—	At rest	—
Oxygen Therapy	—	—	—	None (Room air)	—
Pain Assessment	FLACC	FLACC	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) -	Difficult to console or comfort	Difficult to console or comfort	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Consolability					
Score: FLACC (Rest)	8	8	—	—	—
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Content, relaxed
Score: FLACC (Activity)	—	—	—	—	2

Row Name	**02/22/25 1943**	**02/22/25 1619**	**02/22/25 1546**	**02/22/25 1541**	**02/22/25 0955**
Temp	36.1 °C	36.1 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	76	73	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	20	20	—	—	—
BP	122/76	**159/87** !	—	—	—
BP Site	Right Arm	Right Arm	—	—	—
BP Method	Automatic	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Vital Sign Reason	Routine	Routine	—	Pt refused	—
SpO2	95 %	96 %	—	—	—
Patient Activity	At rest	At rest	—	—	—
Pulse Oximetry Type	—	Continuous	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Pain Assessment	—	—	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	—	Frequent to constant frown, clenched jaw, quivering chin	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	Crying steadily, screams or sobs, frequent complaint	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	Difficult to console or comfort	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	8	—	5
Pain Rating: FLACC (Activity) - Face	—	—	Frequent to constant frown, clenched jaw, quivering chin	—	Occasional grimace or frown, withdrawn, disinterested

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Activity) - Legs	—	—	Uneasy, restless, tense	—	Uneasy, restless, tense
Pain Rating: FLACC (Activity) - Activity	—	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	Crying steadily, screams or sobs, frequent complaint	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	Difficult to console or comfort	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Activity)	—	—	8	—	5
Nursing Annotation	—	—	PRN dilaudid refused by son	—	PRN Dilaudid refused by Son

Row Name	**02/22/25 0941**	**02/22/25 0600**	**02/22/25 0500**	**02/21/25 2300**	**02/21/25 2100**
Temp	36.6 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	70	—	—	—	—
Heart Rate Source	Monitor	—	—	—	—
Resp	20	—	—	—	—
BP	138/70	—	—	—	—
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	98 %	—	—	—	—
Patient Activity	At rest	—	—	—	—
Pulse Oximetry Type	Intermittent	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	—
Pain Score	—	—	—	Patient sleeping	—
Pain Rating: FLACC (Rest) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Rest) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC (Rest)	—	—	—	—	5
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Normal position or relaxed
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Activity) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Difficult to console or comfort
Score: FLACC (Activity)	—	—	—	—	5
Nursing Annotation	—	Right before I administered the Dilaudid dose he was imitating the sounds of her moaning/wailing and calling her a "cry baby"	0430 pt showing signs of pain/discomfort. Son not agreeable to Dilaudid or Ativan. Son insistent that he wants her awake to talk to him. Pt's son repeatedly yelling in the patient's face asking her if she knows who he is. Pt's son told the charge nurse that he isn't just her son, he is also her doctor. Provider notified.	—	—

Row Name	02/21/25 1700	02/21/25 1442	02/21/25 1412	02/21/25 1328	02/21/25 1258
Temp	36.8 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	83	—	—	—	—
Heart Rate Source	Monitor	—	—	—	—
Resp	20	20	**24** !	20	**24** !
BP	**150/71** !	—	—	—	—
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	95 %	95 %	98 %	95 %	96 %
Oxygen Therapy	None (Room air)	—	—	—	—
O2 Delivery Method	Face tent	—	—	—	—
O2 Flow Rate (L/min)	10 L/min	—	—	—	—
FiO2 (%)	28 %	—	—	—	—
Pain Assessment	—	FLACC	FLACC	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin	Occasional grimace or frown, withdrawn, disinterested	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	Kicking, or legs drawn up	Normal position or relaxed	Kicking, or legs drawn up
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	Arched, rigid or jerking	Lying quietly, normal position, moves easily	Arched, rigid or jerking
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	Crying steadily, screams or sobs, frequent complaint
Pain Rating:	—	Content, relaxed	Difficult to console	Content, relaxed	Difficult to console

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability			or comfort		or comfort
Score: FLACC (Rest)	—	2	10	2	10
Richmond Agitation Sedation Scale (RASS)	—	Drowsy	Agitated	Drowsy	Agitated
Row Name	**02/21/25 1223**	**02/21/25 1153**	**02/21/25 0900**	**02/21/25 0747**	**02/20/25 2246**
Temp	—	—	—	36.5 °C	36.4 °C
Temp src	—	—	—	Temporal	Temporal
Pulse	—	—	—	72	71
Heart Rate Source	—	—	—	Monitor	Monitor
Resp	20	**24** !	—	20	20
BP	—	—	—	**106/54** !	**122/56** !
MAP (mmHg)	—	—	—	—	78
BP Site	—	—	—	Left Arm	Left Arm
BP Method	—	—	—	Automatic	Automatic
Patient Position	—	—	—	Lying	Lying
Vital Sign Reason	—	—	—	Routine	Routine
SpO2	—	94 %	—	96 %	95 %
Patient Activity	—	—	—	—	At rest
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Pain Assessment	—	—	FLACC	—	—
Pain Score	—	—	Patient sleeping	—	—
Pain Intensity	—	—	Rest	—	—
Richmond Agitation Sedation Scale (RASS)	Drowsy	Agitated	—	—	—
Row Name	**02/20/25 1625**	**02/20/25 1611**	**02/20/25 1533**	**02/20/25 1518**	**02/20/25 1505**
Temp	—	—	36.5 °C	36.5 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	78	73	72
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	20	**22** !	18
BP	—	**147/61** !	**158/69** !	136/64	131/82
MAP (mmHg)	—	90	98	88	98
BP Site	—	Left Arm	Right Arm	Right Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	—	—	93 %	94 %
Patient Activity	—	—	—	At rest	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Pain Assessment	FLACC	—	—	—	—
Pain Rating: FLACC (Rest) -	Frequent to constant frown,	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Face	clenched jaw, quivering chin				
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	8	—	—	—	—
Pain Rating: FLACC (Activity) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	7	—	—	—	—

Row Name	02/20/25 1414	02/20/25 1341	02/20/25 1325	02/20/25 0859	02/20/25 0040
Temp	—	—	36 °C	36.4 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	77	74	77	81	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	15	20	**22** !	18	—
BP	**115/55** !	111/61	**114/51** !	**143/60** !	136/65
MAP (mmHg)	—	74	—	88	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	Automatic	Automatic	Automatic	Automatic	Automatic
Patient Position	Lying	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Other(comment)	Other(comment)	Routine	—
SpO2	93 %	93 %	98 %	95 %	—
Patient Activity	—	At rest	At rest	At rest	—
Pulse Oximetry Type	—	—	Continuous	Continuous	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	—	—	FLACC	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	5	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	8	—

Row Name	02/19/25 2307	02/19/25 2100	02/19/25 1752	02/19/25 1644	02/19/25 1551
Temp	36.5 °C	—	—	—	36.2 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	80	—	—	—	—
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	18	—	—	—	20
BP	**158/77** !	—	—	—	**169/71** !
MAP (mmHg)	104	—	—	—	104
BP Site	Left Arm	—	—	—	Left Arm
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	94 %	—	—	—	94 %
Patient Activity	At rest	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	None (Room air)
Pain Assessment	—	FLACC	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Moans or whimpers, occasional complaint	—	Moans or whimpers, occasional complaint	—
Pain Rating:	—	Reassured by	—	Reassured by	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability		occasional touch, hug or being talked to		occasional touch, hug or being talked to	
Score: FLACC (Rest)	—	5	—	5	—
Pain Rating: FLACC (Activity) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Activity) - Legs	—	Kicking, or legs drawn up	Kicking, or legs drawn up	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	Arched, rigid or jerking	Arched, rigid or jerking	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	9	10	5	—

Row Name	**02/19/25 1224**	**02/19/25 0548**	**02/19/25 0400**	**02/18/25 2132**	**02/18/25 2054**
Temp	36.3 °C	—	36.1 °C	—	36.5 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	77	—	70	—	81
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	**22** !	—	**24** !
BP	**154/68** !	—	140/61	—	139/71
MAP (mmHg)	—	—	87	—	94
BP Site	Left Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Routine	—	Routine
SpO2	94 %	—	93 %	—	95 %
Patient Activity	—	—	At rest	—	At rest
Oxygen Therapy	None (Room air)	—	Supplemental oxygen	—	Supplemental oxygen
O2 Delivery Method	—	—	Heated High Flow - Mask	—	Heated High Flow - Mask
O2 Flow Rate (L/min)	—	—	45 L/min	—	45 L/min
FiO2 (%)	—	—	60 %	—	60 %
Pain Assessment	—	FLACC	—	FLACC	—
Pain Score	—	7	—	8	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Interventions	—	Medication (See MAR)	—	Medication (See MAR)	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	Uneasy, restless, tense	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	Difficult to console or comfort	—
Score: FLACC (Rest)	—	7	—	8	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Nursing Annotation	—	—	—	Son agreeable with dilaudid administration at this time	—

Row Name	02/18/25 1900	02/18/25 1602	02/18/25 1200	02/18/25 0809	02/18/25 0806
Temp	—	36.5 °C	—	—	36.4 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	73	—	—	71
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	20	—	—	**22** !
BP	—	140/61	—	—	**107/56** !
MAP (mmHg)	—	87	—	—	73
BP Site	—	Left Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
SpO2	—	91 %	—	—	95 %
Patient Activity	—	At rest	—	—	At rest
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	—	—	—	Heated High Flow - Mask;Face tent
O2 Flow Rate (L/min)	—	—	—	—	70 L/min
FiO2 (%)	—	—	—	—	70 %
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	Uneasy, restless, tense	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating:	—	Reassured by	Reassured by	Difficult to console	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability		occasional touch, hug or being talked to	occasional touch, hug or being talked to	or comfort	
Score: FLACC (Rest)	—	7	7	8	—
Pain Rating: FLACC (Activity) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	Kicking, or legs drawn up	Kicking, or legs drawn up	Kicking, or legs drawn up	—
Pain Rating: FLACC (Activity) - Activity	—	Arched, rigid or jerking	Arched, rigid or jerking	Arched, rigid or jerking	—
Pain Rating: FLACC (Activity) - Cry	—	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	Crying steadily, screams or sobs, frequent complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	Difficult to console or comfort	Difficult to console or comfort	Difficult to console or comfort	—
Score: FLACC (Activity)	—	10	10	10	—
Reason for Communication	—	—	—	—	—
Provider Name	Pillai Sunita	—	—	—	—
Provider Role	Attending physician	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	No new orders	—	—	—	—
Notification Time	0855	—	—	—	—
Row Name	**02/17/25 2300**	**02/17/25 2032**	**02/17/25 2030**	**02/17/25 1647**	**02/17/25 1407**
Temp	—	36.1 °C	—	—	36.4 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	74	—	—	78
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	**24** !	18	—	—	18
BP	—	**121/57** !	—	—	104/62
MAP (mmHg)	—	78	—	—	76
BP Site	—	Right Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
SpO2	—	100 %	—	—	99 %
Patient Activity	—	At rest	—	—	—
Pulse Oximetry Type	—	—	—	—	Continuous
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	Heated High Flow - Mask	—	—	—
O2 Flow Rate (L/min)	—	70 L/min	—	—	70 L/min
FiO2 (%)	—	70 %	—	—	—
Pain Rating: FLACC (Rest) - Face	—	—	Occasional grimace or frown, withdrawn, disinterested	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Legs	—	—	Uneasy, restless, tense	—	—
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	—	—
Pain Rating: FLACC (Rest) - Cry	—	—	Moans or whimpers, occasional complaint	—	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Reassured by occasional touch, hug or being talked to	—	—
Score: FLACC (Rest)	—	—	5	—	—
Weight	—	—	—	46.7 kg (102 lb 15.3 oz)	—
Weight Method	—	—	—	Bed scale	—
Row Name	**02/17/25 0757**	**02/16/25 2146**	**02/16/25 1538**	**02/16/25 1000**	**02/16/25 0937**
Temp	36.4 °C	—	36.6 °C	—	—
Temp src	Temporal	—	Temporal	—	—
Pulse	71	—	70	—	—
Heart Rate Source	Monitor	—	Monitor	—	—
Resp	18	—	**32** !	—	—
BP	**123/54** !	—	**83/45** !	—	—
MAP (mmHg)	77	—	58	—	—
BP Site	Left Arm	—	Left Arm	—	—
BP Method	Automatic	—	Automatic	—	—
Patient Position	Lying	—	Lying	—	—
Vital Sign Reason	Routine	—	Routine	—	—
SpO2	100 %	—	97 %	—	—
Pulse Oximetry Type	Continuous	—	Continuous	—	—
Oximetry Probe Site Changed	No	—	No	—	—
Oxygen Therapy	Supplemental oxygen	—	Supplemental oxygen	—	—
O2 Delivery Method	Heated High Flow - Mask	—	Heated High Flow - Mask	—	—
O2 Flow Rate (L/min)	70 L/min	—	—	—	—
Pain Assessment	—	FLACC	—	—	—
Pain Location	—	likely back pain and L AKA stump site.	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	—	Behavior not observed	—
Bracing with Movement	—	—	—	Behavior not observed	—
Restlessness with Movement	—	—	—	Behavior occurred even briefly	—
Rubbing with Movement	—	—	—	Behavior not observed	—
Vocal Complaints:	—	—	—	Behavior occurred even briefly	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Verbal with movement					
Subtotal Score with Movement	—	—	—	3	—
Vocal Complaints: Nonverb at Rest	—	—	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	—	—	Behavior not observed	—
Bracing at Rest	—	—	—	Behavior not observed	—
Restlessness at Rest	—	—	—	Behavior occurred even briefly	—
Rubbing at Rest	—	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	—	Behavior not observed	—
Subtotal Score at Rest	—	—	—	1	—
CNPI Total Score	—	—	—	4	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—
Weight	—	—	—	—	50.1 kg (110 lb 7.2 oz)
Weight Method	—	—	—	—	Bed scale

Row Name	**02/16/25 0830**	**02/16/25 0759**	**02/16/25 0752**	**02/16/25 0611**	**02/16/25 0542**
Temp	—	36.3 °C	—	—	—
Temp src	—	Temporal	—	—	—
Pulse	—	82	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	—	**29** !	—	—
BP	—	**101/56** !	—	—	—
MAP (mmHg)	—	71	—	—	—
BP Site	—	Left Arm	—	—	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	97 %	**89 %** !	96 %	96 %
Pulse Oximetry Type	—	—	—	Continuous	—
O2 Delivery	—	—	—	High flow nasal	Non-rebreather

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Method				cannula	mask
O2 Flow Rate (L/min)	—	70 L/min	70 L/min	50 L/min	10 L/min
FiO2 (%)	—	100 %	100 %	40 %	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Pillai,Sunita	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	See orders	—	—	—	—
Notification Time	0834	—	—	—	—
Row Name	**02/16/25 0540**	**02/16/25 0539**	**02/16/25 0528**	**02/16/25 0523**	**02/16/25 0516**
Temp	—	—	—	—	36.3 °C
Temp src	—	—	—	—	Temporal
Pulse	—	—	—	—	85
Heart Rate Source	—	—	—	—	Monitor
Resp	—	—	—	—	20
BP	—	—	—	—	**161/101** !
BP Site	—	—	—	—	Left Arm
BP Method	—	—	—	—	Automatic
Patient Position	—	—	—	—	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	—	—	—	90 %	**86 %** !
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oxygen Therapy	—	—	—	Supplemental oxygen	None (Room air)
O2 Delivery Method	Non-rebreather mask	—	—	Simple mask	—
O2 Flow Rate (L/min)	15 L/min	—	—	4 L/min	—
Reason for Communication	—	Abnormal vitals	Abnormal vitals	—	—
Provider Name	—	Dr. Alumbaugh	Dr. Alumbaugh	—	—
Provider Role	—	Resident	Resident	—	—
Method of Communication	—	Secure Chat	Secure Chat	—	—
Response	—	See orders	—	—	—
Row Name	**02/16/25 0354**	**02/15/25 2124**	**02/15/25 1646**	**02/15/25 1100**	**02/15/25 0933**
Temp	—	36.2 °C	36.2 °C	—	36.8 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	81	80	—	79
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**22** !	20	—	20
BP	—	**165/88** !	114/66	—	**175/77** !
MAP (mmHg)	—	—	82	—	110
BP Site	—	Left Arm	Right Arm	—	Right Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	94 %	95 %	—	95 %
Pulse Oximetry Type	—	Intermittent	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	FLACC	FLACC	—	FLACC	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Score	—	—	—	Patient UNavailable for reassessment	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	Moans or whimpers, occasional complaint	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Content, relaxed	—	—	—
Score: FLACC (Rest)	6	0	—	—	—
Pain Rating: FLACC (Activity) - Face	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile	—	—	—
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Activity) - Activity	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Activity) - Cry	Moans or whimpers, occasional complaint	Moans or whimpers, occasional complaint	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Activity)	6	3	—	—	—
Sedation Scale Used	—	Richmond Agitation Sedation Scale	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Alert and calm	—	—	—

Row Name	**02/15/25 0054**	**02/14/25 2045**	**02/14/25 1702**	**02/14/25 0811**	**02/14/25 0750**
Temp	36.6 °C	—	36.5 °C	36.6 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	76	—	81	89	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	20	—	20	20	—
BP	134/89	—	130/81	121/72	—
MAP (mmHg)	—	—	97	89	—
BP Site	Right Arm	—	Right Arm	Left Arm	—
BP Method	Automatic	—	Automatic	Automatic	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	94 %	—	94 %	98 %	—
Pulse Oximetry Type	—	—	Continuous	Intermittent	—
Oximetry Probe Site Changed	—	—	No	No	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Pain Assessment	—	FLACC	—	—	FLACC
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	Crying steadily, screams or sobs, frequent complaint
Pain Rating: FLACC (Rest) - Consolability	—	Content, relaxed	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	1	—	—	6

Row Name	**02/14/25 0646**	**02/14/25 0439**	**02/13/25 2050**	**02/13/25 2006**	**02/13/25 1536**
Temp	36.1 °C	—	—	36.7 °C	36.1 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	72	—	—	73	72
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	20	—	—	20	18
BP	122/66	—	131/73	—	111/62
MAP (mmHg)	—	—	—	—	79
BP Site	Left Arm	—	Left Arm	Left Arm	Left Arm
BP Method	Automatic	—	Automatic	Automatic	Automatic
Patient Position	Lying	—	Lying	Lying	Lying
Vital Sign Reason	—	Other(comment)	—	—	Routine
SpO2	94 %	—	—	94 %	94 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)
Pain Assessment	—	—	—	FLACC	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Rest) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) -	—	—	—	Moans or whimpers, occasional	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Cry				complaint	
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Rest)	—	—	—	6	—
Pain Rating: FLACC (Activity) - Face	—	—	—	Frequent to constant frown, clenched jaw, quivering chin	—
Pain Rating: FLACC (Activity) - Legs	—	—	—	Uneasy, restless, tense	—
Pain Rating: FLACC (Activity) - Activity	—	—	—	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Activity) - Cry	—	—	—	Moans or whimpers, occasional complaint	—
Pain Rating: FLACC (Activity) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	—
Score: FLACC (Activity)	—	—	—	6	—

Row Name	02/13/25 1220	02/13/25 0813	02/13/25 0359	02/12/25 2330	02/12/25 2300
Temp	—	36.4 °C	36.5 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	75	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	16	16	—	—
BP	—	114/68	112/70	—	—
MAP (mmHg)	—	84	84	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	Other(comment)	—
SpO2	—	98 %	94 %	—	—
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	FLACC	—	—	—	—
Pain Descriptor Scale	Unable to describe	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Rest) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Rest) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating:	—	—	—	—	Reassured by

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Rest) - Consolability					occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	—	5
Pain Rating: FLACC (Activity) - Face	—	—	—	—	Frequent to constant frown, clenched jaw, quivering chin
Pain Rating: FLACC (Activity) - Legs	—	—	—	—	Uneasy, restless, tense
Pain Rating: FLACC (Activity) - Activity	—	—	—	—	Squirming, shifting back and forth, tense
Pain Rating: FLACC (Activity) - Cry	—	—	—	—	Moans or whimpers, occasional complaint
Pain Rating: FLACC (Activity) - Consolability	—	—	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Activity)	—	—	—	—	6

Row Name	02/12/25 2112	02/12/25 1910	02/12/25 1508	02/12/25 1130	02/12/25 0830
Temp	—	36 °C	36.4 °C	36 °C	—
Temp src	—	Temporal	Temporal	Temporal	—
Pulse	—	73	77	70	—
Heart Rate Source	—	Monitor	Monitor	Monitor	—
Resp	—	14	14	14	—
BP	—	114/71	123/70	109/63	—
MAP (mmHg)	—	85	87	78	—
BP Site	—	Left Arm	Left Arm	Left Arm	—
BP Method	—	Automatic	Automatic	Automatic	—
Patient Position	—	Lying	Lying	Lying	—
Vital Sign Reason	—	Routine	Routine	Routine	—
SpO2	—	92 %	93 %	94 %	—
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	No	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	—	Behavior occurred even briefly
Facial Grimaces/Winces with Movement	—	—	—	—	Behavior not observed
Bracing with Movement	—	—	—	—	Behavior not observed
Restlessness with Movement	—	—	—	—	Behavior not observed
Rubbing with Movement	—	—	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	—	Behavior occurred even briefly
Subtotal Score	—	—	—	—	2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	—	—	Behavior not observed
Bracing at Rest	—	—	—	—	Behavior not observed
Restlessness at Rest	—	—	—	—	Behavior not observed
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior occurred even briefly
Subtotal Score at Rest	—	—	—	—	1
CNPI Total Score	—	—	—	—	3
Reason for Communication	Critical lab value	—	—	—	—
Provider Name	Alumbaugh MD	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Notification Time	2110	—	—	—	—
Row Name	**02/12/25 0500**	**02/12/25 0418**	**02/12/25 0356**	**02/11/25 2300**	**02/11/25 2100**
Temp	—	36.1 °C	—	—	—
Temp src	—	Temporal	—	—	—
Heart Rate Source	—	Monitor	—	—	—
Resp	—	14	—	—	—
BP	—	100/62	—	—	—
MAP (mmHg)	—	75	—	—	—
BP Site	—	Left Arm	—	—	—
BP Method	—	Automatic	—	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	Other(comment)	Other(comment)	—
SpO2	—	94 %	—	—	92 %
Pulse Oximetry Type	—	Continuous	—	—	Continuous
Oxygen Therapy	—	Supplemental oxygen	—	—	Supplemental oxygen
O2 Delivery Method	—	Face tent	—	—	Face tent
O2 Flow Rate (L/min)	—	6 L/min	—	—	6 L/min
Pain Assessment	FLACC	—	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	6	—	—	—	—
Row Name	**02/11/25 2000**	**02/11/25 1644**	**02/11/25 1638**	**02/11/25 0901**	**02/11/25 0700**
Temp	—	—	36.3 °C	36.4 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	70	72	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	18	18	—
BP	—	120/64	**113/58** !	131/78	—
MAP (mmHg)	—	83	76	96	—
BP Site	—	Left Arm	Left Arm	Left Arm	—
BP Method	—	Automatic	Automatic	Automatic	—
Patient Position	—	Lying	Lying	Lying	—
Vital Sign Reason	—	Other(comment)	Routine	Routine	—
SpO2	—	—	90 %	95 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oximetry Probe Site Changed	—	—	No	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	FLACC	—	—	—	—
Pain Score	—	—	—	—	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	4	—	—	—	—
Row Name	**02/10/25 2318**	**02/10/25 2100**	**02/10/25 1636**	**02/10/25 1500**	**02/10/25 0900**
Temp	36.2 °C	—	36 °C	—	36 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	69	—	67	—	74
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	18	—	18
BP	**146/73** !	—	116/61	—	**119/58** !
MAP (mmHg)	97	—	79	—	79
BP Site	Left Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	Routine	—	Routine	—	Routine
SpO2	96 %	—	95 %	—	93 %

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pulse Oximetry Type	—	—	Intermittent	—	Intermittent
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	FLACC	—	—	Pain Descriptor Scale	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	—	—	—
Facial Grimaces/Winces with Movement	—	Behavior not observed	—	—	—
Bracing with Movement	—	Behavior not observed	—	—	—
Restlessness with Movement	—	Behavior not observed	—	—	—
Rubbing with Movement	—	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	—	—
Subtotal Score with Movement	—	2	—	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	—	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	—	—
Bracing at Rest	—	Behavior not observed	—	—	—
Restlessness at Rest	—	Behavior not observed	—	—	—
Rubbing at Rest	—	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	—	—	—
Subtotal Score at Rest	—	1	—	—	—
CNPI Total Score	—	3	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Normal position or relaxed	—	—	—	—
Pain Rating: FLACC (Rest) - Activity	Lying quietly, normal position, moves easily	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Rest)	5	—	—	—	—
Pain Rating:	Frequent to	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

FLACC (Activity) - Face	constant frown, clenched jaw, quivering chin				
Pain Rating: FLACC (Activity) - Legs	Uneasy, restless, tense	—	—	—	—
Pain Rating: FLACC (Activity) - Activity	Arched, rigid or jerking	—	—	—	—
Pain Rating: FLACC (Activity) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Activity) - Consolability	Difficult to console or comfort	—	—	—	—
Score: FLACC (Activity)	9	—	—	—	—
Row Name	**02/10/25 0026**	**02/09/25 2143**	**02/09/25 1528**	**02/09/25 0754**	**02/09/25 0753**
Temp	—	36.6 °C	36.3 °C	—	36 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	74	69	—	75
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	20	16	—	18
BP	—	**151/76** !	**146/78** !	**157/90** !	**156/97** !
MAP (mmHg)	—	101	101	112	117
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	95 %	97 %	—	96 %
Pulse Oximetry Type	—	Intermittent	Intermittent	—	Intermittent
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Pain Assessment	Pain Descriptor Scale	—	—	—	—
Pain Score	Patient sleeping	—	—	—	—
Row Name	**02/08/25 2300**	**02/08/25 1703**	**02/08/25 1516**	**02/08/25 0902**	**02/08/25 0900**
Temp	37 °C	—	36.1 °C	36.6 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	70	—	72	72	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	17	—	18	20	—
BP	**149/77** !	—	127/76	123/79	—
MAP (mmHg)	191	—	93	94	—
BP Site	Left Arm	—	Left Arm	Left Arm	—
BP Method	Automatic	—	Automatic	Automatic	—
Patient Position	Lying	—	Lying	Lying	—
Vital Sign Reason	Routine	—	Routine	Routine	—
SpO2	98 %	—	97 %	97 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Vocal	—	Behavior occurred	—	—	Behavior not

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Complaints: Non-verbal with Movement		even briefly			observed
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Bracing with Movement	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Restlessness with Movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Rubbing with Movement	—	Behavior not observed	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	—	Behavior not observed
Subtotal Score with Movement	—	5	—	—	1
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Bracing at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Restlessness at Rest	—	Behavior occurred even briefly	—	—	Behavior occurred even briefly
Rubbing at Rest	—	Behavior not observed	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	—	—	Behavior not observed
Subtotal Score at Rest	—	5	—	—	3
CNPI Total Score	—	10	—	—	4

Row Name	**02/08/25 0052**	**02/07/25 2100**	**02/07/25 2000**	**02/07/25 1607**	**02/07/25 1217**
Temp	36.2 °C	—	—	36.2 °C	—
Temp src	Temporal	—	—	Temporal	—
Pulse	70	—	—	70	—
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	20	—	—	18	—
BP	139/79	—	—	**143/81** !	—
MAP (mmHg)	99	—	—	102	—
BP Site	Left Arm	—	—	Left Arm	—
BP Method	Automatic	—	—	Automatic	—
Patient Position	Lying	—	—	Lying	—
Vital Sign Reason	Routine	—	—	Routine	—
SpO2	95 %	—	—	97 %	—
Pulse Oximetry Type	Intermittent	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	—	—
Pain Assessment	—	—	Pain Descriptor Scale	—	—
Pain Score	—	Patient sleeping	Patient sleeping	—	—
Patient Behaviors	—	—	—	—	Agitated;Facial grimacing;Restless
Vocal Complaints: Non-	Behavior occurred even briefly	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

verbal with Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	5	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	—	—	—	—
Subtotal Score at Rest	5	—	—	—	—
CNPI Total Score	10	—	—	—	—

Row Name	**02/07/25 1215**	**02/07/25 0800**	**02/07/25 0613**	**02/07/25 0028**	**02/06/25 2105**
Temp	—	36.2 °C	36 °C	—	36.5 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	71	71	—	70
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	20	20	—	20
BP	—	127/73	**148/76** !	—	103/63
MAP (mmHg)	—	91	100	—	766
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
Telemetry/Cardiac Monitor	—	—	—	—	No
Cardiac Rhythm	—	—	—	—	Ventricular Paced
SpO2	—	98 %	94 %	—	96 %
Pulse Oximetry Type	—	Intermittent	Intermittent	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	CNPI	—
Pain Descriptor Scale	Severe	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Intensity	Rest	—	—	—	—
Patient Behaviors	Agitated;Facial grimacing;Restless	—	—	—	—
Facial Expression	Tense	—	—	—	—
Body Movements	Protection	—	—	—	—
Compliance with the Ventilator (Intubated Patients)	Tolerating ventilator or movement	—	—	—	—
Vocalization (Extubated Patients)	Crying out, sobbing	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	—	Behavior occurred even briefly	—
Bracing with Movement	—	—	—	Behavior occurred even briefly	—
Restlessness with Movement	—	—	—	Behavior occurred even briefly	—
Rubbing with Movement	—	—	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	—	—	Behavior occurred even briefly	—
Subtotal Score with Movement	—	—	—	5	—
Vocal Complaints: Nonverb at Rest	—	—	—	Behavior occurred even briefly	—
Facial Grimaces/Winces at Rest	—	—	—	Behavior occurred even briefly	—
Bracing at Rest	—	—	—	Behavior occurred even briefly	—
Restlessness at Rest	—	—	—	Behavior occurred even briefly	—
Rubbing at Rest	—	—	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	—	Behavior occurred even briefly	—
Subtotal Score at Rest	—	—	—	5	—
CNPI Total Score	—	—	—	10	—

Row Name	**02/06/25 1715**	**02/06/25 0908**	**02/06/25 0600**	**02/06/25 0010**	**02/05/25 1959**
Temp	36.8 °C	36.6 °C	—	—	—
Temp src	Temporal	Temporal	—	—	—
Pulse	76	70	—	—	—
Heart Rate Source	Monitor	Monitor	—	—	—
Resp	20	20	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

BP	134/81	138/70	—	—	—
MAP (mmHg)	98	93	—	—	—
BP Site	Left Arm	Left Arm	—	—	—
BP Method	Automatic	Automatic	—	—	—
Patient Position	Lying	Lying	—	—	—
Vital Sign Reason	Routine	Routine	—	Other(comment)	—
SpO2	97 %	96 %	—	—	—
Pulse Oximetry Type	Intermittent	Intermittent	—	—	—
Oximetry Probe Site Changed	No	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	—	—
Pain Location	—	—	—	—	L AKA, abd
Pain Interventions	—	—	—	—	Medication (See MAR)
Unable to Self-Report Pain Reason	—	—	—	—	Other (Comment)
Activities/Procedures Causing Pain	—	—	—	—	Turning/repositioning
Patient Behaviors	—	—	—	—	Agitated;Facial grimacing;Restless
Surrogate Reports Pain Behaviors	—	—	—	—	Yes
Weight	—	—	50.4 kg (111 lb 1.8 oz)	—	—
Weight Method	—	—	Bed scale	—	—

Row Name	02/05/25 1726	02/05/25 1700	02/05/25 1631	02/05/25 0935	02/05/25 0853
Temp	—	36.1 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	71	—	—	70
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	**22** !	—	—	19
BP	—	132/70	—	—	105/62
MAP (mmHg)	—	—	—	—	76
BP Site	—	Left Arm	—	—	Left Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	Other(comment)	—	Routine
SpO2	—	93 %	—	—	95 %
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Patient Behaviors	Facial grimacing;Restless	—	—	—	—
Facial Expression	—	—	—	Tense	—
Body Movements	—	—	—	Protection	—
Compliance with the Ventilator (Intubated Patients)	—	—	—	Tolerating ventilator or movement	—
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	—
Muscle Tension	—	—	—	Tense, rigid	—
Critical-Care Pain Observation Score	—	—	—	3	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Interventions	—	—	—	Medication (See MAR)	—
Row Name	**02/05/25 0600**	**02/04/25 2339**	**02/04/25 1606**	**02/04/25 0800**	**02/04/25 0753**
Temp	—	36.3 °C	36 °C	—	36.6 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	71	74	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	20	20	—	—
BP	—	104/62	136/66	—	—
MAP (mmHg)	—	76	89	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	—	—
Telemetry/Cardiac Monitor	—	No	—	—	—
SpO2	—	—	98 %	—	—
Pulse Oximetry Type	—	Intermittent	Intermittent	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	—	—	—	—	CNPI
Pain Score	—	—	—	—	1
Facial Expression	—	—	—	—	Tense
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain Observation Score	—	—	—	—	1
Weight	49.2 kg (108 lb 7.5 oz)	—	—	52.7 kg (116 lb 2.9 oz)	—
Weight Method	Bed scale	—	—	Bed scale	—
Row Name	**02/04/25 0704**	**02/04/25 0325**	**02/03/25 2308**	**02/03/25 1622**	**02/03/25 0854**
Temp	**35.9 °C** !	—	—	36.2 °C	36.6 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	76	—	—	71	—
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	18	—	—	18	**22** !
BP	134/75	—	—	119/64	115/87
MAP (mmHg)	94	—	—	83	—
BP Site	Left Arm	—	—	Left Arm	Left Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	Routine	Other(comment)	Other(comment)	Routine	Routine
SpO2	95 %	—	—	98 %	—
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	Supplemental oxygen	—	—	None (Room air)	None (Room air)
O2 Flow Rate	3 L/min	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

(L/min)					
Pain Assessment	—	CNPI	CNPI	—	—
Vocal Complaints: Non-verbal with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing with Movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score with Movement	—	6	6	—	—
Vocal Complaints: Nonverb at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Facial Grimaces/Winces at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Bracing at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Restlessness at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Rubbing at Rest	—	Behavior not observed	Behavior not observed	—	—
Verbal Complaints Verbal at Rest	—	Behavior occurred even briefly	Behavior occurred even briefly	—	—
Subtotal Score at Rest	—	5	5	—	—
CNPI Total Score	—	11	11	—	—

Row Name	**02/03/25 0845**	**02/02/25 2300**	**02/02/25 2238**	**02/02/25 1648**	**02/02/25 0300**
Temp	—	—	36.3 °C	36.9 °C	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	73	71	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	16	18	—
BP	—	—	134/77	120/81	—
MAP (mmHg)	—	—	—	94	—
BP Site	—	—	Left Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	—	—	99 %	95 %	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	—	No/denies pain	—	—	—
Pain Score	—	0	—	—	—
Vocal Complaints: Non-	Behavior occurred even briefly	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

verbal with Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior occurred even briefly	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior occurred even briefly	—	—	—	—
Subtotal Score with Movement	6	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior occurred even briefly	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior occurred even briefly	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior occurred even briefly	—	—	—	—
Subtotal Score at Rest	6	—	—	—	—
CNPI Total Score	12	—	—	—	—
Reason for Communication	—	—	—	—	Review case
Provider Name	—	—	—	—	Kareem
Provider Role	—	—	—	—	Other (Comment)
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Waiting for response
Notification Time	—	—	—	—	0420
Row Name	**02/02/25 0041**	**02/01/25 1844**	**02/01/25 1700**	**02/01/25 1529**	**02/01/25 1000**
Temp	36.5 °C	—	36 °C	—	—
Temp src	Temporal	—	Temporal	—	—
Pulse	70	—	70	—	—
Heart Rate Source	Monitor	—	Monitor	—	—
Resp	18	—	18	—	—
BP	129/88	**156/83** !	**161/93** !	—	—
MAP (mmHg)	101	107	—	—	—
BP Site	Left Arm	—	Right Arm	—	—
BP Method	Automatic	—	Automatic	—	—
Patient Position	Lying	—	Lying	—	—
Vital Sign Reason	Routine	—	Routine	—	—
SpO2	96 %	—	99 %	—	—
Pulse Oximetry Type	Intermittent	—	Intermittent	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oximetry Probe Site Changed	Yes	—	No	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	—	—
Facial Expression	—	—	—	Grimacing	Relaxed, neutral
Body Movements	—	—	—	Restlessness/agitation	Absence of movements or normal position
Compliance with the Ventilator (Intubated Patients)	—	—	—	—	Tolerating ventilator or movement
Vocalization (Extubated Patients)	—	—	—	Talking in normal tone or no sound	Talking in normal tone or no sound
Muscle Tension	—	—	—	Tense, rigid	Relaxed
Critical-Care Pain Observation Score	—	—	—	5	0
Pain Interventions	—	—	—	Medication (See MAR)	—

Row Name	02/01/25 0856	02/01/25 0600	01/31/25 2340	01/31/25 1930	01/31/25 1558
Temp	36 °C	—	36.4 °C	—	36.5 °C
Temp src	Temporal	—	Temporal	—	Temporal
Pulse	70	—	70	—	79
Heart Rate Source	Monitor	—	Monitor	—	Monitor
Resp	18	—	18	—	**25** !
BP	138/79	—	135/81	—	121/76
MAP (mmHg)	71	—	99	—	91
BP Site	Right Arm	—	Left Arm	—	Left Arm
BP Method	Automatic	—	Automatic	—	Automatic
Patient Position	Lying	—	Lying	—	Lying
Vital Sign Reason	—	—	Routine	—	Routine
SpO2	97 %	—	95 %	—	97 %
Pulse Oximetry Type	—	—	Intermittent	—	Continuous
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	Pain Scale	—
Pain Score	—	—	—	Patient sleeping	—
Pain Descriptor Scale	—	—	—	Patient sleeping	—
Facial Expression	Relaxed, neutral	—	—	—	—
Body Movements	Absence of movements or normal position	—	—	—	—
Compliance with the Ventilator (Intubated Patients)	Tolerating ventilator or movement	—	—	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	—
Muscle Tension	Relaxed	—	—	—	—
Critical-Care Pain Observation Score	0	—	—	—	—
Weight	—	52 kg (114 lb 10.2 oz)	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Weight Method	—	Bed scale	—	—	—
Row Name	**01/31/25 0900**	**01/31/25 0853**	**01/30/25 2351**	**01/30/25 2254**	**01/30/25 2234**
Temp	—	36 °C	36.1 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	71	—	—
Heart Rate Source	—	Monitor	Monitor	—	—
Resp	—	**24** !	**22** !	—	—
BP	—	135/74	134/70	—	—
MAP (mmHg)	—	94	92	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	Lying	—	—
Vital Sign Reason	—	Routine	Routine	Other(comment)	—
SpO2	—	96 %	—	—	—
Pulse Oximetry Type	—	Continuous	Continuous	—	—
Oximetry Probe Site Changed	—	No	No	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	—
Pain Assessment	CNPI	—	—	—	—
Pain Descriptor Scale	None	—	—	—	—
Pain Intensity	Rest	—	—	—	—
Reason for Communication	—	—	—	—	Other (Comment)
Provider Name	—	—	—	—	Stenberg, Daniel
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	Other (Comment)
Notification Time	—	—	—	—	2230
Row Name	**01/30/25 2208**	**01/30/25 2111**	**01/30/25 1549**	**01/30/25 0836**	**01/29/25 2306**
Temp	—	—	36.3 °C	36.9 °C	36.7 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	80	68	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	**22** !	**21** !	20
BP	—	—	**147/82** !	137/81	**155/84** !
MAP (mmHg)	—	—	104	99	107
BP Site	—	—	Left Arm	Right Arm	Right Arm
BP Method	—	—	Automatic	Automatic	Automatic
Patient Position	—	—	Lying	Lying	Lying
Vital Sign Reason	—	—	Routine	Routine	Routine
SpO2	—	—	95 %	94 %	—
Pulse Oximetry Type	—	—	—	Continuous	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	CNPI	—	CNPI	—
Vocal Complaints: Non-verbal with Movement	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces	—	Behavior not observed	—	Behavior not observed	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Bracing with Movement	—	Behavior occurred even briefly	—	Behavior not observed	—
Restlessness with Movement	—	Behavior not observed	—	Behavior not observed	—
Rubbing with Movement	—	Behavior not observed	—	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	Behavior occurred even briefly	—	Behavior not observed	—
Subtotal Score with Movement	—	2	—	0	—
Vocal Complaints: Nonverb at Rest	—	Behavior not observed	—	Behavior not observed	—
Facial Grimaces/Winces at Rest	—	Behavior not observed	—	Behavior not observed	—
Bracing at Rest	—	Behavior not observed	—	Behavior not observed	—
Restlessness at Rest	—	Behavior not observed	—	Behavior not observed	—
Rubbing at Rest	—	Behavior not observed	—	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	Behavior not observed	—	Behavior not observed	—
Subtotal Score at Rest	—	0	—	0	—
CNPI Total Score	—	2	—	0	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Stenberg, Daniel	—	—	—	—
Provider Role	Resident	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—
Response	Other (Comment)	—	—	—	—
Notification Time	2130	—	—	—	—
Row Name	**01/29/25 1900**	**01/29/25 1629**	**01/29/25 1605**	**01/29/25 0739**	**01/29/25 0735**
Temp	—	—	36.1 °C	—	36.3 °C
Temp src	—	—	Temporal	—	Temporal
Pulse	—	—	70	—	74
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	20	—	20
BP	—	**193/90** !	—	137/72	**152/72** !
MAP (mmHg)	—	125	—	—	99
BP Site	—	Right Arm	Left Arm	—	Left Arm
BP Method	—	—	Automatic	—	Automatic
Patient Position	—	—	Lying	—	Lying
Vital Sign Reason	—	Other(comment)	Routine	—	Routine
SpO2	—	—	—	—	93 %
Pain Assessment	CNPI	—	—	—	—
Vocal Complaints: Non-verbal with Movement	Behavior not observed	—	—	—	—
Facial Grimaces/Winces	Behavior not observed	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

with Movement					
Bracing with Movement	Behavior not observed	—	—	—	—
Restlessness with Movement	Behavior not observed	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	—	—	—	—
Subtotal Score with Movement	0	—	—	—	—
Row Name	**01/28/25 2109**	**01/28/25 1942**	**01/28/25 1100**	**01/28/25 0900**	**01/28/25 0429**
Temp	—	36.5 °C	36 °C	—	36 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	70	71	70	—	70
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**22** !	**22** !	—	**26** !
BP	**145/78** !	123/71	118/64	—	112/71
MAP (mmHg)	101	88	82	—	85
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Lying	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
Telemetry/Cardiac Monitor	—	—	—	—	No
SpO2	95 %	94 %	95 %	—	93 %
Pulse Oximetry Type	—	—	Continuous	—	Continuous
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Vocal Complaints: Non-verbal with Movement	—	—	—	Behavior not observed	Behavior not observed
Facial Grimaces/Winces with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Bracing with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Restlessness with Movement	—	—	—	Behavior occurred even briefly	Behavior occurred even briefly
Rubbing with Movement	—	—	—	Behavior not observed	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	Behavior not observed	Behavior not observed
Subtotal Score with Movement	—	—	—	3	3
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces at Rest	—	—	—	—	Behavior occurred even briefly
Bracing at Rest	—	—	—	—	Behavior not

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

					observed
Restlessness at Rest	—	—	—	—	Behavior occurred even briefly
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior not observed
Subtotal Score at Rest	—	—	—	—	2
CNPI Total Score	—	—	—	—	5
Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Wilson
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Row Name	**01/28/25 0311**	**01/28/25 0310**	**01/27/25 2300**	**01/27/25 2007**	**01/27/25 1716**
Temp	—	—	—	36 °C	—
Temp src	—	—	—	Temporal	—
Pulse	71	73	72	70	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	—	—	—	16	—
BP	—	—	—	**96/52** !	—
MAP (mmHg)	—	—	—	67	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	93 %	**68 %** !	97 %	94 %	—
Pulse Oximetry Type	Continuous	Continuous	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	—	—
Pain Score	—	—	Patient sleeping	—	—
Vocal Complaints: Non-verbal with Movement	—	—	—	—	Behavior not observed
Facial Grimaces/Winces with Movement	—	—	—	—	Behavior occurred even briefly
Bracing with Movement	—	—	—	—	Behavior occurred even briefly
Restlessness with Movement	—	—	—	—	Behavior occurred even briefly
Rubbing with Movement	—	—	—	—	Behavior not observed
Vocal Complaints: Verbal with movement	—	—	—	—	Behavior not observed
Subtotal Score with Movement	—	—	—	—	3
Vocal Complaints: Nonverb at Rest	—	—	—	—	Behavior not observed
Facial Grimaces/Winces	—	—	—	—	Behavior not observed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

at Rest					
Bracing at Rest	—	—	—	—	Behavior not observed
Restlessness at Rest	—	—	—	—	Behavior not observed
Rubbing at Rest	—	—	—	—	Behavior not observed
Verbal Complaints Verbal at Rest	—	—	—	—	Behavior not observed
Subtotal Score at Rest	—	—	—	—	0
CNPI Total Score	—	—	—	—	3
Reason for Communication	—	Other (Comment)	—	—	—
Provider Name	—	Wilson	—	—	—
Provider Role	—	Resident	—	—	—
Method of Communication	—	Secure Chat	—	—	—
Response	—	No new orders	—	—	—
Row Name	**01/27/25 1230**	**01/27/25 1036**	**01/27/25 1000**	**01/27/25 0936**	**01/27/25 0829**
Temp	—	36 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	71	—	—	71
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	**27** !	**22** !	**32** !	**25** !
BP	**149/64** !	**98/50** !	—	—	**171/65** !
MAP (mmHg)	92	66	—	—	100
BP Site	Left Arm	Right Leg	—	—	Right Leg
BP Method	Automatic	Automatic	—	—	Automatic
Patient Position	Lying	Lying	—	—	Lying
Vital Sign Reason	Other(comment)	Routine	—	—	Routine
SpO2	—	94 %	—	—	94 %
Oxygen Therapy	—	—	—	—	None (Room air)
Pain Assessment	—	—	CNPI	CNPI	—
Pain Descriptor Scale	—	—	None	—	—
Pain Intensity	—	—	Rest	—	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	—
Bracing with Movement	—	—	Behavior occurred even briefly	Behavior occurred even briefly	—
Restlessness with Movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Rubbing with Movement	—	—	Behavior not observed	Behavior not observed	—
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	Behavior occurred even briefly	—
Subtotal Score with Movement	—	—	2	5	—
Vocal Complaints:	—	—	Behavior not observed	Behavior occurred even briefly	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Nonverb at Rest					
Facial Grimaces/Winces at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Bracing at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Restlessness at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Rubbing at Rest	—	—	Behavior not observed	Behavior not observed	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	Behavior occurred even briefly	—
Subtotal Score at Rest	—	—	0	5	—
CNPI Total Score	—	—	2	10	—
Weight	—	—	—	—	52.4 kg (115 lb 8.3 oz)
Weight Method	—	—	—	—	Bed scale
Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Zafar, Zaeema DO
Method of Communication	—	—	—	—	Secure Chat
Notification Time	—	—	—	—	1035
Row Name	**01/26/25 2332**	**01/26/25 2206**	**01/26/25 2037**	**01/26/25 2022**	**01/26/25 1735**
Temp	36.2 °C	—	—	—	36.6 °C
Temp src	Temporal	—	—	—	Temporal
Pulse	97	—	—	—	70
Heart Rate Source	Monitor	—	—	—	Monitor
Resp	**24** !	**24** !	—	—	**30** !
BP	122/62	—	—	—	139/70
MAP (mmHg)	82	—	—	—	93
BP Site	Right Leg	—	—	—	Right Leg
BP Method	Automatic	—	—	—	Automatic
Patient Position	Lying	—	—	—	Lying
Vital Sign Reason	Routine	—	—	—	Routine
SpO2	94 %	—	—	—	95 %
Pulse Oximetry Type	Intermittent	—	—	—	Intermittent
Oximetry Probe Site Changed	No	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	—	None (Room air)
Pain Assessment	CNPI	CNPI	No/denies pain	CNPI	—
Pain Interventions	—	Medication (See MAR)	—	—	—
Unable to Self-Report Pain Reason	Nonverbal	Nonverbal	—	—	—
Patient Behaviors	Agitated;Facial grimacing;Fidgeting;Groaning;Moaning;Restless	Agitated;Facial grimacing;Fidgeting;Groaning;Moaning;Restless	—	—	—
Surrogate Reports Pain Behaviors	—	Yes	—	—	—
Vocal Complaints: Non-verbal with	Behavior not observed	Behavior occurred even briefly	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Movement					
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Bracing with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Restlessness with Movement	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing with Movement	Behavior not observed	Behavior not observed	—	—	—
Vocal Complaints: Verbal with movement	Behavior not observed	Behavior not observed	—	—	—
Subtotal Score with Movement	3	4	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Bracing at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Restlessness at Rest	Behavior occurred even briefly	Behavior occurred even briefly	—	—	—
Rubbing at Rest	Behavior not observed	Behavior not observed	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	Behavior occurred even briefly	—	—	—
Subtotal Score at Rest	4	5	—	—	—
CNPI Total Score	7	9	—	—	—

Row Name	**01/26/25 1630**	**01/26/25 1628**	**01/26/25 1503**	**01/26/25 0921**	**01/26/25 0919**
Temp	—	—	36.8 °C	—	—
Temp src	—	—	Temporal	—	—
Pain Assessment	—	—	CNPI	CNPI	—
Vocal Complaints: Non-verbal with Movement	—	—	Behavior occurred even briefly	—	—
Facial Grimaces/Winces with Movement	—	—	Behavior occurred even briefly	—	—
Bracing with Movement	—	—	Behavior occurred even briefly	—	—
Restlessness with Movement	—	—	Behavior occurred even briefly	—	—
Rubbing with Movement	—	—	Behavior not observed	—	—
Vocal Complaints: Verbal with movement	—	—	Behavior not observed	—	—
Subtotal Score with Movement	—	—	4	—	—
Vocal Complaints: Nonverb at Rest	—	—	Behavior not observed	—	—
Facial Grimaces/Winces	—	—	Behavior occurred even briefly	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

at Rest					
Bracing at Rest	—	—	Behavior not observed	—	—
Restlessness at Rest	—	—	Behavior occurred even briefly	—	—
Rubbing at Rest	—	—	Behavior occurred even briefly	—	—
Verbal Complaints Verbal at Rest	—	—	Behavior not observed	—	—
Subtotal Score at Rest	—	—	3	—	—
CNPI Total Score	—	—	7	—	—
Weight	—	—	52 kg (114 lb 10.2 oz)	—	—
Weight Method	—	—	Bed scale	—	—
Nursing Annotation	—	—	—	MD at bedside	—
Reason for Communication	—	Other (Comment)	—	—	Other (Comment)
Provider Name	Chi, Frank, MD	Chi, Frank, MD	—	—	—
Provider Role	Attending physician	Attending physician	—	—	—
Method of Communication	Secure Chat	Secure Chat	—	—	—
Response	See orders	Waiting for response	—	—	—
Notification Time	1630	1628	—	—	—
Row Name	**01/26/25 0915**	**01/26/25 0909**	**01/26/25 0448**	**01/25/25 2047**	**01/25/25 1737**
Temp	—	—	36 °C	36.2 °C	36.2 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	70	71	77
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	—	—	—	20	**26** !
BP	—	—	**161/78** !	**99/58** !	**158/68** !
BP Site	—	—	Right Arm	Right Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	Routine	Routine	Routine
SpO2	—	—	95 %	93 %	95 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Vocal Complaints: Non-verbal with Movement	Behavior occurred even briefly	—	—	—	—
Facial Grimaces/Winces with Movement	Behavior occurred even briefly	—	—	—	—
Bracing with Movement	Behavior occurred even briefly	—	—	—	—
Restlessness with Movement	Behavior occurred even briefly	—	—	—	—
Rubbing with Movement	Behavior not observed	—	—	—	—
Vocal Complaints:	Behavior not observed	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Verbal with movement					
Subtotal Score with Movement	4	—	—	—	—
Vocal Complaints: Nonverb at Rest	Behavior not observed	—	—	—	—
Facial Grimaces/Winces at Rest	Behavior occurred even briefly	—	—	—	—
Bracing at Rest	Behavior not observed	—	—	—	—
Restlessness at Rest	Behavior occurred even briefly	—	—	—	—
Rubbing at Rest	Behavior not observed	—	—	—	—
Verbal Complaints Verbal at Rest	Behavior not observed	—	—	—	—
Subtotal Score at Rest	2	—	—	—	—
CNPI Total Score	6	—	—	—	—
Row Name	**01/25/25 1500**	**01/25/25 1321**	**01/25/25 1300**	**01/25/25 1258**	**01/25/25 1000**
Temp	—	—	—	36.3 °C	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	72	—
Heart Rate Source	—	—	—	Monitor	—
Resp	**28** !	20	—	—	—
BP	—	—	—	**149/67** !	—
MAP (mmHg)	—	—	—	94	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—
Vital Sign Reason	—	—	—	Routine	—
SpO2	—	—	—	**87 %** !	—
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Rating: FLACC (Rest) - Face	—	—	—	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested
Pain Rating: FLACC (Rest) - Legs	—	—	—	Normal position or relaxed	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	—	—	—	Lying quietly, normal position, moves easily	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	—	—	—	No cry (awake or asleep)	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	—	—	—	Reassured by occasional touch, hug or being talked to	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	—	—	—	2	2
Row Name	**01/25/25 0900**	**01/25/25 0812**	**01/25/25 0300**	**01/25/25 0232**	**01/25/25 0200**

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Temp	—	36.1 °C	36.3 °C	—	—
Temp src	—	Temporal	Temporal	—	—
Pulse	—	71	71	71 [N4]	71
Heart Rate Source	—	Monitor	—	—	—
Resp	—	**32** !	**22** !	—	—
BP	—	111/65	**154/73** !	—	—
MAP (mmHg)	—	80	—	—	—
BP Site	—	Left Arm	Left Arm	—	—
BP Method	—	Automatic	Automatic	—	—
Patient Position	—	Lying	—	—	—
Vital Sign Reason	—	Routine	—	—	—
SpO2	—	95 %	92 %	**85 %** !	92 %
Pulse Oximetry Type	—	Intermittent	—	—	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	—
Pain Assessment	—	N-PASS	—	—	—
Pain Descriptor Scale	—	Unable to describe	—	—	—
Facial Expression	Grimacing	—	—	—	—
Pain/Agitation - Crying/Irritability	—	No pain signs	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Normal position or relaxed	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Lying quietly, normal position, moves easily	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Rest)	—	2	—	—	—
Sedation Scale Used	Ramsay Scale (RS) Score	—	—	—	—
Ramsay Scale (RS): Score	Asleep, a brisk response to a light glabellar tap or loud auditory stimulus	—	—	—	—

Row Name	**01/25/25 0146**	**01/25/25 0143**	**01/24/25 2200**	**01/24/25 2155**	**01/24/25 2000**
Temp	—	—	—	36.1 °C	—
Temp src	—	—	—	Temporal	—
Pulse	—	—	—	70	70
Heart Rate Source	—	—	—	Monitor	Monitor
Resp	—	—	—	20	20
BP	—	—	—	**145/74** !	—
MAP (mmHg)	—	—	98	98	—
BP Site	—	—	—	Left Arm	—
BP Method	—	—	—	Automatic	—
Patient Position	—	—	—	Lying	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Vital Sign Reason	—	—	—	Routine	—
SpO2	93 %	**85 %** !	—	95 %	94 %
Pulse Oximetry Type	—	—	—	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	—	No	No
Oxygen Therapy	—	—	—	None (Room air)	—
Nursing Annotation	—	Pt. aspirated. Called RT, paged provider.	—	—	—
Row Name	**01/24/25 1531**	**01/24/25 0833**	**01/24/25 0006**	**01/23/25 1534**	**01/23/25 1005**
Temp	36.2 °C	36 °C	36.2 °C	36.3 °C	—
Temp src	Temporal	Temporal	Temporal	Temporal	—
Pulse	71	71	70	70	—
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	—
Resp	18	18	18	18	—
BP	139/78	**159/67** !	115/61	**154/75** !	—
MAP (mmHg)	98	97	79	101	—
BP Site	Left Arm	Left Arm	Left Arm	Left Arm	—
BP Method	Automatic	Automatic	Automatic	Automatic	—
Patient Position	Lying	Lying	Lying	Lying	—
Vital Sign Reason	Routine	Routine	Routine	Routine	—
SpO2	94 %	96 %	93 %	98 %	—
Pulse Oximetry Type	Intermittent	Intermittent	—	Intermittent	—
Oximetry Probe Site Changed	No	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	—
Facial Expression	—	—	—	—	Grimacing
Body Movements	—	—	—	—	Restlessness/agitation
Vocalization (Extubated Patients)	—	—	—	—	Sighing, moaning
Muscle Tension	—	—	—	—	Tense, rigid
Critical-Care Pain Observation Score	—	—	—	—	6
Row Name	**01/23/25 0850**	**01/23/25 0309**	**01/23/25 0238**	**01/23/25 0040**	**01/22/25 2119**
Temp	**35.9 °C** !	—	—	36.1 °C	36.8 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	74	—	70	72	70
Heart Rate Source	Monitor	—	—	Monitor	—
Resp	18	—	18	20	20
BP	**187/99** !	—	**143/74** !	**171/87** !	**145/75** !
MAP (mmHg)	128	—	97	115	99
BP Site	Left Arm	—	—	Left Arm	Left Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	Routine	—	—	Routine	—
SpO2	98 %	—	96 %	94 %	95 %
Pulse Oximetry Type	Intermittent	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Assessment	—	—	—	FLACC	—
Facial Expression	—	—	—	Grimacing	—
Body Movements	—	—	—	Restlessness/agitation	—
Compliance with the Ventilator (Intubated Patients)	—	—	—	Tolerating ventilator or movement	—
Vocalization (Extubated Patients)	—	—	—	Crying out, sobbing	—
Muscle Tension	—	—	—	Very tense or rigid	—
Critical-Care Pain Observation Score	—	—	—	8	—
Pain Interventions	—	—	—	Medication (See MAR)	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—

Row Name	01/22/25 1518	01/22/25 0922	01/22/25 0903	01/22/25 0007	01/21/25 1615
Temp	36 °C	—	36.2 °C	37.2 °C	—
Temp src	Temporal	—	Temporal	Temporal	—
Pulse	70	—	70	70	—
Heart Rate Source	Monitor	—	Monitor	Monitor	—
Resp	18	—	18	18	—
BP	**116/56** !	—	129/62	140/70	—
MAP (mmHg)	76	—	89	94	—
BP Site	Left Arm	—	Left Arm	Right Arm	—
BP Method	Automatic	—	Automatic	Automatic	—
Patient Position	Lying	—	Lying	Lying	—
Vital Sign Reason	Routine	—	Routine	Routine	—
SpO2	96 %	—	96 %	92 %	—
Pulse Oximetry Type	Intermittent	—	Intermittent	—	—
Oximetry Probe Site Changed	Yes	—	Yes	—	—
Oxygen Therapy	None (Room air)	—	None (Room air)	None (Room air)	—
Facial Expression	—	Grimacing	—	—	—
Body Movements	—	Restlessness/agitation	—	—	—
Vocalization (Extubated Patients)	—	Crying out, sobbing	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	7	—	—	—
Pain Interventions	—	Repositioned;Medication (See MAR)	—	—	—
Provider Name	—	—	—	—	Holmberg
Provider Role	—	—	—	—	Attending physician
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	No new orders
Row Name	**01/21/25 1614**	**01/21/25 1528**	**01/21/25 1524**	**01/21/25 1319**	**01/21/25 1041**
Temp	—	36.7 °C	—	—	36.8 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	72	—	—	70
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	18	—	—	20
BP	—	**165/74** !	—	—	137/69
MAP (mmHg)	—	105	—	—	92
BP Site	—	Right Arm	—	—	Right Arm
BP Method	—	Automatic	—	—	Automatic
Patient Position	—	Lying	—	—	Lying
Vital Sign Reason	—	Routine	—	—	Routine
Telemetry/Cardiac Monitor	—	No	—	—	No
SpO2	—	94 %	—	—	94 %
Pulse Oximetry Type	—	Intermittent	—	—	Intermittent
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Pain Assessment	—	—	FLACC	FLACC	—
Pain Score	—	—	6	3	—
Pain Interventions	—	—	Medication (See MAR)	Repositioned;Relaxation technique;Medication (See MAR)	—
Patient Behaviors	—	—	Agitated;Restless	—	—
Pain Rating: FLACC (Rest) - Face	—	—	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—
Pain Rating: FLACC (Rest) - Legs	—	—	Kicking, or legs drawn up	Uneasy, restless, tense	—
Pain Rating: FLACC (Rest) - Activity	—	—	Squirming, shifting back and forth, tense	Squirming, shifting back and forth, tense	—
Pain Rating: FLACC (Rest) - Cry	—	—	No cry (awake or asleep)	No cry (awake or asleep)	—
Pain Rating: FLACC (Rest) - Consolability	—	—	Difficult to console or comfort	Content, relaxed	—
Score: FLACC (Rest)	—	—	6	3	—
Reason for Communication	Other (Comment)	—	—	—	—
Provider Name	Holmberg	—	—	—	—
Provider Role	Attending physician	—	—	—	—
Method of Communication	Secure Chat	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Response	Waiting for response	—	—	—	—
Row Name	**01/21/25 1005**	**01/21/25 0933**	**01/21/25 0928**	**01/21/25 0527**	**01/20/25 2145**
Temp	—	—	36.6 °C	36.4 °C	36.5 °C
Temp src	—	—	Temporal	Temporal	Temporal
Pulse	—	—	70	75	70
Heart Rate Source	—	—	Monitor	Monitor	Monitor
Resp	—	—	**24** !	16	16
BP	—	—	—	**161/79** !	**144/71** !
BP Site	—	—	—	Right Arm	Right Arm
BP Method	—	—	—	Automatic	Automatic
Patient Position	—	—	—	Lying	Lying
Vital Sign Reason	—	—	—	Routine	Routine
SpO2	—	—	94 %	96 %	96 %
Pulse Oximetry Type	—	—	—	Intermittent	—
Oximetry Probe Site Changed	—	—	—	No	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	FLACC	—	FLACC	—	FLACC
Pain Interventions	—	Medication (See MAR);Relaxation technique	—	—	—
Pain Rating: FLACC (Rest) - Face	Occasional grimace or frown, withdrawn, disinterested	Occasional grimace or frown, withdrawn, disinterested	—	—	No particular expression or smile
Pain Rating: FLACC (Rest) - Legs	Kicking, or legs drawn up	Uneasy, restless, tense	—	—	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	Arched, rigid or jerking	—	—	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	No cry (awake or asleep)	Crying steadily, screams or sobs, frequent complaint	—	—	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	Difficult to console or comfort	—	—	Reassured by occasional touch, hug or being talked to
Score: FLACC (Rest)	5	8	—	—	1
Row Name	**01/20/25 1830**	**01/20/25 1548**	**01/20/25 1545**	**01/20/25 1255**	**01/20/25 0946**
Temp	—	—	36 °C	—	36.7 °C
Temp src	—	—	Temporal	—	Temporal
Pulse	—	—	76	—	70
Heart Rate Source	—	—	Monitor	—	Monitor
Resp	—	—	16	—	16
BP	—	**156/70** !	**163/72** !	—	123/69
MAP (mmHg)	—	99	102	—	—
BP Site	—	—	Right Arm	—	Left Arm
BP Method	—	—	Automatic	—	Automatic
Patient Position	—	—	Lying	—	Lying
Vital Sign Reason	—	—	Routine	—	Routine
SpO2	—	—	99 %	—	95 %
Pulse Oximetry Type	—	—	Intermittent	—	—
Oximetry Probe	—	—	No	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Site Changed					
Oxygen Therapy	—	—	None (Room air)	—	None (Room air)
Pain Assessment	—	—	—	—	FLACC
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	—	—	Patient sleeping
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	Frequent to constant frown, clenched jaw, quivering chin	No particular expression or smile
Pain Rating: FLACC (Rest) - Legs	Uneasy, restless, tense	—	—	Kicking, or legs drawn up	Normal position or relaxed
Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	Squirming, shifting back and forth, tense	Lying quietly, normal position, moves easily
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	Crying steadily, screams or sobs, frequent complaint	No cry (awake or asleep)
Pain Rating: FLACC (Rest) - Consolability	Difficult to console or comfort	—	—	Difficult to console or comfort	Content, relaxed
Score: FLACC (Rest)	8	—	—	9	0

Row Name	01/20/25 0730	01/20/25 0200	01/19/25 1931	01/19/25 1540	01/19/25 1430
Temp	—	—	36.3 °C	**35.7 °C** !	—
Temp src	—	—	Temporal	Temporal	—
Pulse	—	—	72	70	—
Heart Rate Source	—	—	Monitor	Monitor	—
Resp	—	—	16	16	—
BP	—	—	128/72	136/75	—
MAP (mmHg)	—	—	91	95	—
BP Site	—	—	Left Arm	Left Arm	—
BP Method	—	—	Automatic	Automatic	—
Patient Position	—	—	Lying	Lying	—
Vital Sign Reason	—	—	Routine	Routine	—
SpO2	—	—	96 %	94 %	—
Pulse Oximetry Type	—	—	Intermittent	Intermittent	—
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	—	—	None (Room air)	None (Room air)	—
Pain Assessment	FLACC	—	Pain Scale	—	—
Pain Score	—	—	Patient sleeping	—	—
Pain Location	Amputation site	—	—	—	—
Pain Interventions	—	—	—	—	Medication (See MAR)
Patient Behaviors	Agitated;Facial grimacing;Groaning;Moaning	—	—	—	—
Response to Interventions	—	—	—	—	Yes
Pain Rating: FLACC (Rest) - Face	Frequent to constant frown, clenched jaw, quivering chin	—	—	—	—
Pain Rating: FLACC (Rest) - Legs	Kicking, or legs drawn up	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Pain Rating: FLACC (Rest) - Activity	Squirming, shifting back and forth, tense	—	—	—	—
Pain Rating: FLACC (Rest) - Cry	Crying steadily, screams or sobs, frequent complaint	—	—	—	—
Pain Rating: FLACC (Rest) - Consolability	Reassured by occasional touch, hug or being talked to	—	—	—	—
Score: FLACC (Rest)	8	—	—	—	—
Sedation Scale Used	Richmond Agitation Sedation Scale	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Nursing Annotation	—	Attempted to give Oral Tylenol. Pt unable to attempt to drink oral solution without aspirating. MD ordered Tylenol as rectal route but Family at bedside refused at this time to give via route.	—	—	—

Row Name	**01/19/25 1321**	**01/19/25 1215**	**01/19/25 1142**	**01/19/25 1123**	**01/19/25 0900**
Resp	—	—	—	16	—
SpO2	—	—	—	—	95 %
Oxygen Therapy	—	—	—	None (Room air)	None (Room air)
Reason for Communication	—	—	—	—	—
Provider Name	Holmberg, MD	Holmberg, MD	Holmberg, MD	—	—
Method of Communication	Secure Chat	Secure Chat	Secure Chat	—	—
Response	—	—	Other (Comment)	—	—

Row Name	**01/19/25 0820**	**01/19/25 0812**	**01/19/25 0719**	**01/19/25 0458**	**01/19/25 0454**
Temp	—	36.8 °C	—	—	36.3 °C
Temp src	—	Temporal	—	—	Temporal
Pulse	—	70	—	—	74
Heart Rate Source	—	Monitor	—	—	Monitor
Resp	—	18	—	—	20
BP	—	124/67	**114/57** !	**185/78** !	**202/106** !
MAP (mmHg)	—	—	—	114	138
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	Other(comment)	Routine
SpO2	—	96 %	—	—	96 %
Pulse Oximetry Type	—	Intermittent	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	—	None (Room air)	—	—	None (Room air)
Weight	56.2 kg (123 lb 14.4 oz)	—	—	—	—
Weight Method	Bed scale	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Reason for Communication	—	—	—	—	Abnormal vitals
Provider Name	—	—	—	—	Joel Rosiene
Provider Role	—	—	—	—	Resident
Method of Communication	—	—	—	—	Secure Chat
Response	—	—	—	—	En route
Row Name	**01/19/25 0030**	**01/18/25 2100**	**01/18/25 1740**	**01/18/25 1612**	**01/18/25 1607**
Temp	36.8 °C	36.8 °C	—	36.6 °C	—
Temp src	Temporal	Temporal	—	Temporal	—
Pulse	70	70	—	70	—
Heart Rate Source	Monitor	Monitor	—	Monitor	—
Resp	18	16	—	19	—
BP	**163/91** !	128/70	—	139/80	—
BP Site	Left Arm	Left Arm	—	Left Arm	—
BP Method	Automatic	Automatic	—	Automatic	—
Patient Position	Lying	Lying	—	Lying	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	94 %	93 %	—	96 %	—
Pulse Oximetry Type	—	Intermittent	—	Intermittent	—
Oximetry Probe Site Changed	—	No	—	—	—
Oxygen Therapy	None (Room air)	None (Room air)	—	None (Room air)	—
Pain Assessment	—	FLACC	No/denies pain	—	Pain Scale
Pain Descriptor Scale	—	—	—	—	—
Pain Location	—	—	—	—	LLE "stump pain"
Pain Interventions	—	—	MD notified (Comment)	—	—
Patient Behaviors	—	—	Groaning;Facial grimacing;Restless; Other (Comment)	—	—
Pain Rating: FLACC (Rest) - Face	—	Occasional grimace or frown, withdrawn, disinterested	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	No cry (awake or asleep)	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Reassured by occasional touch, hug or being talked to	—	—	—
Score: FLACC (Rest)	—	4	—	—	—
Row Name	**01/18/25 1520**	**01/18/25 1230**	**01/18/25 0815**	**01/18/25 0032**	**01/17/25 2033**
Temp	—	36.4 °C	36.1 °C	36.2 °C	36.8 °C
Temp src	—	Temporal	Temporal	Temporal	Temporal
Pulse	70	71	—	70	73
Heart Rate Source	Monitor	Monitor	Monitor	Monitor	Monitor
Resp	20	20	20	20	**22** !
BP	—	136/72	136/71	**144/71** !	**157/79** !

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

MAP (mmHg)	—	—	92	95	105
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	Routine	—	—
Telemetry/Cardiac Monitor	—	—	—	—	Yes
Cardiac Rhythm	—	—	—	—	Ventricular Paced
SpO2	—	96 %	93 %	96 %	97 %
Pulse Oximetry Type	—	Intermittent	Intermittent	Intermittent	Intermittent
Oximetry Probe Site Changed	—	—	No	—	—
Oxygen Therapy	None (Room air)	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Assessment	—	—	—	—	CPOT
Pain Score	Patient sleeping	—	—	—	—
Pain Descriptor Scale	Patient sleeping	—	—	—	—
Facial Expression	—	—	—	—	Tense
Body Movements	—	—	—	—	Absence of movements or normal position
Vocalization (Extubated Patients)	—	—	—	—	Talking in normal tone or no sound
Muscle Tension	—	—	—	—	Relaxed
Critical-Care Pain Observation Score	—	—	—	—	1

Row Name	**01/17/25 1656**	**01/17/25 1529**	**01/17/25 1118**	**01/17/25 0945**	**01/17/25 0739**
Temp	—	36.6 °C	36.6 °C	—	36.4 °C
Temp src	—	Temporal	Temporal	—	Temporal
Pulse	—	70	70	—	69
Heart Rate Source	—	Monitor	Monitor	—	Monitor
Resp	—	**28** !	**26** !	—	**28** !
BP	—	**157/66** !	**153/73** !	—	**144/69** !
MAP (mmHg)	—	96	100	—	94
BP Site	—	Left Arm	Left Arm	—	Left Arm
BP Method	—	Automatic	Automatic	—	Automatic
Patient Position	—	Sitting	Lying	—	Lying
Vital Sign Reason	—	Routine	Routine	—	Routine
SpO2	—	93 %	95 %	—	94 %
Pulse Oximetry Type	—	—	Intermittent	—	Intermittent
Oxygen Therapy	—	None (Room air)	None (Room air)	—	None (Room air)
Facial Expression	Grimacing	—	—	—	—
Body Movements	Protection	—	—	—	—
Vocalization (Extubated Patients)	Sighing, moaning	—	—	—	—
Muscle Tension	Tense, rigid	—	—	—	—
Critical-Care Pain Observation Score	5	—	—	—	—
Pain Interventions	Medication (See MAR)	—	—	—	—
Weight	—	—	—	—	54.7 kg (120 lb 9.5

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

					oz)
Weight Method	—	—	—	—	Bed scale
Reason for Communication	—	—	Other (Comment)	Review case	Abnormal vitals
Provider Name	—	—	Segerson, Karen	Acute pain service	Segerson, Karen
Provider Role	—	—	Attending physician	—	Attending physician
Method of Communication	—	—	Secure Chat	Page	Secure Chat
Response	—	—	Other (Comment)	See orders	—
Notification Time	—	—	1129	0946	0752
Row Name	**01/17/25 0343**	**01/17/25 0029**	**01/17/25 0025**	**01/17/25 0024**	**01/16/25 1936**
Temp	36.4 °C	—	—	36.5 °C	36.4 °C
Temp src	Temporal	—	—	Temporal	Temporal
Pulse	73	—	—	72	70
Heart Rate Source	Monitor	—	—	Monitor	Monitor
Resp	**22** !	—	—	**28** !	16
BP	136/65	—	—	124/61	**163/69** !
MAP (mmHg)	89	—	82	—	100
BP Site	Right Arm	—	—	Left Arm	Right Arm
BP Method	Automatic	—	—	Automatic	Automatic
Patient Position	Lying	—	—	Lying	Lying
Vital Sign Reason	—	—	—	—	Routine
SpO2	93 %	—	—	94 %	97 %
Pulse Oximetry Type	—	—	—	—	Intermittent
Oximetry Probe Site Changed	—	—	—	—	No
Oxygen Therapy	None (Room air)	—	—	None (Room air)	None (Room air)
Pain Assessment	—	FLACC	—	—	—
Facial Expression	—	Grimacing	—	—	—
Body Movements	—	Restlessness/agitation	—	—	—
Vocalization (Extubated Patients)	—	Crying out, sobbing	—	—	—
Muscle Tension	—	Tense, rigid	—	—	—
Critical-Care Pain Observation Score	—	7	—	—	—
Pain Rating: FLACC (Rest) - Face	—	Frequent to constant frown, clenched jaw, quivering chin	—	—	—
Pain Rating: FLACC (Rest) - Legs	—	Uneasy, restless, tense	—	—	—
Pain Rating: FLACC (Rest) - Activity	—	Squirming, shifting back and forth, tense	—	—	—
Pain Rating: FLACC (Rest) - Cry	—	Crying steadily, screams or sobs, frequent complaint	—	—	—
Pain Rating: FLACC (Rest) - Consolability	—	Difficult to console or comfort	—	—	—
Score: FLACC (Rest)	—	8	—	—	—
Row Name	**01/16/25 1637**	**01/16/25 1605**	**01/16/25 1340**	**01/16/25 1220**	**01/16/25 0929**
Temp	—	36.9 °C	—	37 °C	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Temp src	—	Temporal	—	Temporal	—
Pulse	—	68	—	81	—
Heart Rate Source	—	Monitor	—	Monitor	—
Resp	—	16	—	16	—
BP	—	**143/80** !	—	125/66	—
MAP (mmHg)	—	101	—	85	—
BP Site	—	Right Arm	—	Right Arm	—
BP Method	—	Automatic	—	Automatic	—
Patient Position	—	Standing	—	Sitting	—
Vital Sign Reason	—	Routine	—	Routine	—
SpO2	—	98 %	—	—	—
Oxygen Therapy	—	None (Room air)	—	—	—
Facial Expression	Relaxed, neutral	—	Tense	—	Grimacing
Body Movements	Absence of movements or normal position	—	Protection	—	Absence of movements or normal position
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	Talking in normal tone or no sound	—	—
Muscle Tension	Relaxed	—	Relaxed	—	Relaxed
Critical-Care Pain Observation Score	0	—	2	—	2
Pain Interventions	—	—	Medication (See MAR)	—	Medication (See MAR)

Row Name	**01/16/25 0908**	**01/16/25 0739**	**01/16/25 0353**	**01/16/25 0115**	**01/15/25 1912**
Temp	—	36.2 °C	36.4 °C	36 °C	36.7 °C
Temp src	—	Temporal	Temporal	Temporal	Temporal
Pulse	—	70	71	71	70
Heart Rate Source	—	Monitor	Monitor	Monitor	Monitor
Resp	—	18	18	18	18
BP	—	133/61	104/63	107/61	108/61
MAP (mmHg)	—	85	78	76	77
BP Site	—	Left Arm	Left Arm	Left Arm	Left Arm
BP Method	—	Automatic	Automatic	Automatic	Automatic
Patient Position	—	Lying	Lying	Lying	Lying
Vital Sign Reason	—	Routine	—	Routine	Routine
SpO2	—	93 %	93 %	96 %	95 %
Pulse Oximetry Type	—	Intermittent	Intermittent	Intermittent	Intermittent
Oximetry Probe Site Changed	—	No	No	No	No
Oxygen Therapy	—	None (Room air)	None (Room air)	None (Room air)	None (Room air)
Pain Descriptor Scale	—	—	—	—	—
Pain Location	LLE	—	—	—	—
Facial Expression	Relaxed, neutral	—	—	—	—
Body Movements	Absence of movements or normal position	—	—	—	—
Vocalization (Extubated Patients)	Talking in normal tone or no sound	—	—	—	—
Muscle Tension	Relaxed	—	—	—	—
Critical-Care Pain Observation Score	0	—	—	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Row Name	01/15/25 1404	01/12/25 0600	01/09/25 2000	01/09/25 1245	01/09/25 1130
Temp	36.1 °C	—	—	—	—
Temp src	Temporal	—	—	—	—
Pulse	71	—	—	**41** !	**38** !
Heart Rate Source	Monitor	—	—	—	—
Resp	20	—	—	15	14
BP	103/61	—	—	132/61	**153/50** !
MAP (mmHg)	75	—	—	82	78
BP Site	Left Arm	—	—	—	—
BP Method	Automatic	—	—	—	—
Patient Position	Lying	—	—	—	—
Vital Sign Reason	Routine	—	—	—	—
SpO2	95 %	—	—	98 %	93 %
Pulse Oximetry Type	Intermittent	—	—	—	—
Oximetry Probe Site Changed	Yes	—	—	—	—
Oxygen Therapy	None (Room air)	—	—	None (Room air)	—
Pain Score	Patient sleeping	—	—	—	—
Height	—	—	5' (1.524 m)	—	—
Height Method	—	—	Stated	—	—
Weight	—	46.4 kg (102 lb 4.7 oz)	—	—	—
Weight Method	—	Bed scale	—	—	—

Row Name	01/09/25 1115	01/09/25 1100
Pulse	**39** !	**44** !
Resp	17	17
BP	**145/54** !	**148/57** !
MAP (mmHg)	81	80
SpO2	100 %	98 %
Oxygen Therapy	—	None (Room air)

Flowsheet Notes

[N1]

Author	Author Type	Service	Note Type	Status	Filed Time
Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/29/25 0918

Note Text

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/27/25
Treatment Duration: 21 Minutes (swallow tx)
Subjective
Patient Report/Self-Assessment: RN cleared SLP for entry. Pt is alert on arrival, appears restless. Supportive son at bedside.
Patient Stated Goal: Per son, to resume PO intake and avoid NGT placement

Prior Function
Prior Function: Patient was seen by SLP november 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist

Objective
Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Impulsive;Distractible;No command following
Patient Positioning: Upright in bed

Consistencies Assessed: 1-Slightly Thick (Ensure)

0-Thin Liquids - Presentation: Spoon

Consistencies Assessed Comment: pt declined a majority of PO trials by shaking her head
Oral Phase: Other;Spillage Right (difficulty achieving intra-oral pressure for straw use)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry

ASSESSMENT/PLAN

Pt seen for swallow tx w/ supportive son present. Given pt's age and waxing/waning mentation, anticipate some degree of ongoing aspiration risk w/ any PO intake. This was discussed w/ pt's son, who states that he does not want an NGT placed and that he is accepting of aspiration risk. Given pt/family GOC, recommend a minced and moist diet (son's request) and thin liquids. Please provide careful 1:1 feeding vs supervision, adhere to strict aspiration precautions and d/c PO w/ inadequate alertness/mentation.

Dysphagia: Other (?presbyphagia + superimposed acute dysphagia i/s/o delirium)
Aspiration Risk: Moderate;High (likely iso waxing/waning mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: Delirium
Prognosis: Fair

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education

SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 5-Minced and moist;0-Thin liquids (per pt/family GOC)
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 5-6x per day;Oral swab and suction;Suction toothbrush/toothette
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time;1:1 feeding;Upright for 30 minutes after eating

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 02/22/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 02/22/25
Goal Status: Progressing

[N2]

Author	Author Type	Service	Note Type	Status	Filed Time
Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/16/25 1202

Note Text

Speech Language Pathology Progress

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/16/25
Treatment Duration: 20 Minutes (swallow tx)

Subjective

Patient Report/Self-Assessment: Provider requested swallow re-assessment 2/2 c/f aspiration. On arrival, pt is alert, responsive to simple questions/directions via written communication 2/2 hearing loss.
Patient Stated Goal: None stated

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table
IADLs: Requires assist
Leisure and Hobbies: travel

Objective

Patient Information
Temperature: Afebrile
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well (utilized white board to write questions/directions/information- pt responded verbally or w/ head shake yes/no)
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids;Hard solids

0-Thin Liquids - Presentation: Straw

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Spoon
Hard Solid - Presentation: Self Fed

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Phase: Prolonged mastication (w/ hard solids suspected; oral residue w/ hard solids- cleared w/ liquid rinse)
Pharyngeal Phase: Other (laryngeal elevation present)
Signs/Symptoms of Penetration/Aspiration: None (note that silent aspiration cannot be excluded at bedside)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Observations: Consistent w/ prior CNE

ASSESSMENT/PLAN

Pt seen for swallow tx w/ no overt s/sx of aspiration across numerous trials though mastication of hard solids continues to appear prolonged w/ incomplete oral clearance. Given prior assessment, pt cue her to take small, single sips, which she was able to do without issue. Given stable respiratory status, Jeanne appears ok to continue current

diet given supervision/assist 2/2 delirium and adherence to aspiration precautions. SLP to continue to follow.

Dysphagia: Other (?presbyphagia)
Aspiration Risk: Low;Moderate (pending mentation)

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: delirium
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow treatment;Patient/family education
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Progressing

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Progressing

[N3]

Author	Author Type	Service	Note Type	Status	Filed Time
Santangelo, Olivia Jane, SLP	Speech Language Pathologist	Speech Language Pathology	Progress Notes	Signed	01/10/25 1102

Note Text

Speech Language Pathology Eval

Patient Name: Jeanne Leonie Hoffman
MRN: U8170135
Date of Service: 01/10/25
Treatment Duration: 20 Minutes (sw eval)

Subjective

Patient Report/Self-Assessment: pt. awake and alert, sitting upright in bed
Patient Stated Goal: to eat/drink

Prior Function

Prior Function: Patient was seen by SLP novemebr 2023: "She demonstrated mild oral deficits and 1 cough that was not repeated with further trials of thin liquids (silent aspiration cannot be ruled out at bedside). Unclear if mild dysphagia vs presbyphagia related changes complicated by ill fitting dentures and recent thrush. Given her performance, recommend thin liquids and soft and bite sized solids (son assisting to self select softer solids as needed" She reports she mainly eats puree and soft solids at baseline. Son endorses coughing with thin liquids when laying in bed, but not when in chair/at table

Objective

Patient Information
Respiratory Status: Room air
Behavior/Cognition: Alert;Participates well
Patient Positioning: Upright in bed

Consistencies Assessed: 0-Thin Liquids;4-Pureed;Soft solids

0-Thin Liquids - Presentation: Straw;Self Fed (with assist)

4 Pureed - Presentation : Spoon;Self Fed
Soft Solids - Presentation: Self Fed

Consistencies Assessed Comment: Patient with intermittent coughing on thin liquids, specifically with larger sips of water. When cued to take slow/small sips, she was able to take water without coughing. no overt s/s aspiration with puree or graham cracker, no significant oral residuals

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Patient/Caregiver Training: SLP education provided regarding patients current swallow function

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 15 of 16) (continued)

Oral Mechanism Examination
Dentition: Adequate with dentures
Oral mucosa: Dry
Volitional cough: Within Functional Limits
Labial ROM: Within Functional Limits
Labial Symmetry: Within Functional Limits
Labial Strength: Within Functional Limits
Lingual ROM: Within Functional Limits
Lingual Symmetry: Within Functional Limits
Lingual Strength: Within Functional Limits
Soft Palate: Within Functional Limits
Vocal Quality: Within Functional Limits

ASSESSMENT/PLAN

Jeanne was seen for initial swallow evaluation with intermittent cough response with large sips of thin liquids. This is likely consistent with presbyphagia, or chronic dysphagia which is common in patients of advanced age. She has had no respiratory issues and current assessment is consistent with SLP eval 11/2023. Her baseline diet is soft solids due to ill-fitting dentures. Recommend soft and bite size textures and thin liquids via small single sips. meds whole in puree. SLP will continue to follow.

Aspiration Risk: Moderate

Impact on Function: Risk for respiratory complications;Risk for not meeting oral nutrition
Confounding Factors: presbyphagia
Prognosis: Good

Evaluation/Treatment Tolerance: Patient tolerated treatment well

Plan
SLP Plan: Skilled SLP
Treatment/Interventions: Swallow eval
SLP Frequency: 1-3x/week

Discharge Recommendations
No follow up SLP indicated

Daily Recommendations
Swallow Recommendations
Diet Recommendations: 6-Soft and bite-sized;0-Thin liquids
Medication Administration Recommendations: Meds whole/halved in puree;Meds crushed in puree
Oral care: Frequency: 2-3x per day;Toothbrush and toothpaste
Aspiration Precautions: As upright as medically possible for all oral intake;1:1 supervision/assistance;Fully alert for all PO intake;Small bites;Small sips;Slow rate;One sip at a time

Goals
Short Term Goal: Tolerate least restrictive diet
Estimated Completion Date: 01/24/25
Goal Status: Updated

Patient/caregiver will participate in education regarding: Dysphagia
Estimated Completion Date: 01/24/25
Goal Status: Updated

[N4]

Author	Author Type	Service	Note Type	Status	Filed Time
Porter, Allen, RN	Registered Nurse	Nursing	Nursing Note	Signed	01/25/25 0510

Note Text

Patient Summary
100 year old female with a PMH notable for HTN, T2DM, HLD, prior DVT, PAD who initially presented to the hospital on 1/9/25 with acute limb ischemia, now s/p L AKA. Course complicated by post-operative bradycardia and new

intermittent Mobitz II heart block requiring temporary TVP, now s/p PPM 1/13. Ready for transfer to acute care as of 1/14.

Came into room after hearing pt.coughing from hallway. Pt. Son stated he gave pt. water. Pt was slumped down low in bed and appeared restless trying to get out of bed. Coughing but not clearing secretions. Readjusted pt. and raised HOB. Provider notified, CXR done at bedside. O2 dropped down into 80s temporarily, pt. Appeared more distressed and mouthing "help me." attempted to suction and apply supplemental O2. Pt. Resisted suctioning and oxygen. Rapid response called. Labs drawn by Stat RN. 500 bolus given per order. pt. NPO pending speech eval. Pt. Respiratory distress resolved, resting comfortable on RA.

	01/25/25 0232
Respiratory	
Respiratory (WDL)	X
Respiratory Pattern	Tachypneic
Respiratory Depth/Rhythm	Shallow
Respiratory Effort	Labored
Respiratory Effort Characteristics	Gasping
Dyspnea Occurrence	At rest
Chest Assessment	Symmetrical
Bilateral Breath Sounds	Clear;Diminished
Cough	Moist;Weak;Unable to clear secretions;Hacking
Respiratory Interventions	
Respiratory Interventions	Oral suction
Vitals	
Pulse	71

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16)

Vitals Data

Row Name	03/08/25 0310	03/07/25 2311	03/07/25 0146	03/06/25 1841	03/06/25 1509
Pain Descriptor Scale	—	Unable to describe	—	—	—
Pain Intensity	Rest	—	—	—	—
Pain Location	—	hip, abd	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	Restless	Agitated	Restless
Row Name	**03/06/25 1202**	**02/28/25 0445**	**02/27/25 0155**	**02/26/25 1957**	**02/26/25 0100**
Richmond Agitation Sedation Scale (RASS)	Restless	Restless	Restless	Restless	Restless
Row Name	**02/25/25 0451**	**02/24/25 2123**	**02/24/25 2035**	**02/24/25 2025**	**02/24/25 0618**
Pain Descriptor Scale	—	—	—	—	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	Very agitated	Very agitated	Agitated	Restless
Row Name	**02/24/25 0348**	**02/23/25 2155**	**02/23/25 1447**	**02/23/25 0638**	**02/23/25 0303**
Pain Score	—	—	—	—	Patient UNavailable for reassessment
Pain Descriptor Scale	—	—	—	Unable to describe	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	—	Agitated	Very agitated
Dose	—	—	*40 mEq	—	—
Volume (mL)	—	—	259.09	—	—
Row Name	**02/23/25 0018**	**02/22/25 1733**	**02/22/25 1546**	**02/22/25 1218**	**02/22/25 0955**
Richmond Agitation Sedation Scale (RASS)	Agitated	Agitated	Very agitated	—	Agitated
Dose	—	—	—	*2 g	—
Volume (mL)	—	—	—	50	—
Row Name	**02/22/25 0954**	**02/21/25 2236**	**02/21/25 0307**	**02/20/25 2238**	**02/20/25 1626**
Pain Location	UTA	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	Agitated	Restless	Agitated	Agitated
Row Name	**02/20/25 1320**	**02/20/25 1019**	**02/20/25 0133**	**02/19/25 0047**	**02/18/25 1339**
Richmond Agitation Sedation Scale (RASS)	Drowsy	Very agitated	Very agitated	Agitated	Agitated
Row Name	**02/18/25 0233**	**02/17/25 2245**	**02/11/25 0358**	**02/11/25 0056**	**02/10/25 0957**
Pain Score	—	7	—	—	—
Pain Intensity	—	—	Rest	—	—
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	02/09/25 1250	02/09/25 1102	02/09/25 1013	02/09/25 0938	02/09/25 0519
Pain Score	—	—	—	—	—
Pain Intensity	Rest	—	Activity	—	—
Pain Location	likely back pain and L AKA stump site.	—	likely back pain and L AKA stump site	—	—
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—
Dose	*1000 mg	—	—	—	*1000 mg
Volume (mL)	100	—	—	—	—
Dose	—	*500 mL	—	—	—
Volume (mL)	—	500	—	—	—
Rate	—	500 mL/hr	—	—	—
Row Name	**02/09/25 0042**	**02/08/25 1457**	**02/08/25 1219**	**02/08/25 1149**	**02/08/25 1021**
Pain Score	Patient UNavailable for reassessment	Patient sleeping	—	—	—
Dose	—	—	—	—	*12.5 g
Volume (mL)	—	—	—	—	250
Dose	—	—	—	*1 g	—
Volume (mL)	—	—	—	50	—
Dose	—	—	*2 g	—	—
Volume (mL)	—	—	50	—	—
Dose	*1000 mg	—	—	—	—
Row Name	**02/08/25 1015**	**02/08/25 0054**	**02/07/25 1217**	**02/06/25 0929**	**02/05/25 2329**
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	Unable to describe	—	Severe	Mild	—
Pain Intensity	Activity	—	Rest	—	—
Pain Location	—	L AKA and abd	back and abdomen	—	—
Row Name	**02/05/25 1959**	**02/05/25 0935**	**02/04/25 2339**	**02/03/25 1757**	**02/03/25 1337**
Pain Score	—	—	—	—	—
Pain Descriptor Scale	None	Mild	Moderate	—	—
Pain Intensity	Rest	Rest	Activity	—	—
Row Name	**02/02/25 1713**	**02/02/25 0916**	**02/01/25 1529**	**01/31/25 0605**	**01/30/25 2226**
Pain Score	1	Patient UNavailable for reassessment	—	—	—
Pain Descriptor Scale	—	—	—	Unable to describe	—
Pain Intensity	—	—	—	Rest	—
Pain Location	—	—	L AKA, abd	Left AKA site	—
Dose	—	—	—	—	*0 mEq
Row Name	**01/30/25 2053**	**01/30/25 1951**	**01/28/25 2109**	**01/28/25 1627**	**01/27/25 2233**
Pain Score	—	—	6	3	—
Pain Descriptor Scale	—	—	Moderate	—	Moderate
Pain Intensity	—	—	Rest	—	Rest
Pain Location	—	—	left thigh	—	left thigh
Dose	*40 mEq	—	—	—	—
Volume (mL)	270	—	—	—	—
Dose	—	*4 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/27/25 1215**	**01/27/25 0936**	**01/27/25 0054**	**01/26/25 2214**	**01/26/25 2037**
Pain Score	—	—	Patient sleeping	—	—
Pain Descriptor Scale	Moderate	Severe	—	—	Unable to describe
Pain Intensity	Rest	Rest	—	—	—
Row Name	**01/26/25 1850**	**01/26/25 1503**	**01/26/25 0909**	**01/25/25 1321**	**01/25/25 0346**
BP	—	—	123/66	—	—
BP Site	—	—	Right Leg	—	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Pulse	—	—	70	—	—
SpO2	—	—	95 %	—	—
Pain Score	—	—	—	—	—
Pain Descriptor Scale	Moderate	Moderate	—	—	—
Pain Intensity	Activity	Activity	—	—	—
Pain Location	unknown	"bilateral knee"	—	—	—
Dose	—	—	—	—	*500 mL
Volume (mL)	—	—	—	—	500
Rate	—	—	—	—	500 mL/hr
Row Name	**01/24/25 1651**	**01/24/25 1045**	**01/23/25 2300**	**01/23/25 1749**	**01/23/25 1624**
Pain Score	5	8	Patient sleeping	—	—
Pain Descriptor Scale	—	—	—	Moderate	Moderate
Row Name	**01/22/25 1635**	**01/22/25 0927**	**01/22/25 0136**	**01/21/25 1954**	**01/21/25 0530**
Pain Descriptor Scale	—	—	Severe	Severe	Unable to describe
Richmond Agitation Sedation Scale (RASS)	Agitated	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/20/25 0356**	**01/20/25 0255**	**01/19/25 2219**	**01/19/25 2121**	**01/19/25 1730**
Pain Score	10	—	Patient UNavailable for reassessment	—	Patient sleeping
Richmond Agitation Sedation Scale (RASS)	—	Agitated	—	Agitated	—
Row Name	**01/19/25 1227**	**01/19/25 0842**	**01/19/25 0824**	**01/19/25 0637**	**01/19/25 0526**
Pain Descriptor Scale	Severe	—	—	Severe	Severe
Pain Intensity	Rest	—	—	—	—
Pain Location	—	—	Pt says she doesn't know if she is having any pain. Pt appears comfortable at this time	—	—
Richmond Agitation Sedation Scale (RASS)	Very agitated	—	—	—	—
Dose	—	*2 g	—	—	—
Volume (mL)	—	50	—	—	—
Row Name	**01/19/25 0515**	**01/18/25 1607**	**01/18/25 1004**	**01/18/25 0851**	**01/18/25 0532**
Pain Descriptor Scale	Severe	—	Moderate	Moderate	—
Pain Intensity	—	Rest	Rest	Activity	—
Dose	—	—	—	—	*500 mg
Row Name	**01/17/25 2122**	**01/17/25 1301**	**01/17/25 0912**	**01/17/25 0557**	**01/17/25 0122**
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	Unable to describe	—	—
Dose	*500 mg	*500 mg	—	*500 mg	—
Volume (mL)	—	105	—	—	—
Row Name	**01/16/25 2315**	**01/16/25 2117**	**01/16/25 1339**	**01/16/25 1235**	**01/16/25 0559**
Pain Descriptor Scale	Unable to describe	—	—	Unable to describe	—
Dose	—	*500 mg	*500 mg	—	*500 mg

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/15/25 2101	01/15/25 1830	01/15/25 1823	01/15/25 1653	01/13/25 1643
Pain Descriptor Scale	—	Unable to describe	Mild	—	—
Dose (mcg/min) Phenylephrine	—	—	—	—	*50 mcg
Dose	*500 mg	—	—	*500 mg	—
Volume (mL)	—	—	—	105	—
Row Name	**01/13/25 0542**	**01/12/25 1221**	**01/12/25 1112**	**01/12/25 1110**	**01/12/25 1033**
Dose	*2 g	—	—	—	—
Richmond Agitation Sedation Scale (RASS)	—	—	—	Drowsy	Drowsy
Volume (mL)	—	—	250	—	—
Rate	—	—	1000 mL/hr	—	—
Dose	—	*250 mL	—	—	—
Volume (mL)	—	250	—	—	—
Rate	—	1000 mL/hr	—	—	—
Row Name	**01/12/25 0900**	**01/12/25 0846**	**01/12/25 0835**	**01/12/25 0834**	**01/12/25 0749**
Richmond Agitation Sedation Scale (RASS)	Drowsy	Very agitated	Combative	Combative	—
Dose	—	—	—	—	*500 mL
Volume (mL)	—	—	—	—	500
Rate	—	—	—	—	1000 mL/hr
Row Name	**01/12/25 0635**	**01/12/25 0545**	**01/12/25 0447**	**01/11/25 2320**	**01/11/25 1845**
Dose	—	—	—	—	*500 mg
Volume (mL)	—	—	—	—	50
Dose	—	*2 g	—	—	—
Richmond Agitation Sedation Scale (RASS)	Drowsy	—	Very agitated	Agitated	—
Row Name	**01/11/25 1840**	**01/11/25 1346**	**01/11/25 1113**	**01/11/25 1022**	**01/11/25 0555**
Dose	—	—	*500 mg	—	*500 mg
Pain Score	—	—	—	—	0
Richmond Agitation Sedation Scale (RASS)	—	—	—	Restless	—
Dose	—	*500 mL	—	—	—
Volume (mL)	—	500	—	—	—
Cumulative Dose (mL) Ropivacaine 0.2%	105.55 mL	—	—	—	—
Row Name	**01/10/25 2300**	**01/10/25 1817**	**01/10/25 1407**	**01/10/25 1330**	**01/10/25 0823**
BP	—	—	—	134/63	—
Pulse	—	—	—	60	—
Dose	*500 mg	*500 mg	*500 mg	—	—
Pain Score	—	—	—	—	Patient sleeping
Pain Descriptor Scale	—	—	Moderate	—	—
Pain Intensity	—	—	Rest	—	—
Row Name	**01/10/25 0801**	**01/10/25 0549**	**01/10/25 0402**	**01/10/25 0331**	**01/10/25 0302**
Dose	—	*500 mg	—	—	—
Volume (mL)	—	—	270	—	—
Dose	—	—	—	—	*2 g
Volume (mL)	—	—	—	—	100
Dose	—	—	—	*2 g	—

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Volume (mL)	—	—	—	50	—
Pain Score	Patient sleeping	—	—	—	—
Row Name	**01/10/25 0012**	**01/09/25 2327**	**01/09/25 2142**	**01/09/25 1813**	
Algorithm	—	—	—	1	
Dose	—	—	*500 mL	—	
Volume (mL)	—	—	500	—	
Rate	—	—	500 mL/hr	—	
Dose	—	*500 mg	—	—	
Dose	*250 mL	—	—	—	
Volume (mL)	250	—	—	—	
Rate	1000 mL/hr	—	—	—	

Vitals Reassessment

Row Name	**03/03/25 0810**	**02/25/25 2123**	**02/24/25 0610**	**02/24/25 0012**	**02/23/25 2127**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/23/25 0608**	**02/22/25 1943**	**02/22/25 1619**	**02/22/25 0941**	**02/21/25 1700**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/21/25 0747**	**02/20/25 2246**	**02/20/25 1518**	**02/20/25 1505**	**02/20/25 1414**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/20/25 1341**	**02/20/25 1325**	**02/20/25 0859**	**02/19/25 2307**	**02/19/25 1224**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/19/25 0947**	**02/19/25 0400**	**02/18/25 2054**	**02/18/25 1602**	**02/18/25 0806**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/17/25 2032**	**02/17/25 1407**	**02/17/25 0757**	**02/16/25 1538**	**02/16/25 0516**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/15/25 2124**	**02/15/25 1646**	**02/15/25 0933**	**02/15/25 0054**	**02/14/25 1702**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/14/25 0811**	**02/14/25 0646**	**02/13/25 1536**	**02/13/25 0813**	**02/13/25 0359**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/12/25 1910**	**02/12/25 1508**	**02/12/25 1130**	**02/11/25 1638**	**02/11/25 0901**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/10/25 2318**	**02/10/25 1636**	**02/10/25 0900**	**02/09/25 2143**	**02/09/25 1528**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/09/25 0753**	**02/08/25 2300**	**02/08/25 1516**	**02/08/25 0902**	**02/08/25 0052**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/07/25 1607**	**02/07/25 0800**	**02/07/25 0613**	**02/06/25 2105**	**02/06/25 1715**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/06/25 0908**	**02/05/25 1700**	**02/05/25 0853**	**02/04/25 1606**	**02/04/25 0704**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/03/25 1622**	**02/02/25 2238**	**02/02/25 1648**	**02/02/25 0041**	**02/01/25 1700**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**02/01/25 0856**	**01/31/25 2340**	**01/31/25 1558**	**01/31/25 0853**	**01/30/25 1549**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/30/25 0836	01/29/25 0735	01/28/25 1942	01/28/25 1100	01/28/25 0429
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/27/25 2007**	**01/27/25 1036**	**01/27/25 0829**	**01/26/25 2332**	**01/26/25 1735**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/25/25 2047**	**01/25/25 1737**	**01/25/25 0812**	**01/25/25 0300**	**01/24/25 2155**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/24/25 1531**	**01/24/25 0833**	**01/24/25 0006**	**01/23/25 1534**	**01/23/25 0850**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/23/25 0238**	**01/23/25 0040**	**01/22/25 2119**	**01/22/25 1518**	**01/22/25 0903**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/22/25 0007**	**01/21/25 1528**	**01/21/25 1041**	**01/21/25 0527**	**01/20/25 2145**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/20/25 1545**	**01/20/25 0946**	**01/19/25 1931**	**01/19/25 1540**	**01/19/25 1123**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/19/25 0812**	**01/19/25 0454**	**01/19/25 0030**	**01/18/25 2100**	**01/18/25 1612**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/18/25 1230**	**01/18/25 0032**	**01/17/25 2033**	**01/17/25 1529**	**01/17/25 1118**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/17/25 0739**	**01/17/25 0343**	**01/17/25 0024**	**01/16/25 1936**	**01/16/25 1605**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/16/25 0739**	**01/16/25 0353**	**01/16/25 0115**	**01/15/25 1912**	**01/15/25 1404**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/15/25 1200**	**01/15/25 0800**	**01/15/25 0400**	**01/15/25 0000**	**01/14/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 1638**	**01/14/25 1600**	**01/14/25 1200**	**01/14/25 1000**	**01/14/25 0900**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0800**	**01/14/25 0400**	**01/14/25 0300**	**01/14/25 0200**	**01/14/25 0100**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/14/25 0000**	**01/13/25 2300**	**01/13/25 2200**	**01/13/25 2100**	**01/13/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 1720**	**01/13/25 0800**	**01/13/25 0700**	**01/13/25 0600**	**01/13/25 0500**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/13/25 0400**	**01/13/25 0300**	**01/13/25 0000**	**01/12/25 2000**	**01/12/25 1600**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 1500**	**01/12/25 1200**	**01/12/25 1000**	**01/12/25 0900**	**01/12/25 0800**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/12/25 0635**	**01/11/25 2300**	**01/11/25 2200**	**01/11/25 2100**	**01/11/25 2000**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/11/25 1200**	**01/10/25 0900**	**01/10/25 0500**	**01/10/25 0400**	**01/10/25 0300**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Flowsheets (group 16 of 16) (continued)

Row Name	01/10/25 0200	01/10/25 0100	01/10/25 0000	01/09/25 2300	01/09/25 2200
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 2100**	**01/09/25 2000**	**01/09/25 1900**	**01/09/25 1830**	**01/09/25 1815**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 1800**	**01/09/25 1755**	**01/09/25 1750**	**01/09/25 1245**	**01/09/25 1130**
Restart Vitals Timer	Yes	Yes	Yes	Yes	Yes
Row Name	**01/09/25 1115**	**01/09/25 1100**			
Restart Vitals Timer	Yes	Yes			

Care Plan

Active

Problem: Friction/Shear

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Impaired Nutrition

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Problem: Moisture/Incontinence

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence

Dates: Start: 03/08/25
Disciplines: Interdisciplinary

Resolved

Problem: Activity Intolerance

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Not Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Does not become tachycardic with activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Does not become short of breath with activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Patient tachypneic with exertion/activity, returns to baseline without intervention

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Improved with fluids,

Problem: Aspiration Risk

Dates: Start: 01/30/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: No S/S of Aspiration (Resolved)

Dates: Start: 01/30/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS
1. Monitor: Oral intake
2. Assess for aspiration
3. Assess cough
4. Assess enteral tube placement
5. Communicate: dietitian
6. Consider consult with SLS
7. Enteral tube feeding management
8. Assist with feeding
9. Maintain HOB elevation
10. Provide oral care
11. Protocol: Tube feeding

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/12/25 0632	Tran, Andy, RN	Not Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing

Problem: Decreased Cardiac Output

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Demonstrates adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/15/25 0757	Nacol, Lani Kusu, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Free of side effects from meds for adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Deficient/excessive Fluid Volume

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Exhibits warm, dry skin, eupnea w/absence pulmonary crackles (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Extremities cool, dry. No crackles. Increased WOB with activity

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: No fluid boluses or blood products required in 24hrs? (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Not Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/25/25 1355	Hollingsworth, Louise C, RN	Not Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Received 1L D5 1/2 NS today

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

1 L NS given today

Goal: At Goal Weight - Euvolemic (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Free from Fall Injury

Dates: Start: 01/09/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of injury from fall (Resolved)

Dates: Start: 01/09/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: Refer to interventions and risk for injury documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 2011	Bennett, Theodore, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/24/25 1748	Porter, Allen, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/23/25 1714	Porter, Allen, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/17/25 2059	Gawat, Maria C, RN	Progressing
02/17/25 0818	Bounthong, Vanh K, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/12/25 0632	Tran, Andy, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/09/25 1524	Sano, Naomi, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Problem: Friction/Shear

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to friction/shear (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/20/25 1658	Kim, Christine Yuhyun, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Impaired Nutrition

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired nutrition (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Not Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/25/25 1355	Hollingsworth, Louise C, RN	Not Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

Patient had small amount of PO intake today

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Maintenance fluids with dextrose started. High risk for aspiration at this time. NGT not possible, deferred for now. MD aware

Problem: Impaired Sensory/Perception/Mobility/Activity

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to impaired sensory/perception/mobility/activity (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Ineffective Tissue Perfusion

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Demonstrates adequate cardiac output (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Exhibits warm, dry skin, eupnea w/absence pulmonary crackles (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

Description:
INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 2115	Bertram, Olivia T, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Problem: Moisture/Incontinence

Dates: Start: 01/15/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Maintain skin integrity or prevent further skin breakdown related to moisture/incontinence (Resolved)

Dates: Start: 01/15/25 Expected End: 03/06/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Not Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing

Goal Note filed on 01/26/25 1654 by Wylie, Ariana, Nursing Student

Incontinent to urine 3 times this shift.

Problem: Palliative care

Dates: Start: 02/24/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Death with dignity and comfort (Resolved)

Dates: Start: 02/24/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Assist/support family w/end of life decision making/support
2. Manage symptoms and pain relief

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing

Problem: Risk for Decreased Cardiac Tissue Perfusion

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Pt explains actions, precautions to take for cardiac disease (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/15/25 0757	Nacol, Lani Kusu, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal: Remains free of arrhythmia events (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Problem: Risk for Vascular Trauma

Dates: Start: 01/10/25 Resolved: 03/08/25
Disciplines: Nurse, Interdisciplinary

Goal: Remain free of vascular trauma (Resolved)

Dates: Start: 01/10/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: INTERVENTIONS:
1. Monitor patient hemodynamics
2. Monitor cardiac rhythm
3. Monitor daily weight
4. Monitor for bleeding
5. Monitor for infection at surgical site
6. Monitor for CV signs/symptoms
7. Monitor output/response to diuretic medications
8. Monitor I&O
9. Assess need for IV access daily and remove as soon as possible
10. Identify IV meds that can transition to PO
11. Replace electrolytes
12. Strict I&O
13. Educate pt/family re: CV illness & treatment

Disciplines: Interdisciplinary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing
02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Goal Note filed on 01/27/25 1406 by Wylie, Ariana, Nursing Student

RLE cool

Problem: Safety - Medical Restraint

Dates: Start: 01/12/25 Resolved: 01/25/25
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Goal: Remains free of injury from restraints (Restraint for Interference with Medical Device) (Resolved)

Dates: Start: 01/12/25 Expected End: 01/30/25 Resolved: 01/25/25
Description: INTERVENTIONS:
1. Determine that other, less restrictive measures have been tried or would not be effective before applying the restraint
2. Evaluate the patient's condition at the time of restraint application
3. Inform patient/family regarding the reason for restraint
4. Q2H: Monitor safety, psychosocial status, comfort, nutrition and hydration
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Outcomes

Date/Time	User	Outcome
01/25/25 1355	Hollingsworth, Louise C, RN	Completed
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Goal: Free from restraint(s) (Restraint for Interference with Medical Device) (Resolved)

Dates: Start: 01/12/25 Expected End: 01/30/25 Resolved: 01/25/25
Description: INTERVENTIONS:
1. ONCE/SHIFT or MINIMUM Q12H: Assess and document the continuing need for restraints
2. Q24H: Continued use of restraint requires LIP to perform face to face examination and written order
3. Identify and implement measures to help patient regain control
Disciplines: Nurse, Interdisciplinary, RT, Social Work

Outcomes

Date/Time	User	Outcome
01/25/25 1355	Hollingsworth, Louise C, RN	Completed
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing
01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing

Problem: Universal Fall Precautions

Dates: Start: 01/09/25 Resolved: 03/08/25
Disciplines: Interdisciplinary

Goal: Patient will remain free of falls (Resolved)

Dates: Start: 01/09/25 Expected End: 03/06/25 Resolved: 03/08/25
Description: Refer to Fall Intervention documentation in the Screening Flowsheet
Disciplines: Interdisciplinary

Outcomes

Date/Time	User	Outcome
03/08/25 1137	Uw Resolve Care Plan, Bkg User	Adequate for Discharge
03/08/25 1035	Puleo, Rosalie, RN	Adequate for Discharge
03/07/25 2119	Quito, Daniel-Jayson Irabon, RN	Not Progressing
03/07/25 1431	Puleo, Rosalie, RN	Not Progressing
03/06/25 2151	Omo, Reese, RN	Progressing
03/06/25 1852	Tran-Thien, Quynh Phuong, RN	Not Progressing
03/05/25 1921	Bennett, Theodore, RN	Not Progressing
03/05/25 1758	Negrete Maldonado V, Karla, RN	Not Progressing
03/04/25 2224	Kit, Ellen, RN	Progressing
03/04/25 1609	Kit, Ellen, RN	Progressing
03/04/25 0232	Stanikzy, Ameenjohn A, RN	Progressing
03/03/25 1008	Gelgla, Letera D, RN	Progressing
03/02/25 2250	Ireland, Rashell, RN	Progressing
03/02/25 0946	Tadesse, Caleb S, RN	Progressing
03/01/25 1910	Johnson, Marita F, RN	Progressing
03/01/25 0915	Gill, Loveleen S, RN	Progressing
02/28/25 2138	Quito, Daniel-Jayson Irabon, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

02/28/25 1158	Dimitrov, Alexey T, RN	Progressing
02/27/25 1139	Long, Lijie, RN	Progressing
02/27/25 0527	Harman, Kendall M, RN	Progressing
02/26/25 1025	Fresnoza, Frances F, RN	Progressing
02/26/25 0038	Yohannes, Mayda, RN	Progressing
02/25/25 1313	Drammeh, Saihou, RN	Progressing
02/24/25 2102	Aidoo, Nana S, RN	Progressing
02/24/25 1748	Porter, Allen, RN	Progressing
02/23/25 2323	Aidoo, Nana S, RN	Progressing
02/23/25 1714	Porter, Allen, RN	Progressing
02/22/25 2106	Jallow, Yusupha, RN	Progressing
02/22/25 1708	Porter, Allen, RN	Progressing
02/22/25 0141	Gindi, Jeanna A, RN	Progressing
02/21/25 1703	Walsh, Julia McKeon, RN	Progressing
02/20/25 0802	Kangleon, Judith Esther J, RN	Progressing
02/19/25 2123	Bustamante Campusano, Diana, RN	Progressing
02/19/25 1526	Fajarillo, Irene M, RN	Progressing
02/19/25 0557	Patino Castro, Jennifer A, RN	Progressing
02/18/25 1041	Porter, Allen, RN	Progressing
02/17/25 2059	Gawat, Maria C, RN	Progressing
02/16/25 1601	Ndiaye, Djenaba L, RN	Progressing
02/16/25 0501	Sauder, Jessica, RN	Progressing
02/15/25 1101	Drammeh, Saihou, RN	Progressing
02/14/25 2045	Bustamante Campusano, Diana, RN	Progressing
02/14/25 0750	Gill, Loveleen S, RN	Progressing
02/13/25 2106	Limyukok, Mysha, RN	Progressing
02/13/25 1720	Escalante, Steve, RN	Progressing
02/13/25 0038	Gindi, Jeanna A, RN	Progressing
02/12/25 0904	Jeanneret, Amber Marie, RN	Progressing
02/11/25 0750	Bennett, Theodore, RN	Progressing
02/10/25 2110	Jallow, Yusupha, RN	Progressing
02/10/25 1013	Reese, Megahn Marilyn, RN	Progressing
02/10/25 0006	Stanikzy, Ameenjohn A, RN	Progressing
02/08/25 0741	Hwee, Carla, RN	Progressing
02/07/25 2124	Kit, Ellen, RN	Progressing
02/07/25 1433	Kit, Ellen, RN	Progressing
02/07/25 0304	Yohannes, Mayda, RN	Progressing
02/06/25 1337	Wu, Lesly, RN	Progressing
02/05/25 1938	Sirichana, Geraldine N, RN	Progressing
02/05/25 1347	Wu, Lesly, RN	Progressing
02/05/25 0056	Sirichana, Geraldine N, RN	Progressing
02/04/25 1808	Avila, Nicole C, RN	Progressing
02/03/25 2217	Harrell, Mackenzie, RN	Not Progressing
02/03/25 1405	Clark, Rachael E, RN	Progressing
02/02/25 2137	Obanla, Taiwo O, RN	Progressing
02/02/25 1243	Gelgla, Letera D, RN	Progressing
02/01/25 1928	Johnson, Marita F, RN	Progressing
02/01/25 0745	Walsh, Julia McKeon, RN	Progressing
02/01/25 0114	Lyons, Julio Cesar Salazar, RN	Progressing
01/31/25 0921	Gelgla, Letera D, RN	Progressing
01/30/25 2138	Mikulikova, Julia, RN	Progressing
01/30/25 1641	Liu, Kayla W, RN	Progressing
01/29/25 1932	Bustamante Campusano, Diana, RN	Progressing
01/29/25 1239	Smith, Melody J, RN	Progressing
01/28/25 2048	Aidoo, Nana S, RN	Progressing
01/28/25 1221	Gawat, Maria C, RN	Progressing
01/28/25 0402	Kirkendall, Katelyn D, RN	Not Progressing
01/27/25 2248	Paras, Michael, RN	Progressing
01/27/25 1406	Wylie, Ariana, Nursing Student	Progressing
01/27/25 0108	Yohannes, Mayda, RN	Progressing
01/26/25 1654	Wylie, Ariana, Nursing Student	Progressing
01/25/25 2122	Soto, Kalea G, RN	Progressing
01/24/25 0956	Gawat, Maria C, RN	Progressing
01/23/25 2245	Kit, Ellen, RN	Progressing
01/23/25 1154	Jeanneret, Amber Marie, RN	Progressing

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Care Plan (continued)

01/23/25 0647	Patino Castro, Jennifer A, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/22/25 0957	Jeanneret, Amber Marie, RN	Progressing
01/21/25 2251	Limyukok, Mysha, RN	Not Progressing
01/20/25 2224	Soto, Kalea G, RN	Progressing
01/20/25 1658	Kim, Christine Yuhyun, RN	Progressing
01/19/25 0921	Gordon, Carrie, RN	Progressing
01/19/25 0124	Limyukok, Mysha, RN	Progressing
01/19/25 0120	Limyukok, Mysha, RN	Progressing
01/18/25 1033	Hwee, Carla, RN	Progressing
01/18/25 0209	Sirichana, Geraldine N, RN	Progressing
01/17/25 1029	Mikulikova, Julia, RN	Progressing
01/17/25 0221	Mazariegos, Oscar, RN	Progressing
01/16/25 1324	Mikulikova, Julia, RN	Progressing
01/15/25 2111	Howey, Alice J, RN	Progressing
01/14/25 1138	Santos, Frances Kate Kate, RN	Progressing
01/12/25 0954	Walks, Tristan H, RN	Progressing
01/11/25 0927	Walks, Tristan H, RN	Progressing
01/10/25 0634	Sande, Nathan R, RN	Progressing

Patient Education

Title: General Nursing ()

Topic: Core Nursing (In Progress)

Point: Orientation to Unit (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist by MS at 1/29/2025 1251
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
	Acceptance, Explanation, Teach back- restates information with assist by LN at 1/15/2025 0757
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Teach back- restates information with assist by MJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	1/19/2025 1946
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Equipment (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Fall Precaution Interventions per Individualized Level of Risk (In Progress)

Description:
Personal risk factors may include mobility, medications, mental status, toileting needs, volume/electrolyte status, communication/sensory, and behavior.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	instruction by DB at 1/29/2025 1934
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/24/2025 2105
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Teach back- demonstrates task independently by NA1 at 1/28/2025 2048
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Communicates understanding nonverbally by LL at 2/27/2025 1141
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Medications (In Progress)

Learning Progress Summary

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Nonacceptance, Explanation, Unable to understand by LG at 3/1/2025 0919
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710
Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments

Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142

Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703

Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055

Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125

Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227

Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059

Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501

Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044

Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757

Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040

Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750

Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110

Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026
Comment: son at bedside restates information with assist

Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054

Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234

Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436

Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307

Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808

Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404

Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057

Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745

Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934

Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226

Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108

Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122

Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412

Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647

Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224

Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921
Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.

Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040

Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212

Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221

Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/23/2025 2323
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Nutrition/Diet (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/26/2025 1026
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by MY at 2/26/2025 0042
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Acceptance, Explanation, Needs further instruction by NA1 at 2/24/2025 2105
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/14/2025 2044
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Pain Management (In Progress)

Learning Progress Summary

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Patient	Acceptance, Demonstration, Needs further instruction by DQ at 3/7/2025 2119
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Nonacceptance, Demonstration, Unable to understand by DQ at 2/28/2025 2138
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 2125
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist by MS at 1/29/2025 1251
	Acceptance, Explanation, Needs further instruction by NA1 at 1/28/2025 2048
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Acceptance, Explanation, Teach back- restates information with assist by RP at 3/8/2025 1036
	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand, Refuses information by QT at 3/6/2025 1853
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Communicates understanding nonverbally by DB at 2/19/2025 1707
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Needs further instruction by NA1 at 1/28/2025 2048
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Teach back- restates information with assist by MJ at 1/19/2025 1946
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Needs further instruction by OM at 1/17/2025 0221
	Acceptance, Explanation, Demonstration, Teach back- restates information with assist by FS at 1/14/2025 1138
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Disease/Condition (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Group, Refuses information by AP at 2/24/2025 1749 Comment: Pt. son experiencing difficulty greiving.
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Nonacceptance, Explanation, Unable to understand, Refuses information by KH at 2/27/2025 0210
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Nonacceptance, Explanation, Group, Refuses information by AP at 2/24/2025 1749 Comment: Pt. son experiencing difficulty greiving.
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Unable to understand, Needs further instruction by CH at 2/8/2025 1054
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Refuses, Explanation, Refuses information by MJ at 2/1/2025 1928
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: Procedures (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Comment: comfort measures only

Point: Test/Results (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Nonacceptance, Explanation, Refuses information, Unable to understand, Other by RP at 3/7/2025 1636 Comment: does not demonstrate meaningful understanding to change his wishes about her interventions
	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: PIV/CVAD (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CK at 1/20/2025 1659
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Point: VTE Prevention (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JG at 2/13/2025 0040
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Comment: comfort measures only

Point: Pressure Injury Prevention (In Progress)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Nonacceptance, Explanation, Unable to understand by LG at 2/14/2025 0757
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Demonstration, Teach back- restates information independently by MR at 2/10/2025 1013
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Nonacceptance, Explanation, Unable to understand by MY at 2/8/2025 0234
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Demonstration, Communicates understanding nonverbally by MP at 1/27/2025 2248

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by JP at 1/23/2025 0647
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Acceptance, Explanation, Unable to understand by AH at 1/15/2025 2112
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Unable to understand, Needs further instruction by CT at 3/2/2025 0949
	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Demonstration, Teach back- restates information independently, Needs further instruction, Unable to understand by MG at 2/17/2025 2059
	Acceptance, Explanation, Teach back- restates information independently by VB at 2/17/2025 1416
	Nonacceptance, Explanation, Needs further instruction, Refuses information by DN at 2/16/2025 1606
	Acceptance, Demonstration, Needs further instruction by ML at 2/13/2025 2106
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
	Acceptance, Explanation, Needs further instruction, Communicates understanding

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction, Teach back- restates information independently by MG at 1/24/2025 0956
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Demonstration, Needs further instruction, Teach back- restates information independently by MG at 1/28/2025 1226
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Topic: Misc Nursing (In Progress)

Point: Skin Care/Pressure Ulcer Prevention (In Progress)

Description:
Instruct learner(s) on the need to keep skin clean and dry, the use of film barriers to prevent injury from urine and/or stool (if indicated), and the need to moisturize skin if dry or to prevent dryness.
For pressure ulcer prevention, instruct learner(s) on the need to change position at least every two hours and to request assistance as needed.

Patient Friendly Description: When you're in a hospital bed all day, it can be hard to keep your skin healthy, but it's very important. We'll work with you to keep your skin clean and dry, but if your skin gets too dry, let us know.
Also, if you lie in one position for too long, sores can form. Try to change your position at least every two hours, and ask us for help if you need it.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Other by TB at 3/5/2025 1924 Comment: comfort care
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Nonacceptance, Explanation, Refuses information by TB at 3/5/2025 0234
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Needs further instruction by AS at 3/4/2025 0233
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by JK at 2/20/2025 1055
	Nonacceptance, Explanation, Unable to understand, Needs further instruction by TB at 2/11/2025 0750
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Refuses, Explanation, Demonstration, Needs further instruction, Refuses information, Unable to understand by EK at 2/7/2025 1436
	Nonacceptance, Explanation, Unable to understand by MY at 2/7/2025 0307
	Acceptance, Explanation, Demonstration, Teach back- restates information independently by NA at 2/4/2025 1808
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction by AS at 2/3/2025 0057
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by KK at 1/28/2025 0401
	Acceptance, Demonstration, Communicates understanding nonverbally by MP at 1/27/2025 2248
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/25/2025 2122
	Acceptance, Explanation, Teach back- restates information independently by KS at 1/20/2025 2224
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by CH at 1/18/2025 1040
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
Family	Refuses, Explanation, Refuses information, Unable to understand by RO at 3/6/2025 2159
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction by EK at 3/4/2025 1629
	Acceptance, Explanation, Teach back- restates information independently, Teach back-

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2250
	Acceptance, Explanation, Other, Communicates understanding nonverbally by FF at 2/26/2025 1026
	Nonacceptance, Explanation, Refuses information by SD at 2/25/2025 1315
	Eager, Explanation, Needs further instruction, Unable to understand by AP at 2/23/2025 1824 Comment: Pt. unable to understand, Pt. son having difficulty accepting information
	Eager, Explanation, Needs further instruction by AP at 2/22/2025 1710 Comment: Pt. unable to understand, Son egar but dismissive to pt. pain as indicated by FLACC assessments
	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JW at 2/21/2025 1703
	Acceptance, Explanation, Needs further instruction by AS at 2/10/2025 0026 Comment: son at bedside restates information with assist
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by LW at 2/5/2025 1347
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 1/31/2025 0935
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by CG at 1/19/2025 0921 Comment: Explained plan of care to son as well as meds. Reviewed meds with son and pt. Pt's son is very involved with pt's care.
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Other	Refuses, Explanation, Other by TB at 2/27/2025 2012 Comment: comfort measures only

Title: Diabetes Mellitus ()

Topic: Diabetes (Done)

Point: Understanding Diabetes (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Blood Glucose Monitoring (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Communicates understanding nonverbally, Needs further instruction by DB at 1/29/2025 1934
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Meal Planning (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Medication (Oral Agents) (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Medication (Insulin) (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Low Blood Glucose Management (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: High Blood Glucose Management (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Teach back- demonstrates task independently by JW at 2/1/2025 0745
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by EK at 1/23/2025 1711
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Foot Care (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at 2/10/2025 2110
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Follow-up after Discharge (Done)

Learning Progress Summary

Patient	Acceptance, Demonstration, Teach back- restates information independently by RI at 3/2/2025 2248
	Acceptance, Demonstration, Needs further instruction by YJ at 2/22/2025 2109
	Refuses, Demonstration, Needs further instruction, Unable to understand by YJ at

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

	2/10/2025 2110
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Unable to understand by MY at 1/27/2025 0108
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction, Unable to understand by TW at 1/12/2025 0954
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 1940
	Acceptance, Explanation, Teach back- restates information independently by GS at 2/5/2025 0056
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by RC at 2/3/2025 1404
	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 2/2/2025 1243
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction by GS at 1/18/2025 0212
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Title: First-Dose Education ()

Points For This Title

Point: Insulin Lispro (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Insulin Regular Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: guanFACINE HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by NS at 2/9/2025 1526

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Point: Magnesium Hydroxide (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by MJ at 3/1/2025 1910

Point: Bisacodyl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Sennosides (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Polyethylene Glycol 3350 (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Calcium Carbonate Antacid (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Atropine Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: LORazepam (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Communicates understanding nonverbally by AD at 2/28/2025 1158

Point: QUEtiapine Fumarate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Aspirin (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Acetaminophen (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
Family	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813
	Acceptance, Explanation, Needs further instruction by LH at 1/25/2025 1412
	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: HYDROmorphone HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by JP at 2/18/2025 2227
	Acceptance, Explanation, Needs further instruction by AJ at 1/22/2025 0956
Family	Acceptance, Explanation, Needs further instruction, Unable to understand by JG at 2/22/2025 0142
	Acceptance, Explanation, Needs further instruction by AJ at 1/22/2025 0956
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: oxyCODONE HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Nalbuphine HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: ROPivacaine HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Thiamine HCl (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Thiamine Mononitrate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by KL at 1/30/2025 1658
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Ascorbic Acid (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Prenatal Vit-Fe Fumarate-FA (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Magnesium Sulfate (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Potassium & Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: K Phos Mono-Sod Phos Di & Mono (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Potassium Chloride (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Family	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Point: Potassium Chloride Crys ER (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Zinc Sulfate (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: Dextrose in Lactated Ringers (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Dextrose (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Point: Cyanocobalamin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Heparin Sodium (Porcine) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction by AJ at 2/12/2025 0903
	Nonacceptance, Explanation, Unable to understand by AT at 2/12/2025 0633
	Acceptance, Demonstration, Teach back- restates information independently by OB at 1/10/2025 2117
Family	Acceptance, Explanation, Needs further instruction by AJ at 2/12/2025 0903
	Acceptance, Explanation, Teach back- restates information with assist by JM at 1/31/2025 0052
	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715
	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Mouthwashes (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Refuses, Explanation, Unable to understand by JS at 2/16/2025 0501
	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Family	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723
Caregiver	Acceptance, Explanation, Demonstration, Needs further instruction, Communicates understanding nonverbally by SE at 2/13/2025 1723

Point: Lidocaine-Prilocaine (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Needs further instruction by ML at 1/21/2025 2252

Point: Perflutren Lipid Microsphere (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Melatonin (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Hyaluronidase Human (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Ondansetron HCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Buprenorphine (Done)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Acceptance, Explanation, Teach back- restates information independently by JM at 1/17/2025 1715

Point: Potassium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Glucagon HCl (Diagnostic) (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Calcium Gluconate-NaCl (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: Sodium Phosphates (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: DOPamine in D5W (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633
Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927
	Nonacceptance, Explanation, Needs further instruction by NS1 at 1/10/2025 0633

Point: EMPTY BAG (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Point: PERIPHERAL NERVE CATHETER CLINICIAN BOLUS (In Progress)

Description:
Instruct learners on name and purpose of medications and possible side effects. If appropriate, include food/drug interactions, reporting of efficacy, and symptoms to report.

Learning Progress Summary

Family	Nonacceptance, Explanation, Needs further instruction by TW at 1/11/2025 0927

Title: PT OT SLP Therapies ()

Topic: Speech Therapy (In Progress)

Point: Swallow Training (In Progress)

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Description:
Instructed learner(s) on diet texture/liquid modification and the established safe swallow guidelines.

Patient Friendly Description: With a new diet and careful eating habits, you'll be able to swallow safely.

1. Follow your instructions about your new diet carefully.

2. Eat very small bites - smaller than you think you need to.

3. Eat slowly.

4. If one side of your mouth is weaker than the other, put the food on the strong side of your mouth.

5. Don't talk while you are eating

6. After you eat, sit upright for at least 30 minutes. If your doctor says it is okay, go for a short walk.

7. Don't use a straw unless your therapist says it's okay.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information with assist, Needs further instruction by NB at 1/16/2025 1110
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Teach back- restates information independently, Needs further instruction by NB at 1/27/2025 1435
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Point: Cognition (In Progress)

Description:
Instruct learner(s) on cognitive aspects of communication (e.g. attention, memory, problem-solving, and executive function).

Patient Friendly Description: Our brains have a big effect on how we can communicate with others. The brain is responsible for taking thoughts and turning them into meaningful speech, words, and gestures.
For example, you might find it hard to say words correctly, even though you know the words. Some words might come out more loudly than others, or you might have trouble putting all the sounds together the way you know they should go.

Sometimes, a stroke can affect the part of your brain that is responsible for language and speech.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Learning Progress Summary

Patient	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction, Refuses information by ML at 1/19/2025 0124
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105
	Acceptance, Explanation, Teach back- demonstrates task independently, Needs further instruction, Unable to understand by MH at 2/3/2025 2217
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Caregiver	Nonacceptance, Explanation, Refuses information by SD at 2/15/2025 1105

Point: Speech/Language (In Progress)

Description:
Instruct learner(s) on functional aspects of communication (verbal/written expression, auditory/reading comprehension)

Patient Friendly Description: Understanding speech and language has many different parts. There's the way you say things about yourself, or the way you write things. There's also how well you understand when people speak to you or when you read.
You might find that some of these things are easier than others.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Point: Communication (In Progress)

Description:
Instruct learner(s) on augmentative and alternative communication (AAC) strategies and/or AAC equipment (e.g., communication boards, speech generating devices).

Patient Friendly Description: There are many tools you can use to communciate. You might use gestures, pictures, word lists or an electronic device. A speech language pathologist can help you establish a system that works for you.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back-restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
	Acceptance, Explanation, Needs further instruction, Communicates understanding nonverbally by AW at 1/26/2025 1813

Point: Respiratory Impairment and Communication/Swallow (In Progress)

Description:
Instruct learner(s) on impact of respiratory impairment on speech/swallow

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

Patient Friendly Description: Your breathing impacts both your ability to communicate and to eat and drink safely. Your speech language pathologist may provide you with exercises and/or recommendations.

Learning Progress Summary

Patient	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

Point: Caregiver Training (In Progress)

Description:
Train caregiver(s) in how to assist the patient in activities for a safe discharge.

Patient Friendly Description: A speech language pathologist will work with you and your caregivers to establish discharge recommendations to promote safety at your next level of care.

Learning Progress Summary

Patient	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116
Family	Nonacceptance, Explanation, Needs further instruction, Unable to understand by KN at 3/5/2025 1759
	Acceptance, Explanation, Teach back- restates information independently, Teach back- restates information with assist by LG1 at 3/3/2025 1009
	Acceptance, Explanation, Needs further instruction, Teach back- restates information with assist by JL at 2/1/2025 0116

User Key

Initials	Effective Dates	Name	Provider Type	Discipline
KH	10/24/23 -	Harman, Kendall M, RN	Registered Nurse	Nurse
TB	09/25/23 -	Bennett, Theodore, RN	Registered Nurse	Nurse
RC	08/02/24 -	Clark, Rachael E, RN	Registered Nurse	Nurse
LG1	05/03/24 -	Gelgla, Letera D, RN	Registered Nurse	Nurse
DQ	05/22/23 -	Quito, Daniel-Jayson Irabon, RN	Registered Nurse	Nurse
MR	04/17/24 -	Reese, Megahn Marilyn, RN	Registered Nurse	Nurse
ML	11/26/24 - 03/03/25	Limyukok, Mysha, RN	Registered Nurse	Nurse
JL	08/25/23 -	Lyons, Julio Cesar Salazar, RN	Registered Nurse	Nurse
JK	09/08/23 -	Kangleon, Judith Esther J, RN	Registered Nurse	Nurse
RO	11/21/23 -	Omo, Reese, RN	Registered Nurse	Nurse
NA1	12/06/23 -	Aidoo, Nana S, RN	Registered Nurse	Nurse
LL	11/07/24 -	Long, Lijie, RN	Registered Nurse	Nurse
MG	01/10/24 -	Gawat, Maria C, RN	Registered Nurse	Nurse
AP	01/16/24 -	Porter, Allen, RN	Registered Nurse	Nurse
AS	01/22/24 -	Stanikzy, Ameenjohn A, RN	Registered Nurse	Nurse
KK	02/02/24 -	Kirkendall, Katelyn D, RN	Registered Nurse	Nurse
JG	02/14/24 -	Gindi, Jeanna A, RN	Registered Nurse	Nurse
JP	02/23/24 -	Patino Castro, Jennifer A, RN	Registered Nurse	Nurse
GS	03/08/24 -	Sirichana, Geraldine N, RN	Registered Nurse	Nurse
AW	12/16/24 -	Wylie, Ariana, Nursing Student	Nursing Student	
JW	09/19/24 - 04/22/25	Walsh, Julia McKeon, RN	Registered Nurse	
SE	06/06/24 -	Escalante, Steve, RN	Registered Nurse	Nurse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Patient Education (continued)

NS1	08/02/24 -	Sande, Nathan R, RN	Registered Nurse	Nurse
MP	01/03/25 - 04/07/25	Paras, Michael, RN	Registered Nurse	Nurse
MH	01/03/25 -	Harrell, Mackenzie, RN	Registered Nurse	Nurse
JS	01/24/25 - 05/27/25	Sauder, Jessica, RN	Registered Nurse	Nurse
KN	02/07/25 -	Negrete Maldonado V, Karla, RN	Registered Nurse	Nurse
LH	04/10/21 -	Hollingsworth, Louise C, RN	Registered Nurse	Nurse
NS	04/10/21 -	Sano, Naomi, RN	Registered Nurse	Nurse
MJ	09/15/21 -	Johnson, Marita F, RN	Registered Nurse	Nurse
CG	04/10/21 -	Gordon, Carrie, RN	Registered Nurse	Nurse
SD	04/10/21 -	Drammeh, Saihou, RN	Registered Nurse	Nurse
OM	04/10/21 -	Mazariegos, Oscar, RN	Registered Nurse	Nurse
AD	10/02/23 -	Dimitrov, Alexey T, RN	Registered Nurse	Nurse
FS	04/12/24 -	Santos, Frances Kate Kate, RN	Registered Nurse	Nurse
RP	08/26/22 -	Puleo, Rosalie, RN	Registered Nurse	Nurse
LN	08/10/21 - 05/12/25	Nacol, Lani Kusu, RN	Registered Nurse	Nurse
CK	04/10/21 -	Kim, Christine Yuhyun, RN	Registered Nurse	Nurse
AJ	02/10/23 -	Jeanneret, Amber Marie, RN	Registered Nurse	Nurse
RI	04/10/21 -	Ireland, Rashell, RN	Registered Nurse	Nurse
YJ	07/17/24 -	Jallow, Yusupha, RN	Registered Nurse	
QT	07/14/21 -	Tran-Thien, Quynh Phuong, RN	Registered Nurse	Nurse
NA	08/22/22 -	Avila, Nicole C, RN	Registered Nurse	Nurse
TW	04/10/21 - 05/06/25	Walks, Tristan H, RN	Registered Nurse	Nurse
AT	08/22/22 -	Tran, Andy, RN	Registered Nurse	Nurse
FF	09/22/23 -	Fresnoza, Frances F, RN	Registered Nurse	Nurse
DB	01/16/25 -	Bustamante Campusano, Diana, RN	Registered Nurse	Nurse
VB	06/17/23 -	Bounthong, Vanh K, RN	Registered Nurse	Nurse
DN	11/06/23 -	Ndiaye, Djenaba L, RN	Registered Nurse	Nurse
CH	05/11/22 -	Hwee, Carla, RN	Registered Nurse	Nurse
OB	04/14/23 - 04/24/25	Bertram, Olivia T, RN	Registered Nurse	Nurse
NB	06/13/23 -	Bustamante, Nicole Alexandra, SLP	Speech Language Pathologist	
KL	08/16/24 -	Liu, Kayla W, RN	Registered Nurse	Nurse
AH	11/30/21 -	Howey, Alice J, RN	Registered Nurse	Nurse
LW	07/21/23 -	Wu, Lesly, RN	Registered Nurse	Nurse
JM	01/19/24 -	Mikulikova, Julia, RN	Registered Nurse	Nurse
MY	01/08/25 -	Yohannes, Mayda, RN	Registered Nurse	Nurse
CT	02/12/24 -	Tadesse, Caleb S, RN	Registered Nurse	Nurse
KS	09/05/23 -	Soto, Kalea G, RN	Registered Nurse	Nurse
EK	07/07/22 -	Kit, Ellen, RN	Registered Nurse	Nurse
LG	10/06/22 -	Gill, Loveleen S, RN	Registered Nurse	Nurse
MS	11/07/22 -	Smith, Melody J, RN	Registered Nurse	Nurse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6)

UW Medicine IP Facility Directory Esign - Electronic signature on 1/9/2025 10:16 AM (effective from 1/9/2025) - E-signed

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 / Fred Hutch Cancer Center
- 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.**

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.



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

☐ Guardian	☐ Durable Power of Attorney for	☐ Spouse/registered

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

	Health Care	domestic partner
☐ Adult Child(ren)	☐ Parent(s)	☐ Adult Sister(s)/Brother(s)
☐ Adult Niece(s)/Nephew(s)	☐ Adult Aunt(s)/Uncle(s)	☐ Adult Friend with executed Declaration per RCW 7.70.065
☐ Adult Grandchild(ren)		

FOR MINOR PATIENTS:

☐ Guardian/legal custodian	☐ Court-authorized person for child in out-of-home placement	☐ Spouse/registered domestic partner
☐ Parent(s)		

☐ Holder of signed authorization from parent(s)	☐ Adult representing self to be a relative responsible for the minor's health

U1868 REV MAR 22

Important Message From Medicare - Electronic signature on 1/9/2025 10:16 AM (effective from 1/9/2025) - E-signed

Hoffman,Jeanne Leonie
U8170135
Physician:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB Approval No. 0938-1019

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

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: Acentra Health 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.

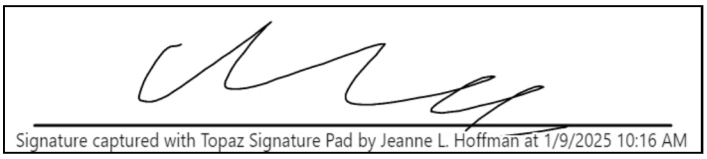
Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206-598-1311

Please sign and date here to show 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.

Signature of Patient or Representative



Form CMS 10065-IM (exp. 12/31/25)

UH2445 REV JUL 24

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:

Acentra Health
Toll-free Phone:1-888-305-6759
Toll-free Fax*:* 1-888-868-4064

- 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)

☐ UW Medical Center: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 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

Plan	Plan Phone Number

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You
also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for
more information. TTY users can call 1-877-486-2048.

ADDITIONAL INFORMATION:

Print Physician Name: NPI:
☐ HMC 1053359729 ☐ UW Medical Center 1326002049
☐ UW Medical Center - Northwest Acute 1700861580 ☐ UW Medical Center - Northwest Geropsych 1797766067

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

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

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.

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 10:58 AM: L leg

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 12:53 PM

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Provider-Created Image - Scan on 1/9/2025 12:53 PM

Scan (below)

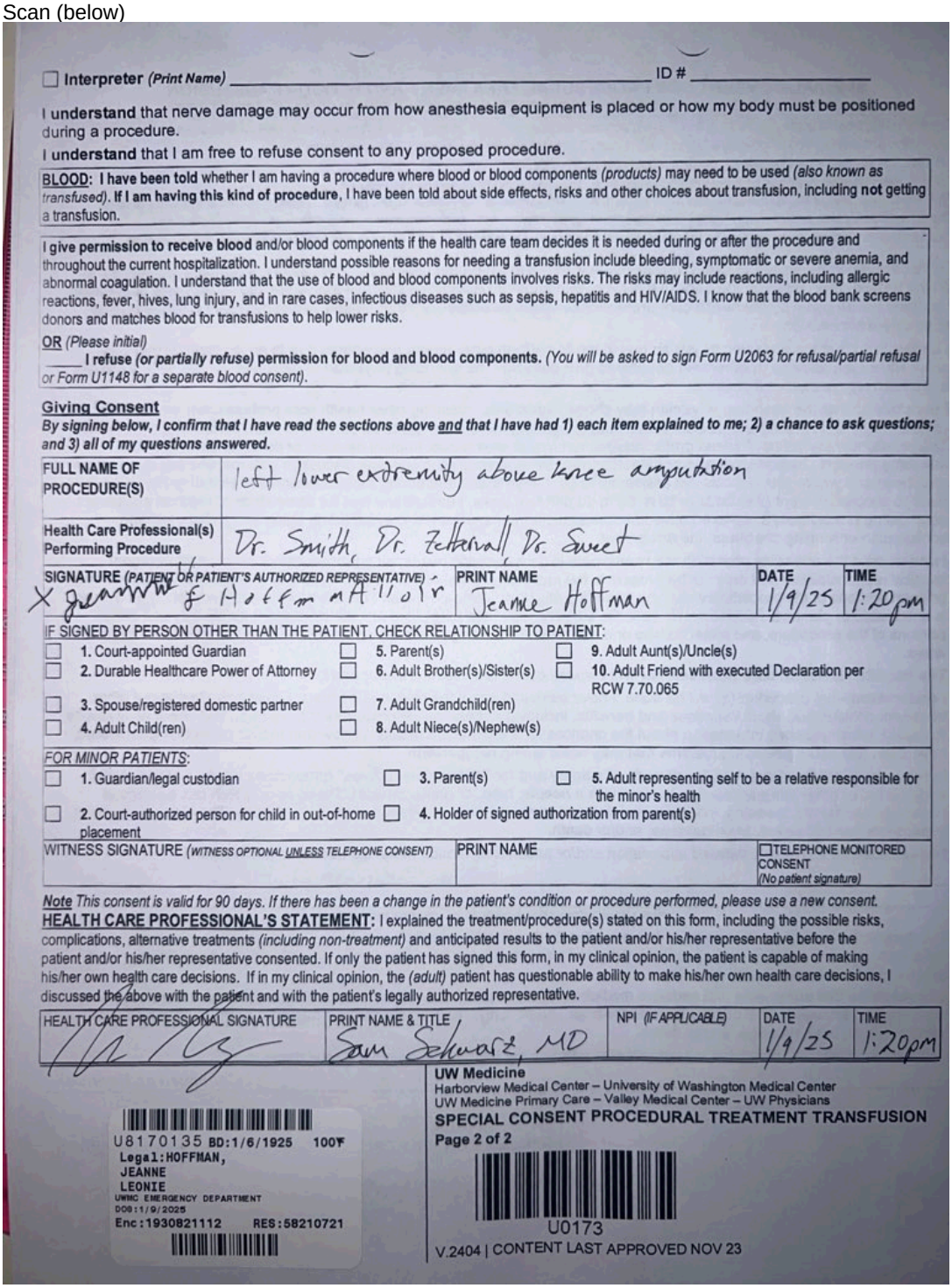


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 1:57 PM

Scan (below)



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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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 lower extremity above knee amputation
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne E Hoffman mA 1/9/25	Jeanne Hoffman	1/9/25	1:20pm

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)
☐ 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

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)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
	Sam Schwarz, MD		1/9/25	1:20pm

U8170135 BD:1/6/1925 100₹
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

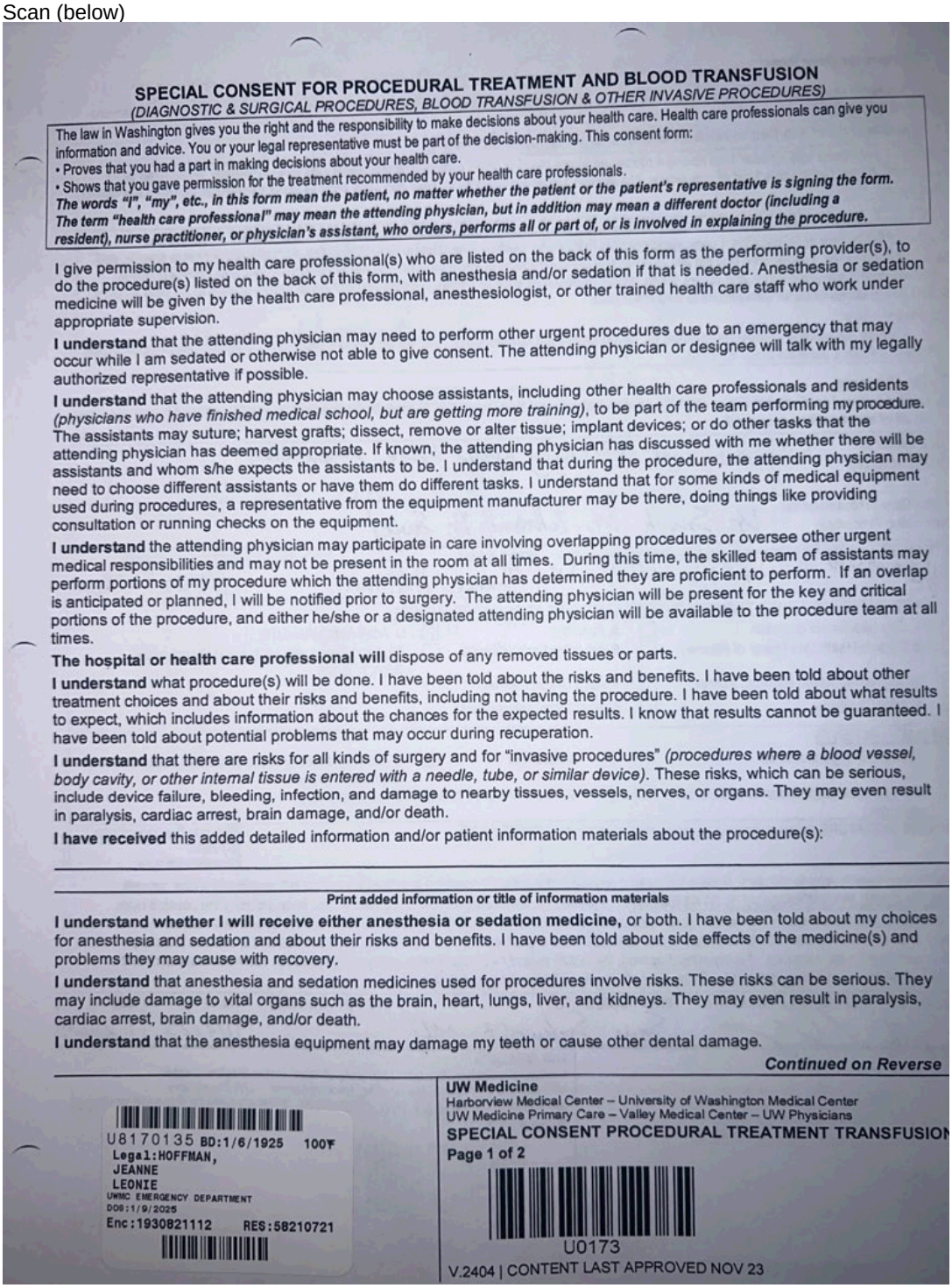
U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 1:57 PM

Scan (below)



SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/9/2025 2:00 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

U8170135 BD:1/6/1925 100₹
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

U0173

V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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 lower extremity above knee amputation
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne E Hoffman MA 1101r	Jeanne Hoffman	1/9/25	1:20pm

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)
☐ 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

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)*

Note This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.

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
	Sam Schwarz, MD		1/9/25	1:20pm



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UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 12:14 AM: RE-LABELED TO 2 AV BLOCK TYPE II

Scan (below)

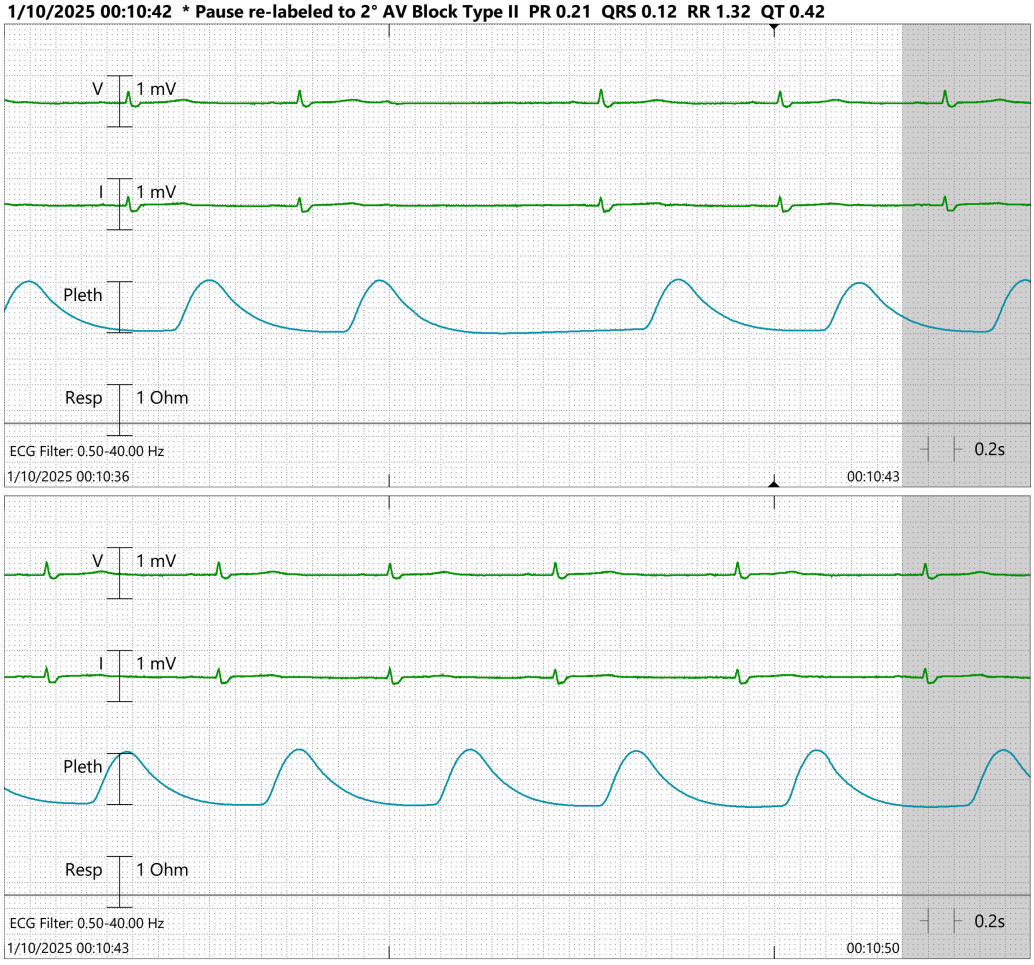
Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 43	PVC 0	SpO_2 99	Pulse (SpO_2) 42
Perf 3.5	RR -?-		
NBP 135/31 (69) (00:00)			

1/10/2025 00:10:42 * Pause re-labeled to 2° AV Block Type II PR 0.21 QRS 0.12 RR 1.32 QT 0.42



	5SA	UWMC Montlake

Printed on 1/10/2025 00:14:27 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 1 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 11:13 AM

Scan (below)

Strip Report SA5420

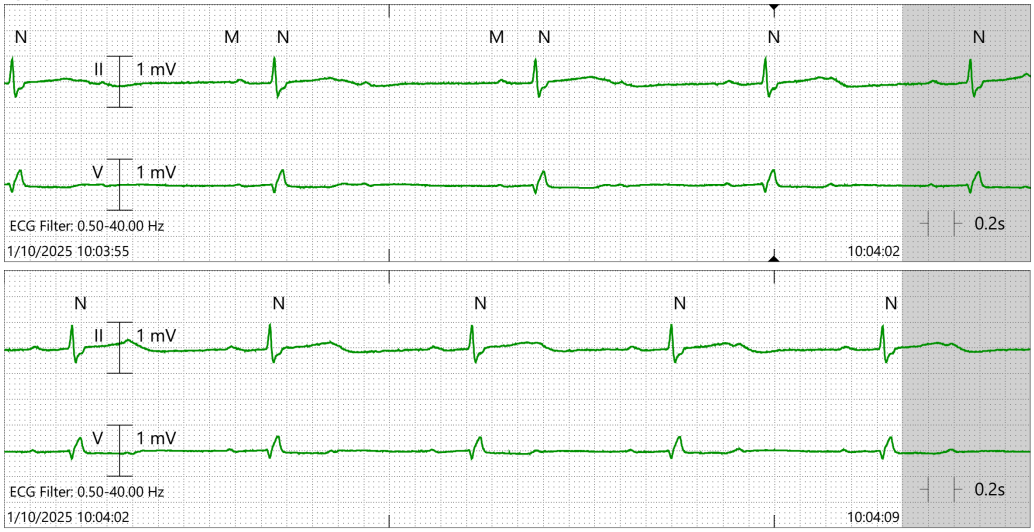
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 38 PVC 0 SpO_2 99 Pulse (SpO_2) 37

Perf 1.5 RR -?-

1/10/2025 10:04:01 * Pause



	5E	UWMC Montlake

Printed on 1/10/2025 11:12:46 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6)

Cardiac Cath/EP Study Attachment - Scan on 1/10/2025 1:42 PM: SNAPSHOT REPORT

Scan (below)

UW Medicine | *Heart Institute*

Pressure Summary (mmHg)

Time	Site	Sys	Dias	End	Mean	A Wave	V Wave	Max dp/dt	HR

Valve Results

Valve	Mean Gradient (mmHg)	Flow (ml/s)	Area (cm^2)	Area Index (cm^2/m^2)	Sep/Dfp (sec/min)	HR (BPM)

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

Study Date: 1/10/2025
Admission ID: 1930821112

Page **1** of **2**

UW Medicine | *Heart Institute*

Snapshots

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Cardiac Cath/EP Study Attachment - Scan on 1/10/2025 5:26 PM: SNAPSHOT REPORT

Scan (below)

UW Medicine | *Heart Institute*

Pressure Summary (mmHg)

Time	Site	Sys	Dias	End	Mean	A Wave	V Wave	Max dp/dt	HR

Valve Results

Valve	Mean Gradient (mmHg)	Flow (ml/s)	Area (cm^2)	Area Index (cm^2/m^2)	Sep/Dfp (sec/min)	HR (BPM)

Patient Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135

Study Date: 1/10/2025
Admission ID: 1930821112

Page **1** of **2**

UW Medicine | *Heart Institute*

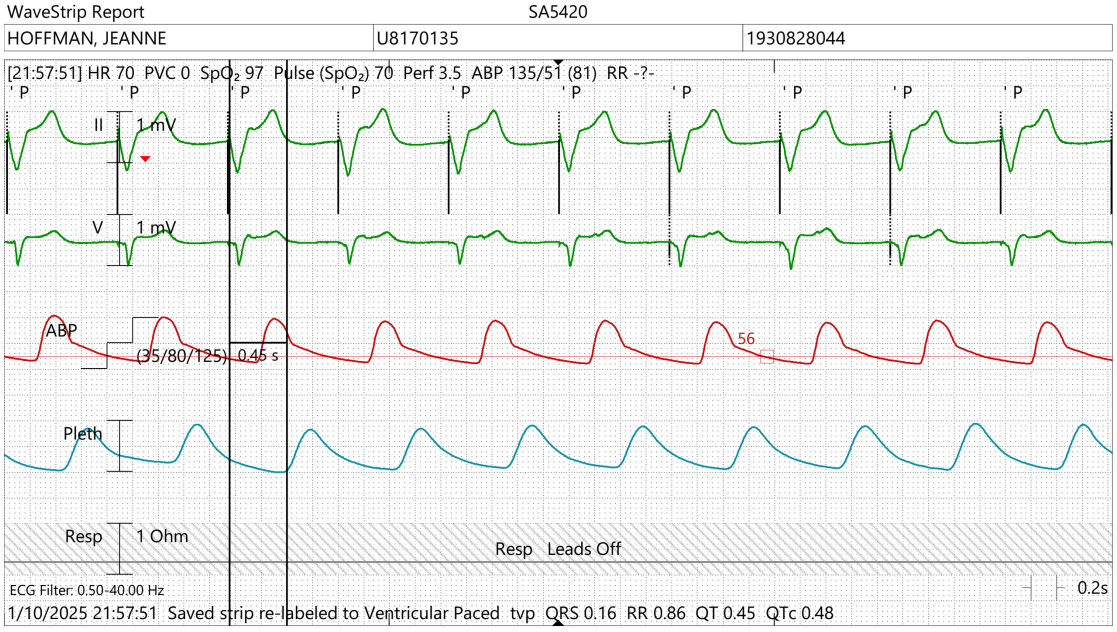
Snapshots

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/10/2025 10:01 PM: IBE

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/11/2025 9:33 AM: RE-LABELED TO VENTRICULAR PACED 1/11

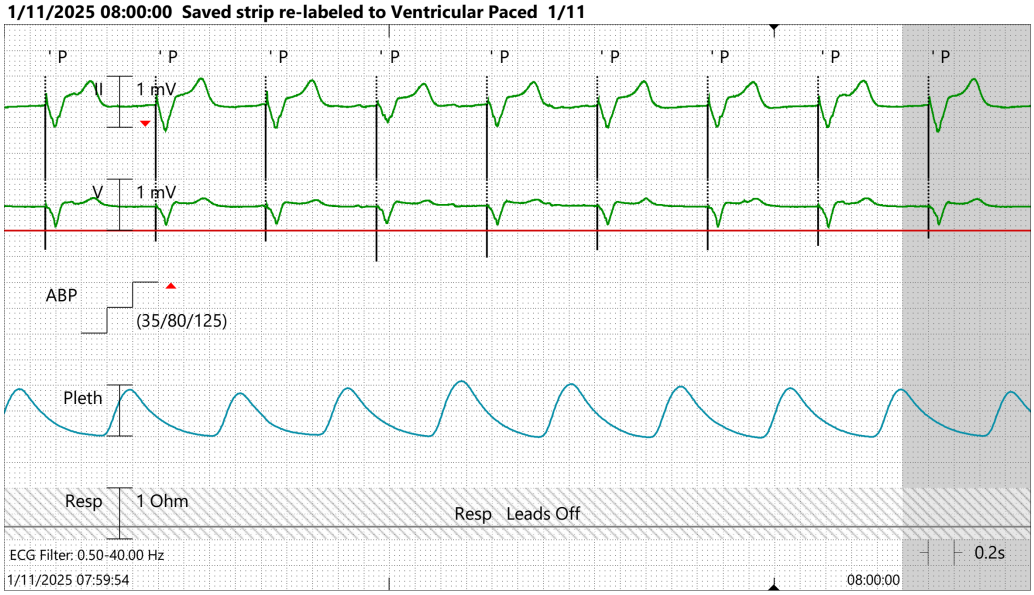
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 1	SpO_2 98	Pulse (SpO_2) 70
Perf 3.6	ABP (-?-)	RR -?-	

1/11/2025 08:00:00 Saved strip re-labeled to Ventricular Paced 1/11



	5SA	UWMC Montlake

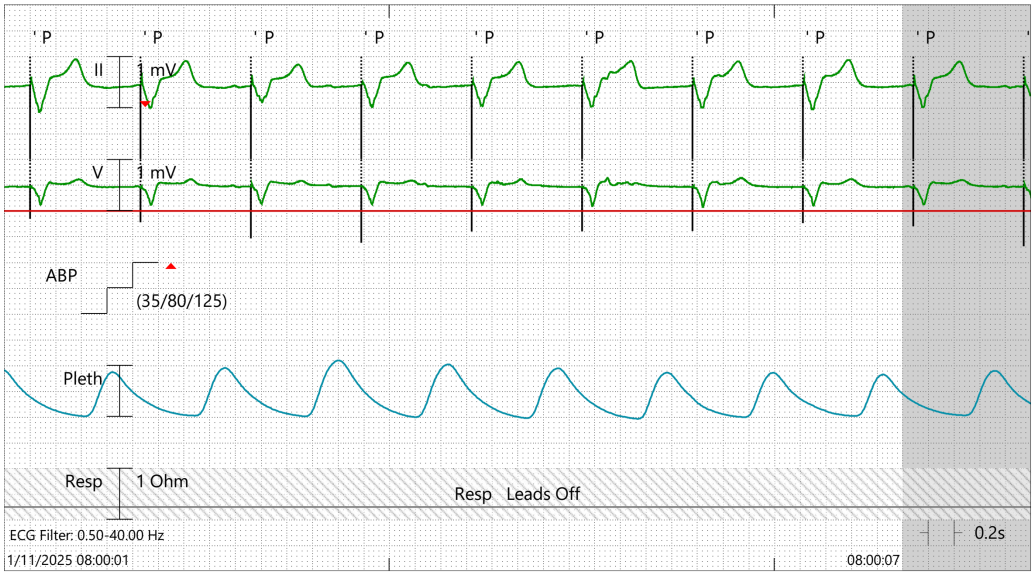
Printed on 1/11/2025 09:32:57 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/11/2025 09:32:57 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/12/2025 6:06 AM: RE-LABELED TO VENTRICULAR PACED

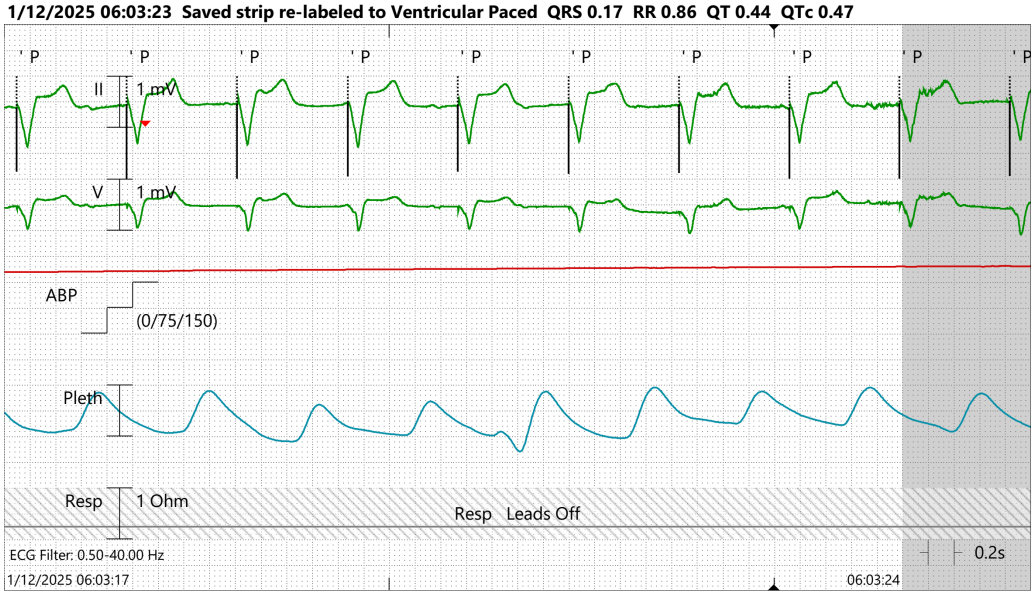
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 96	Pulse (SpO_2) 70
Perf 6.5	ABP (171?)	RR -?-	

1/12/2025 06:03:23 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.86 QT 0.44 QTc 0.47



	5SA	UWMC Montlake

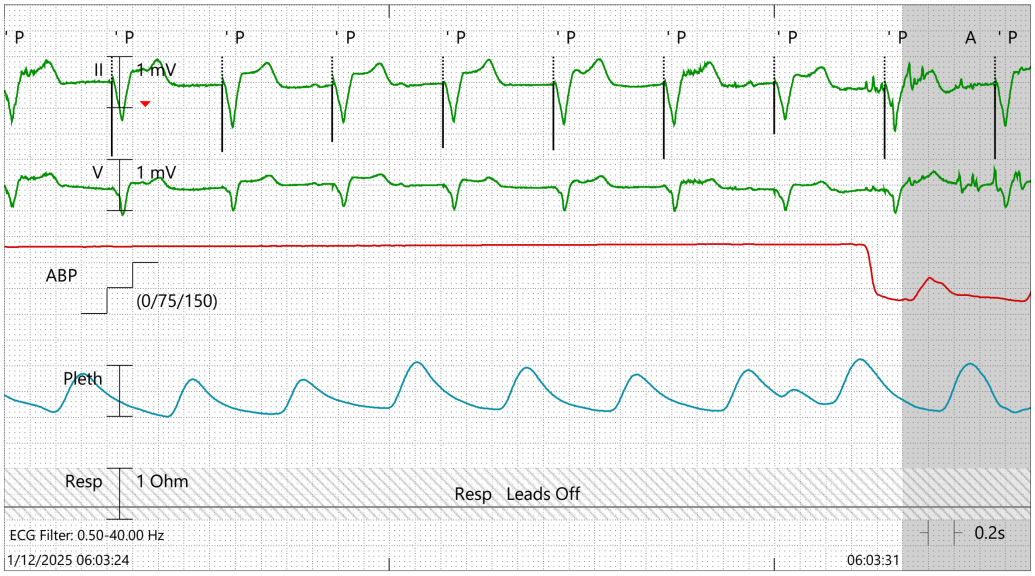
Printed on 1/12/2025 06:05:28 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/12/2025 06:05:28 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/12/2025 9:59 AM: RE-LABELED TO VENTRICULAR PACED 1/12 07-1930

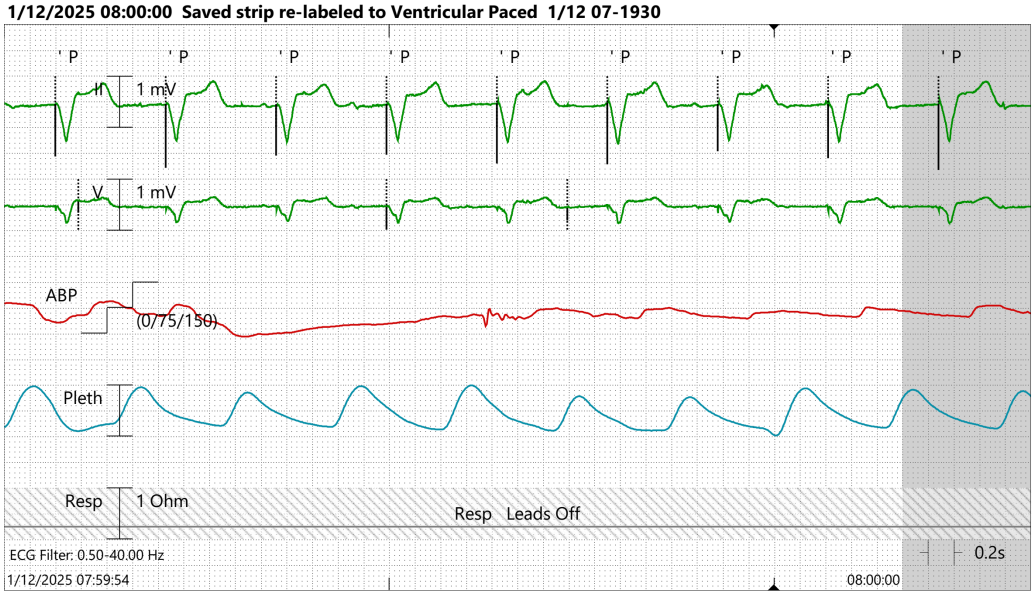
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70	PVC 0	SpO_2 100	Pulse (SpO_2) 69
Perf 1.4	ABP 91/49 (64)	RR -?-	

1/12/2025 08:00:00 Saved strip re-labeled to Ventricular Paced 1/12 07-1930

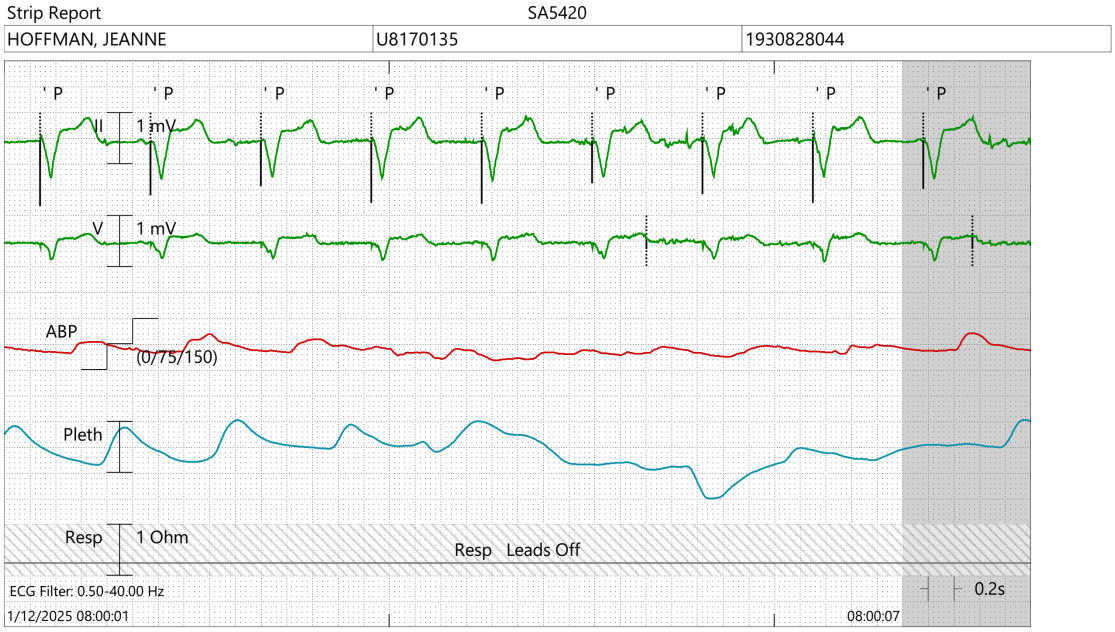


	5SA	UWMC Montlake

Printed on 1/12/2025 09:59:06 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)



	5SA	UWMC Montlake

Printed on 1/12/2025 09:59:06 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/12/2025 12:00 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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):

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_____
Print added information or title of information materials

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I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

Continued on Reverse



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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)	Transcervous Pacemaker implant
Health Care Professional(s) Performing Procedure	Nazem Ahoum

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	**PRINT NAME**	**DATE**	**TIME**
Jeanne Hoffman	JEANNE HOFFMAN	1/12/25	1130 PM

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)
☐ **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

FOR MINOR PATIENTS:

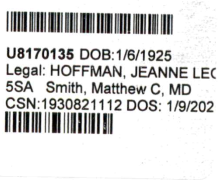
☐ **1.** Guardian/legal custodian
☐ **2.** Court-authorized person for child in out-of-home placement
☐ **3.** Parent(s)
☐ **4.** Holder of signed authorization from parent(s)
☐ **5.** Adult representing self to be a relative responsible for the minor's health

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

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
	Nazem Ahoum MD		1/12/25	1130 PM



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UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Patient Monitoring Document - Scan on 1/13/2025 6:11 AM: RE-LABELED TO VENTRICULAR PACED 1/13/2025

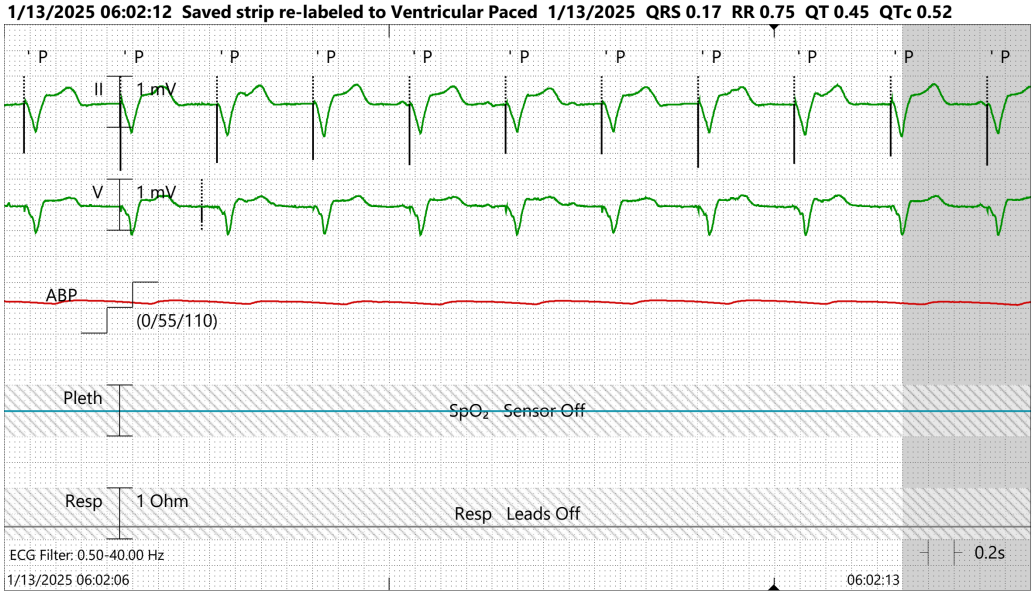
Scan (below)

Strip Report		SA5420
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 80	PVC 0	SpO_2 -?-	Pulse (SpO_2) -?-
Perf -?-	ABP 71/64 (68)	RR -?-	

1/13/2025 06:02:12 Saved strip re-labeled to Ventricular Paced 1/13/2025 QRS 0.17 RR 0.75 QT 0.45 QTc 0.52



	5SA	UWMC Montlake

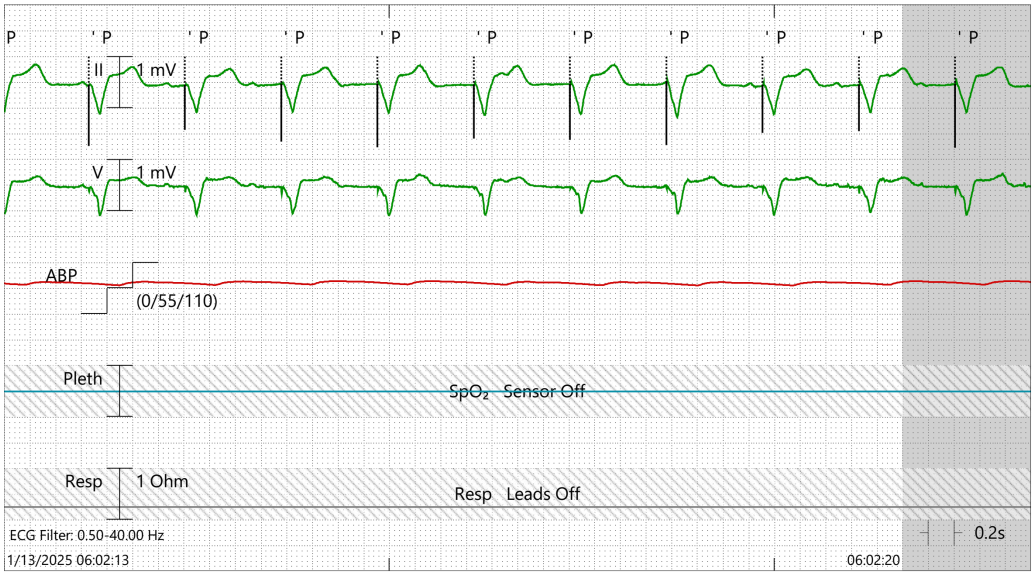
Printed on 1/13/2025 06:10:46 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/13/2025 06:10:46 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Provider-Created Image - Scan on 1/13/2025 9:39 AM: L AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 2 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 1/13/2025 11:25 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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):

_____

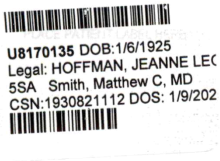
_____
Print added information or title of information materials

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. 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.

Continued on Reverse



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2



V.2404 | CONTENT LAST APPROVED NOV 23

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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent)*.

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)	Transvenous Pacemaker implant
Health Care Professional(s) Performing Procedure	Naeem Ahsan 1/13/25

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	**PRINT NAME**	**DATE**	**TIME**
Louise Hoffman	LOUISE HOFFMAN	1/12/25	1:30 PM

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) NW 1/13/25
- ☐ **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

FOR MINOR PATIENTS:

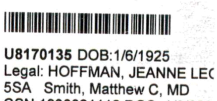
- ☐ **1.** Guardian/legal custodian
- ☐ **2.** Court-authorized person for child in out-of-home placement
- ☐ **3.** Parent(s)
- ☐ **4.** Holder of signed authorization from parent(s)
- ☐ **5.** Adult representing self to be a relative responsible for the minor's health

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

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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**
	Naeem Ahsan MD		1/12/25	1:30pm



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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2



SCANNED

V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6)

Consent-Treatment Procedural UWM - Scan on 1/13/2025 11:43 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION
(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
UWMC EMERGENCY DEPARTMENT
DOS:1/9/2025
Enc:1930821112 RES:58210721

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SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 1 of 2

U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

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

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.

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OR *(Please initial)*
____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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 lower extremity above knee amputation
Health Care Professional(s) Performing Procedure	Dr. Smith, Dr. Zetterval, Dr. Sweet

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne E Hoffman MA 1/9/25	Jeanne Hoffman	1/9/25	1:20pm

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)
☐ **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

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)*

Note This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.

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
	Sam Schwarz, MD		1/9/25	1:20pm

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN,
JEANNE
LEONIE
UWMC EMERGENCY DEPARTMENT
DOB:1/9/2025
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

U0173
V.2404 | CONTENT LAST APPROVED NOV 23

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/14/2025 4:58 AM: RE-LABELED TO VENTRICULAR PACED 1/14/2025

Scan (below)

Strip Report SA5420

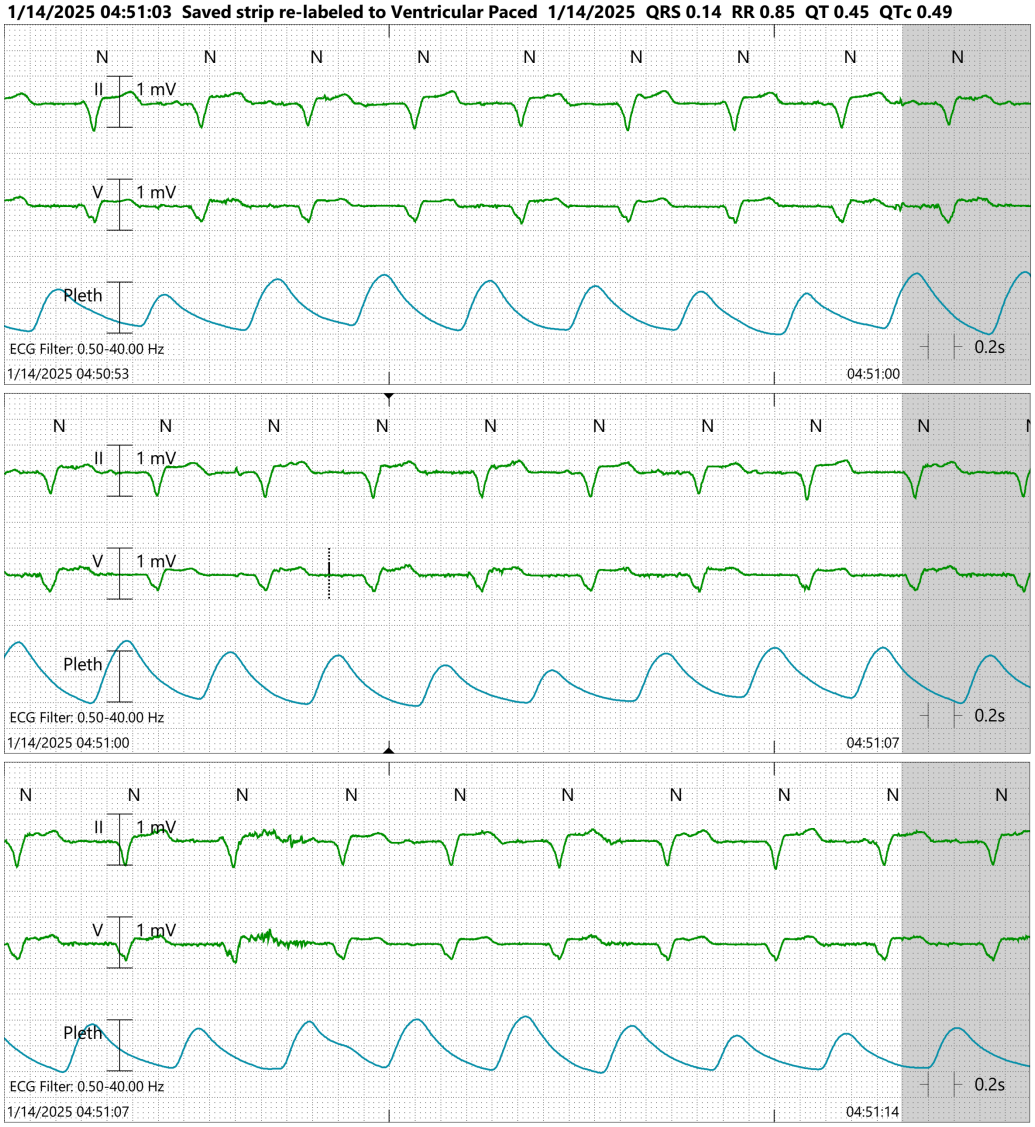
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 72 PVC 0 SpO_2 96 Pulse (SpO_2) 71

Perf 3.1

1/14/2025 04:51:03 Saved strip re-labeled to Ventricular Paced 1/14/2025 QRS 0.14 RR 0.85 QT 0.45 QTc 0.49



	5SA	UWMC Montlake

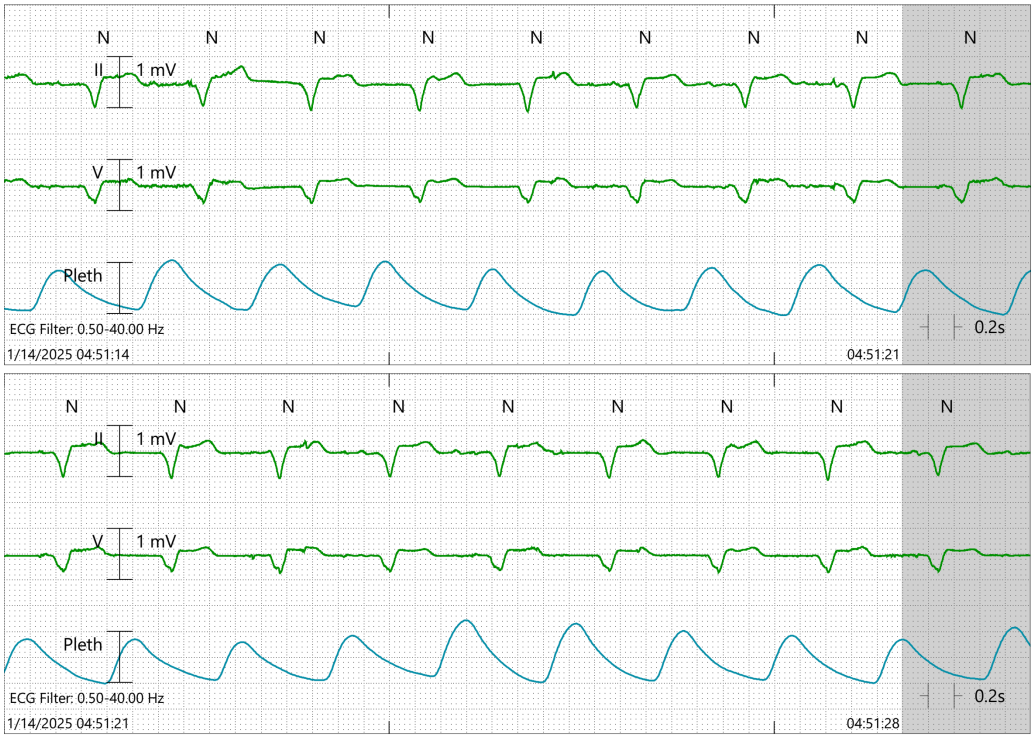
Printed on 1/14/2025 04:56:49 Page 1 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Strip Report SA5420

HOFFMAN, JEANNE	U8170135	1930828044



	5SA	UWMC Montlake

Printed on 1/14/2025 04:56:49 Page 2 of 2

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Provider-Created Image - Scan on 1/14/2025 8:45 AM: BSC ACCOLADE (effective from 1/14/2025)

Scan (below)

Boston Scientific

Implant Registration

Patient Information

Name:	Jeanne L Hoffman	**Gender:**	Female
Address:	321 High School Rd NE, St D3 PMB 292 Bainbridge Island, WA, 98110 (206) 280-1287	**Date Of Birth:** **Medical Record:**	01/06/1925 U8170135

Physician and Hospital Information

Health Care Facility:	University Washington Med Ctr 1959 NE Pacific St Seattle, WA 98195-0001 (206) 598-3300	**Implanting Physician:**	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000
Following Physician:	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000	**Referring Physician:**	Akoum, Nazem MD 1959 NE Pacific St Box 356422 Seattle, WA 98195-0001 (206) 520-5000

Implanted Product Information

Implant Date	Manufacturer	Model Name	Pol.	Model	Serial No.	Location
01/13/2025	Boston Scientific	L310: ACCOLADE MRI SR IS-1		L310	926607	L - Subcutaneous
01/13/2025	Boston Scientific	7841: INGEVITY+ IS-1 Bi Positive Fix RA/RV 52cm	Bi	7841	1549465	RV

Measured Data

	Device Measurements			
Lead	**Intrinsic**	**Threshold**	**Imp.**	**Current**
RV	25.0 mV	0.9V @ 0.4ms	630 Ω	1.4 mA

Programmed Parameters

Mode:	VVIR		**Sensitivity**	**Output**	**Pace/Sense**	**VT EGM Storage:**	On - 160 bpm
LRL :	70 ppm	**RV**	1.5 mV	Auto @ 0.4ms	Bi	**VRR:**	Off
MSR:	130 ppm					**Rate Smoothing:**	Off
Sensing Method:	AGC	**Sensor:**	RightRate Pacing With MV - On Motion-Based Pacing With Accel - On			**PaceSafe RVAC:**	On

INC-LS01032025-PD01132025

Completed By: Richard Brown **Date:** 01/13/2025 © 2025 Boston Scientific Corporation USA 1.800.227.3422 Worldwide 651.582.4000

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 3:24 AM: RE-LABELED TO VENTRICULAR PACED

Scan (below)

Strip Report SA5420

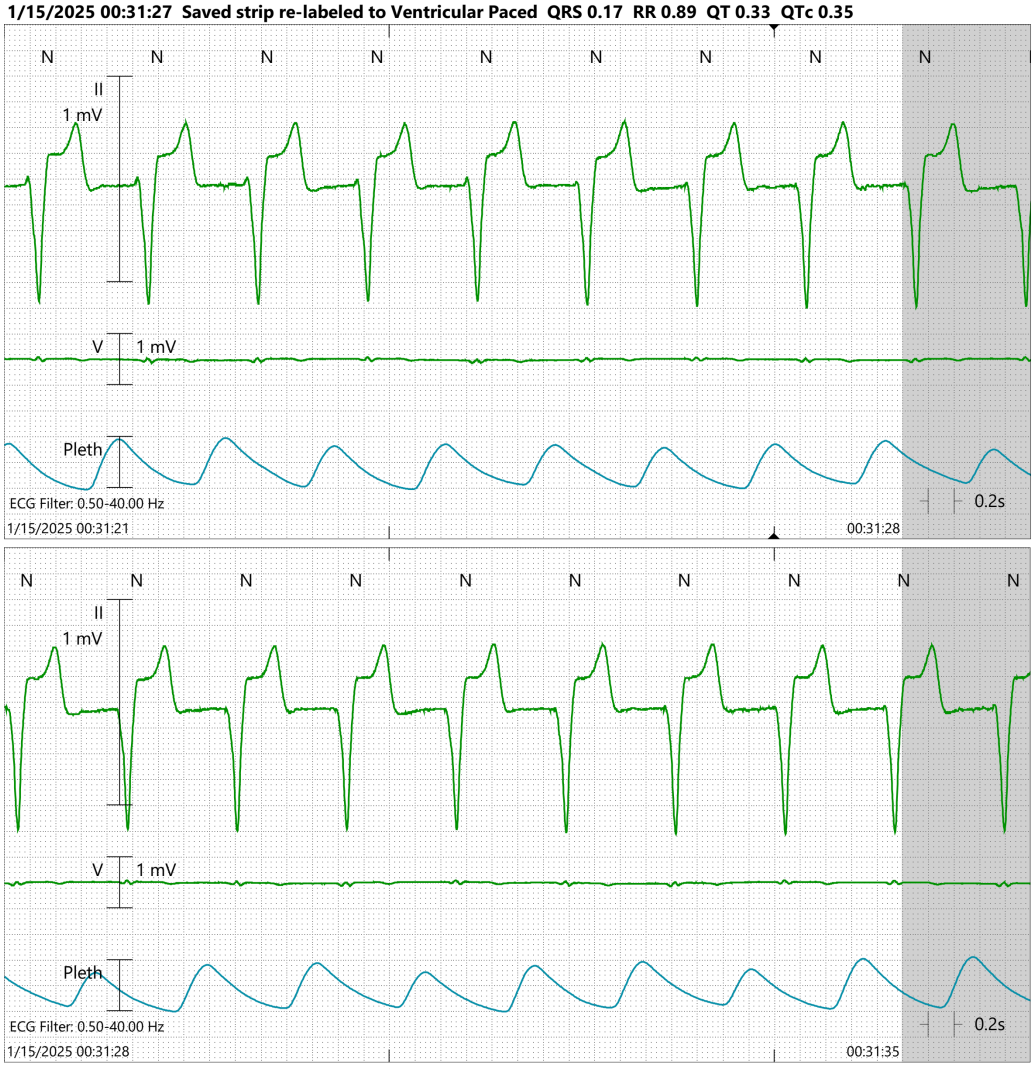
HOFFMAN, JEANNE	U8170135	1930828044

Vitals:

HR 70 PVC 0 SpO_2 95 Pulse (SpO_2) 70

Perf 4.0

1/15/2025 00:31:27 Saved strip re-labeled to Ventricular Paced QRS 0.17 RR 0.89 QT 0.33 QTc 0.35



	5SA	UWMC Montlake

Printed on 1/15/2025 03:23:39 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 6:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM HW CMT

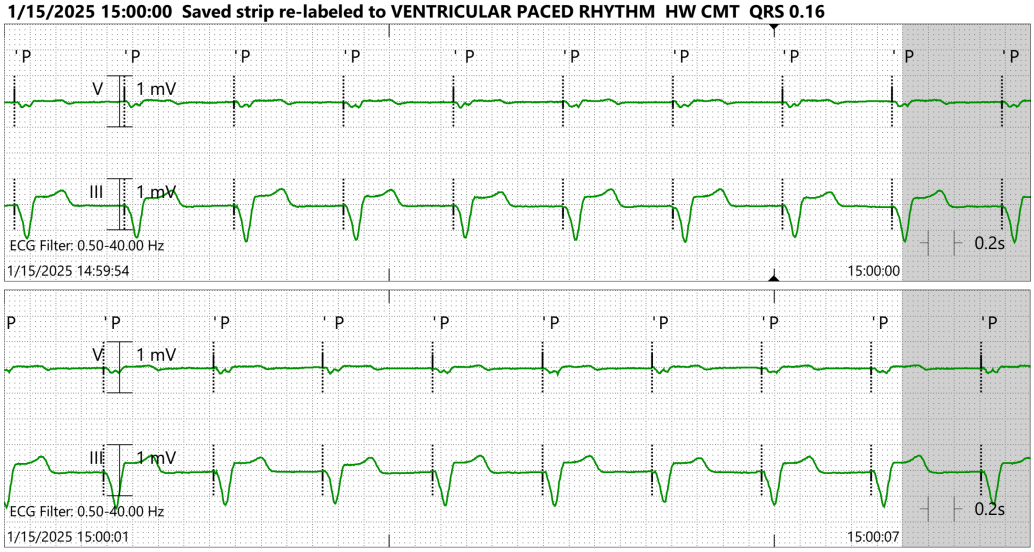
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM HW CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/15/2025 18:42:45 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/15/2025 11:13 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM SK RN

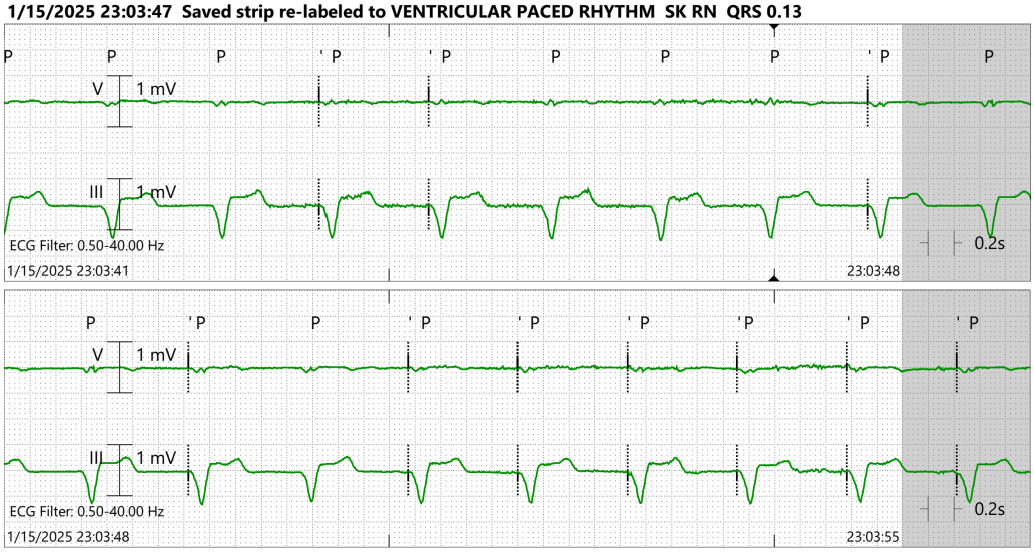
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/15/2025 23:03:47 Saved strip re-labeled to VENTRICULAR PACED RHYTHM SK RN QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/15/2025 23:12:30 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 9:12 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

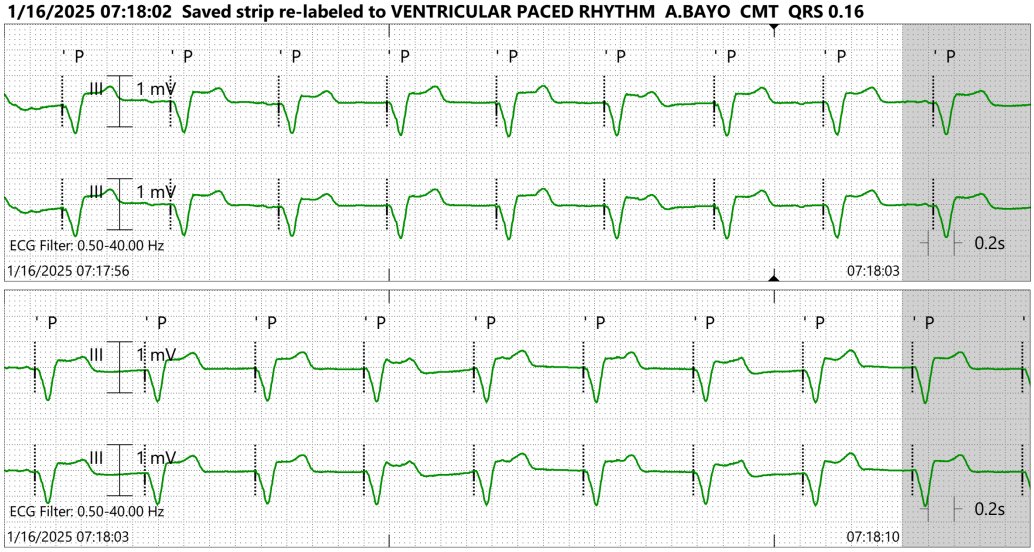
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 07:18:02 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 09:11:20 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 4:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM LN RN

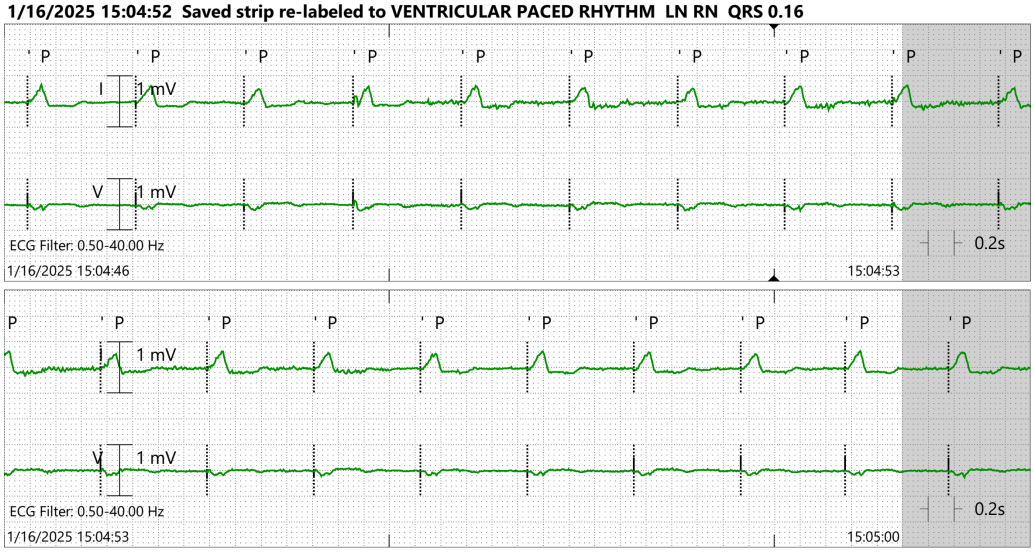
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 15:04:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM LN RN QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 16:48:44 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/16/2025 11:42 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

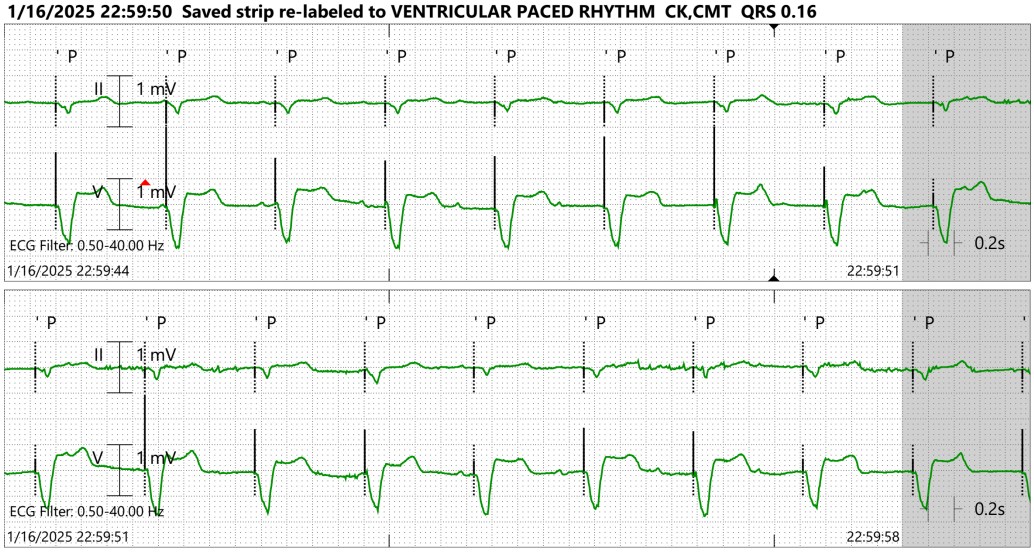
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/16/2025 22:59:50 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/16/2025 23:42:07 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 3 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 7:42 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

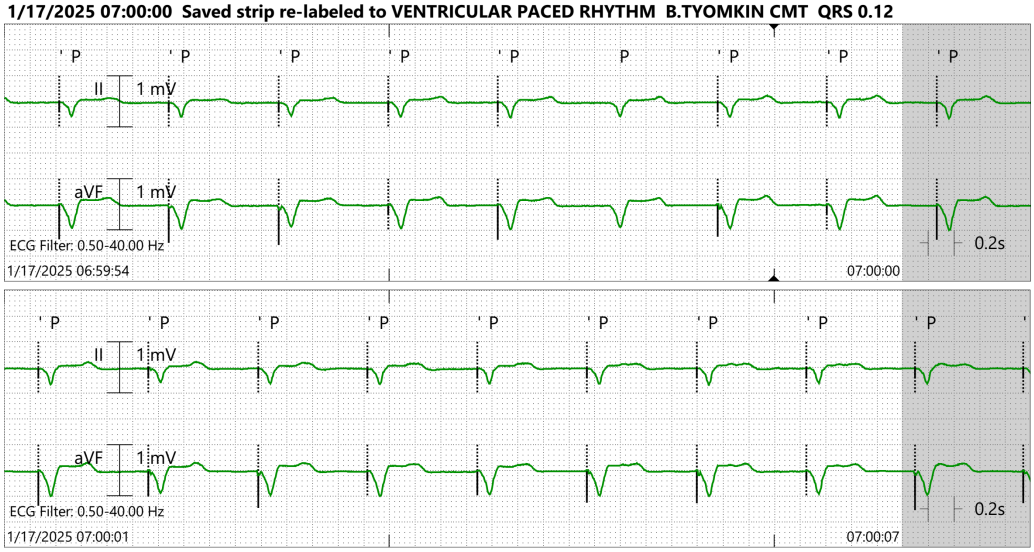
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.12



	TELE5NE	UWMC Montlake

Printed on 1/17/2025 07:41:32 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6)

Consent-Treatment Procedural UWM - Scan on 1/17/2025 9:38 AM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)

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

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 during or after the procedure and throughout the current hospitalization. I understand possible reasons for needing a transfusion include bleeding, symptomatic or severe anemia, and abnormal coagulation. I understand that the 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 sepsis, 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 Form U2063 for refusal/partial refusal or Form U1148 for a separate blood consent).*

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)	Temporary Venous pacemaker placement			
Health Care Professional(s) Performing Procedure	Dr. Ayyoub & team			
SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME	
[signature]	Louie Alloia	1-10-25	12:59 PM	

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)
- ☐ 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

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)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
[signature]	Sarah Abeln, NP		1-10-25	12:54pm

U8170135 DOB:1/6/1925
Legal: HOFFMAN, JEANNE LEONIE
5SA Smith, Matthew C, MD
CSN:1930821112 DOS: 1/9/2025

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians
SPECIAL CONSENT PROCEDURAL TREATMENT TRANSFUSION
Page 2 of 2

U0173
V.2311 | CONTENT LAST APPROVED NOV 23

SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

(DIAGNOSTIC & SURGICAL PROCEDURES, BLOOD TRANSFUSION & 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, 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 device failure, 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. 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.

Continued on Reverse

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 3:28 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM K.LAM RN CMT

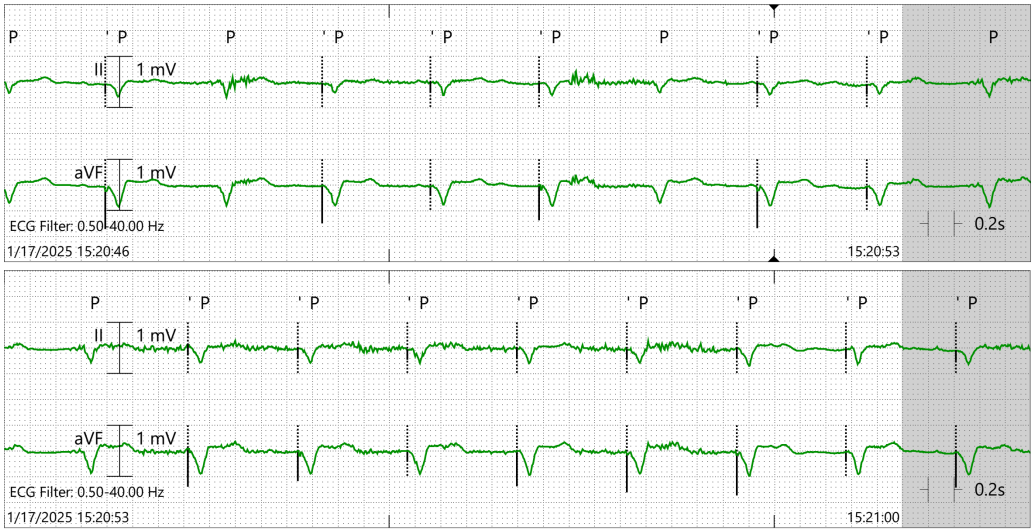
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 15:20:52 Saved strip re-labeled to VENTRICULAR PACED RHYTHM K.LAM RN CMT QRS 0.16 RR 0.86 QT 0.46 QTc 0.49



	TELE5NE	UWMC Montlake

Printed on 1/17/2025 15:27:17 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/17/2025 11:22 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK, CMT

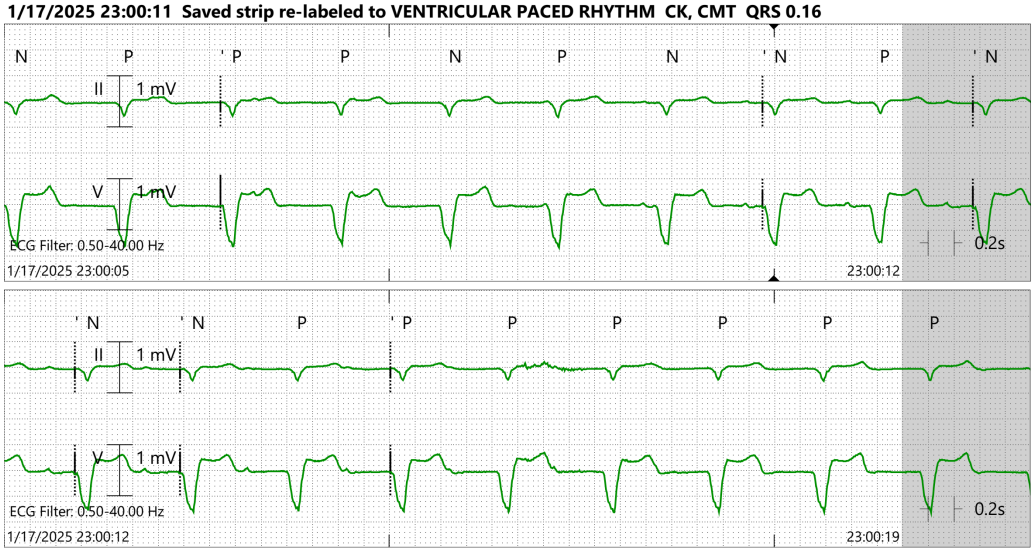
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 2	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/17/2025 23:00:11 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK, CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/17/2025 23:21:28 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 7:31 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

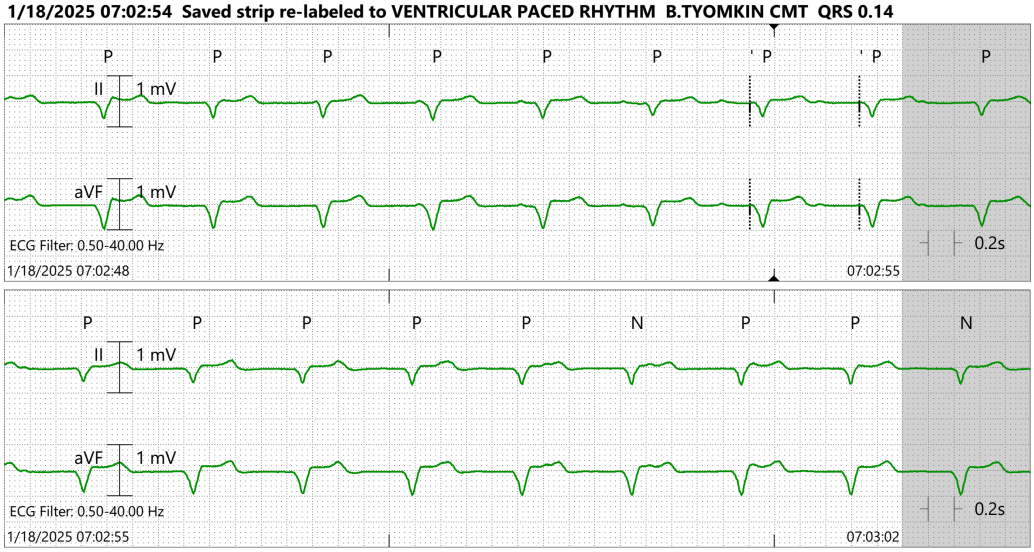
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 07:02:54 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 07:30:02 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 3:17 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

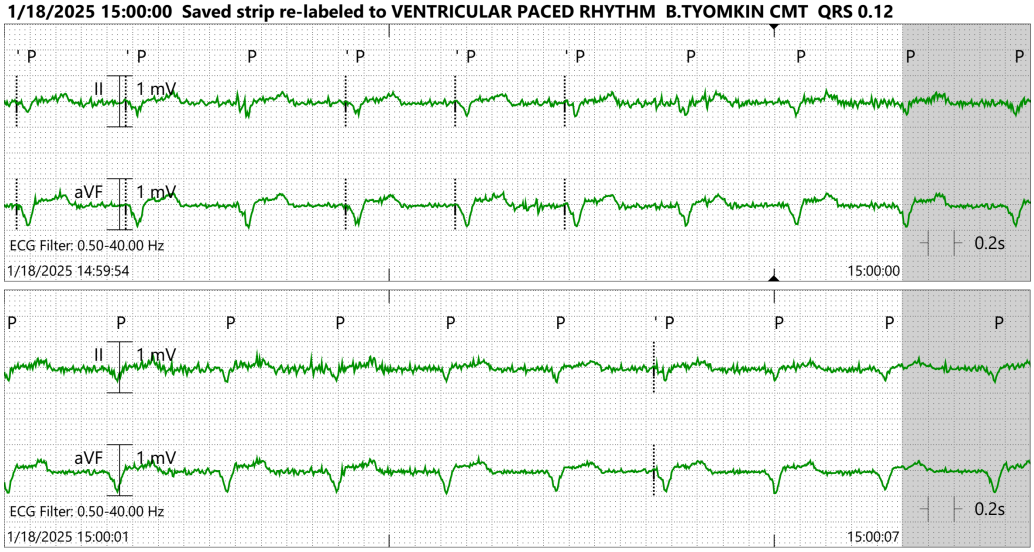
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 3	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.12



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 15:16:15 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 11:45 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

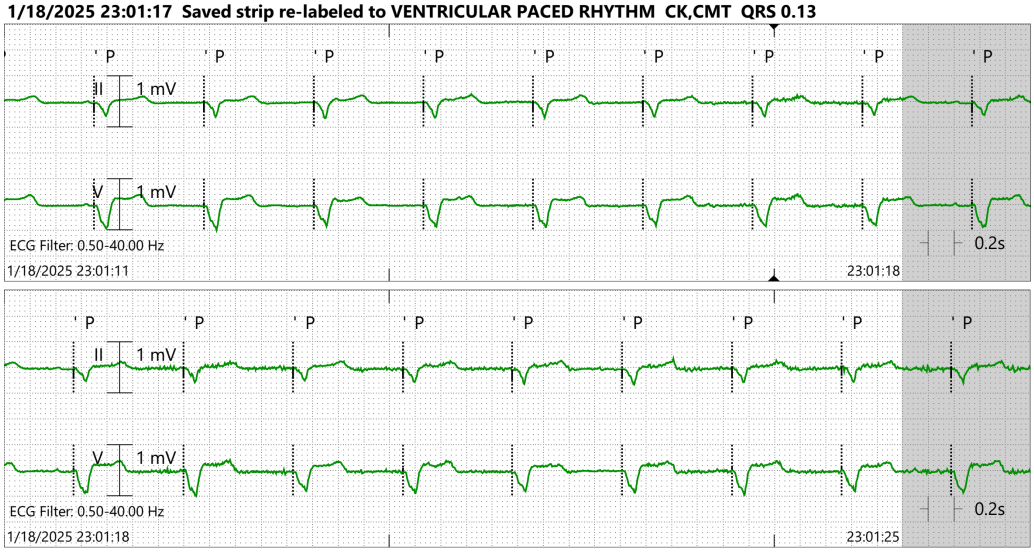
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 23:01:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 23:43:51 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/18/2025 11:45 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

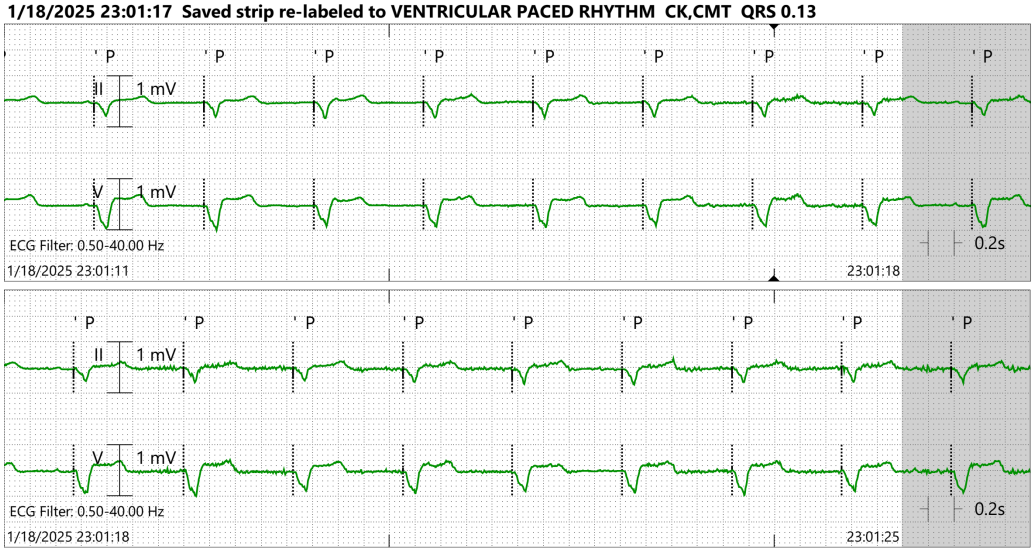
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/18/2025 23:01:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.13



	TELE5NE	UWMC Montlake

Printed on 1/18/2025 23:44:03 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 7:25 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

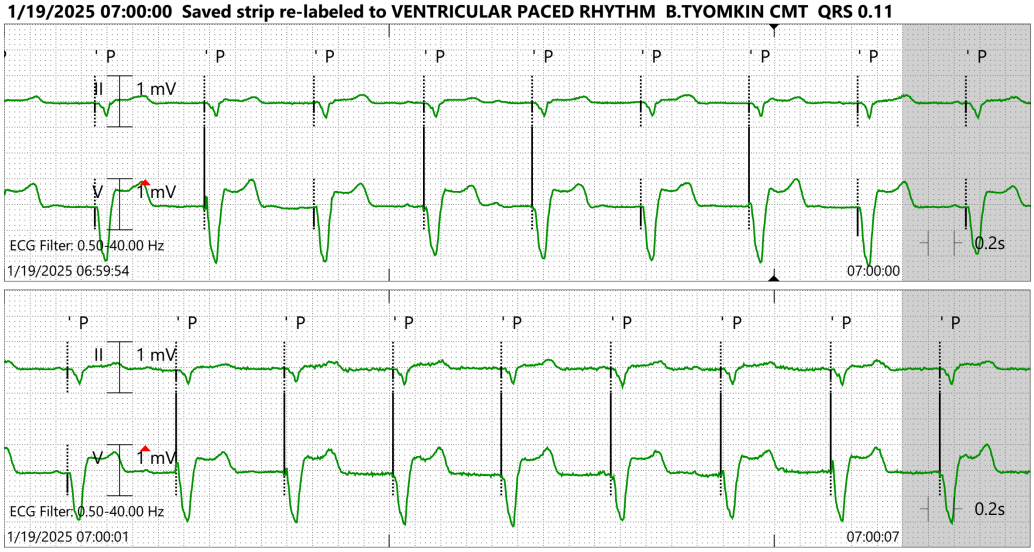
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 07:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.11



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 07:25:32 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 3:26 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM B.TYOMKIN CMT

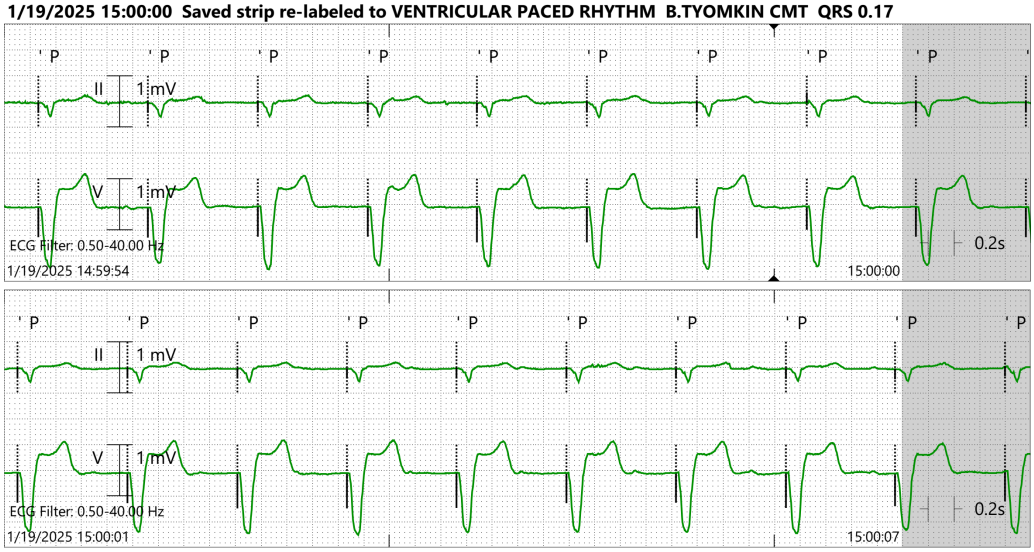
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 15:00:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM B.TYOMKIN CMT QRS 0.17



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 15:24:40 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 4 of 6) (continued)

Patient Monitoring Document - Scan on 1/19/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

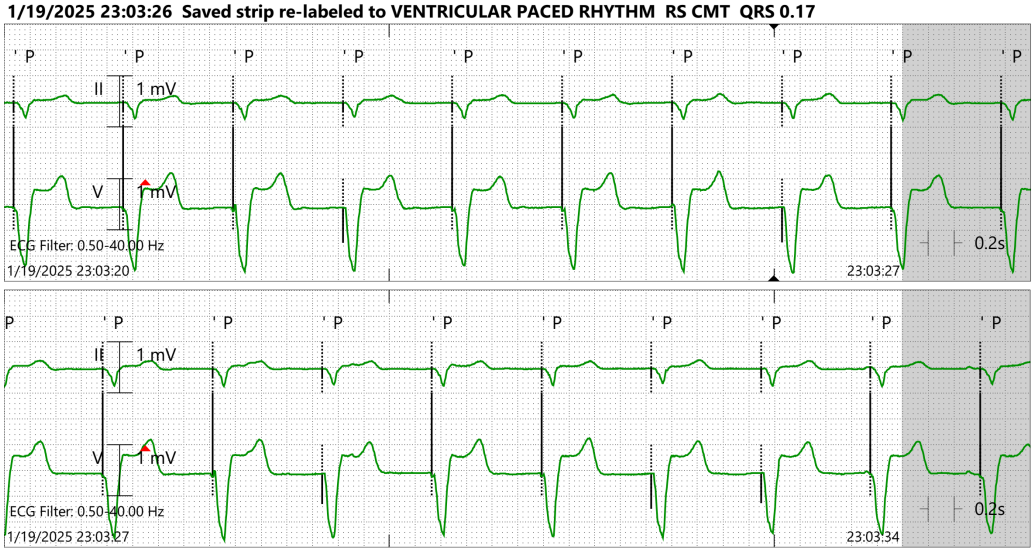
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/19/2025 23:03:26 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.17



	TELE5NE	UWMC Montlake

Printed on 1/19/2025 23:48:47 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6)

Patient Monitoring Document - Scan on 1/20/2025 7:57 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM CK,CMT

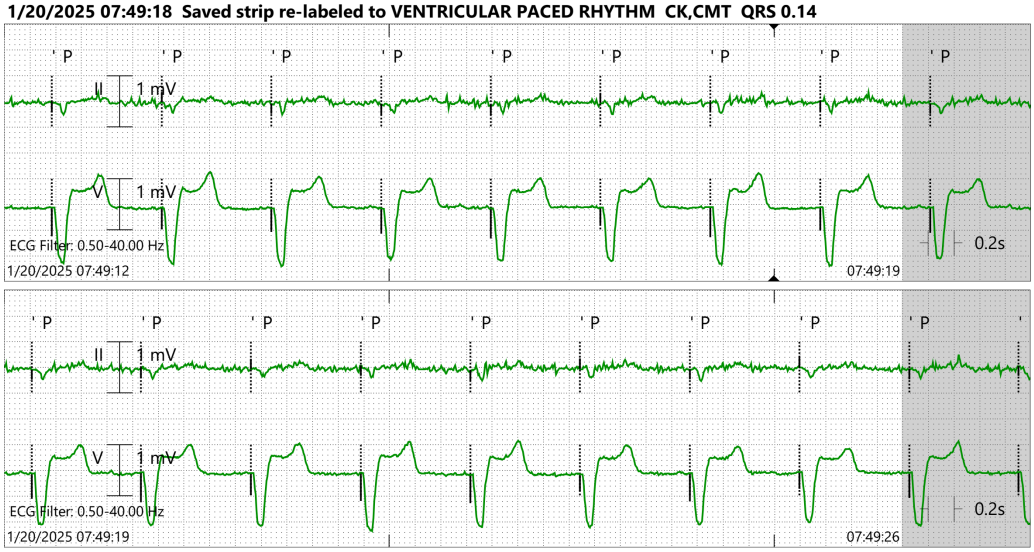
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 07:49:18 Saved strip re-labeled to VENTRICULAR PACED RHYTHM CK,CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 07:55:47 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Provider-Created Image - Scan on 1/20/2025 9:51 AM: L AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/20/2025 3:33 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM EF RN

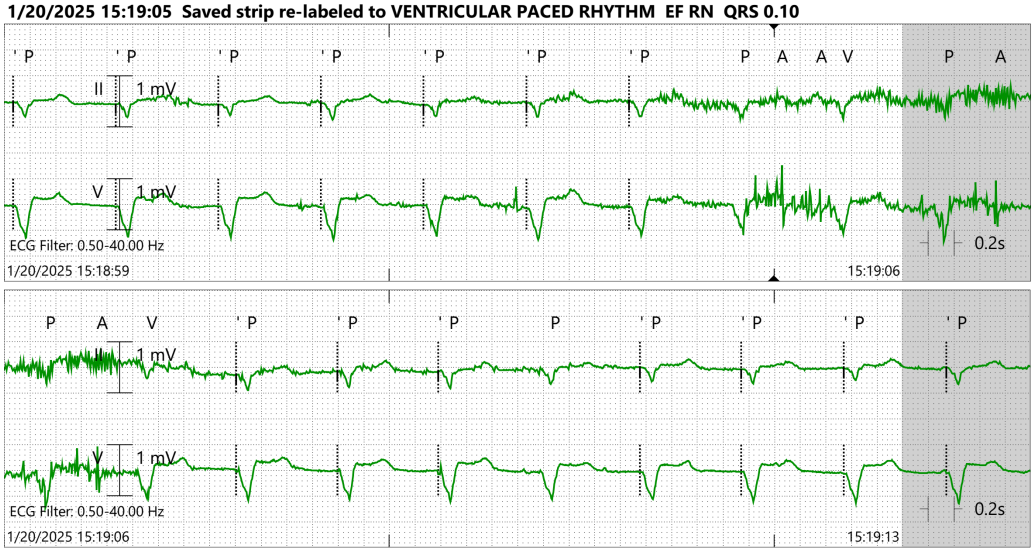
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 75	PVC 10	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 15:19:05 Saved strip re-labeled to VENTRICULAR PACED RHYTHM EF RN QRS 0.10



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 15:33:19 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/20/2025 11:49 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

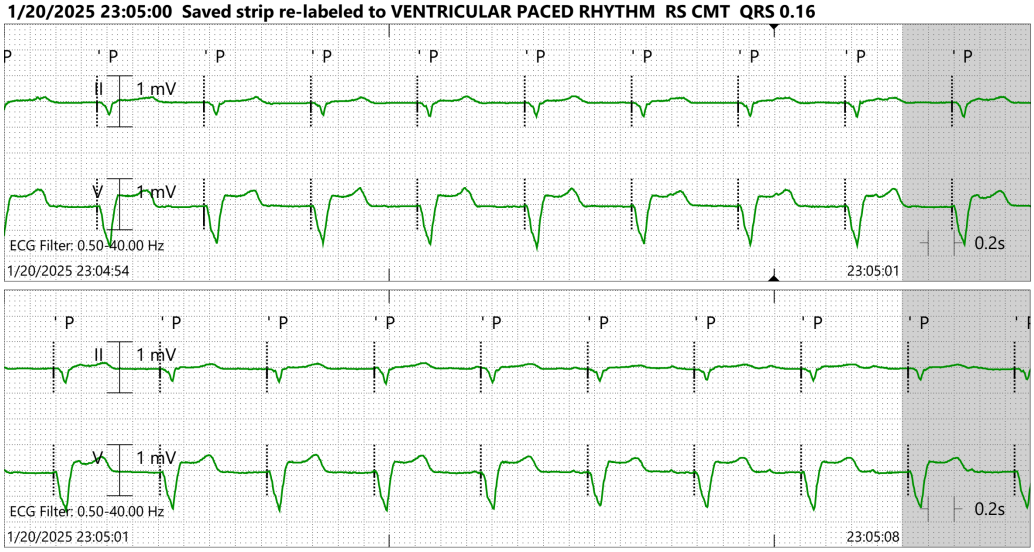
Scan (below)

Strip Report	7411	
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/20/2025 23:05:00 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.16



	TELE5NE	UWMC Montlake

Printed on 1/20/2025 23:48:52 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:39 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

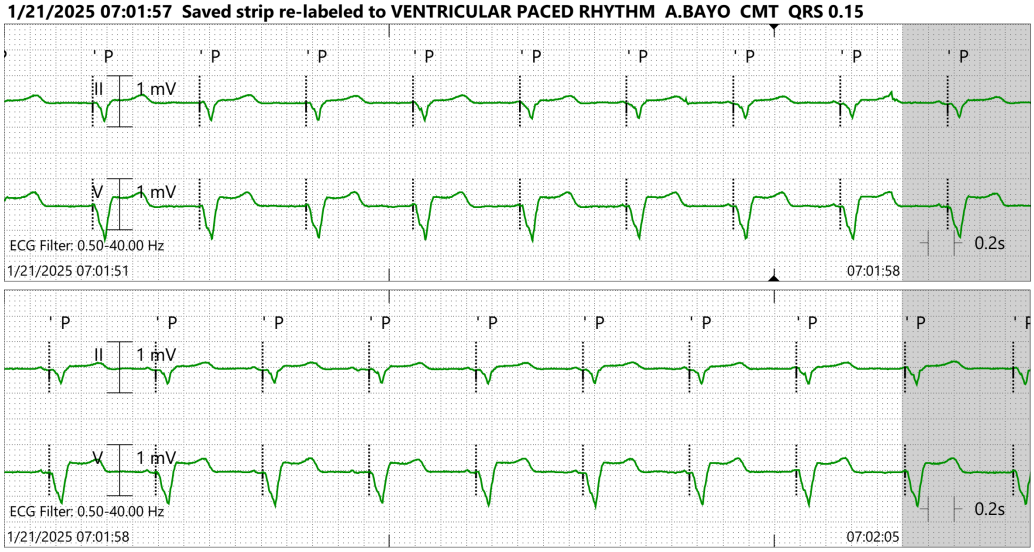
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:17 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:39 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

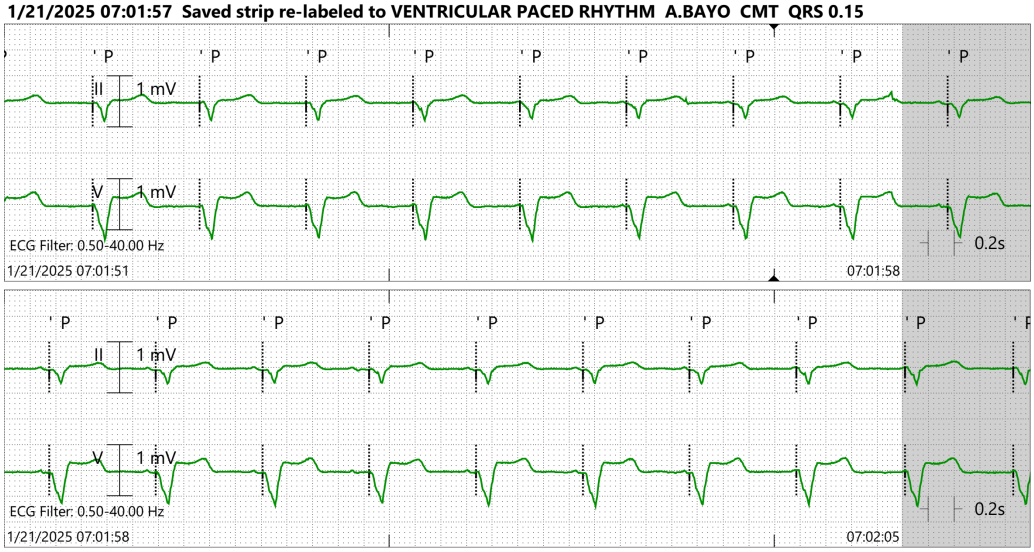
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:36 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 10:40 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

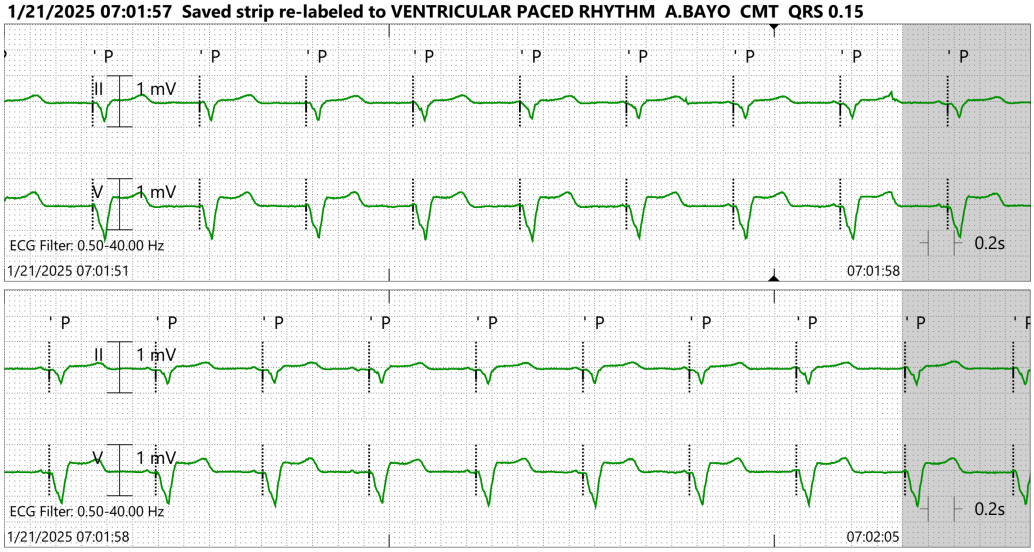
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 72	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 07:01:57 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 10:38:51 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 6:00 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

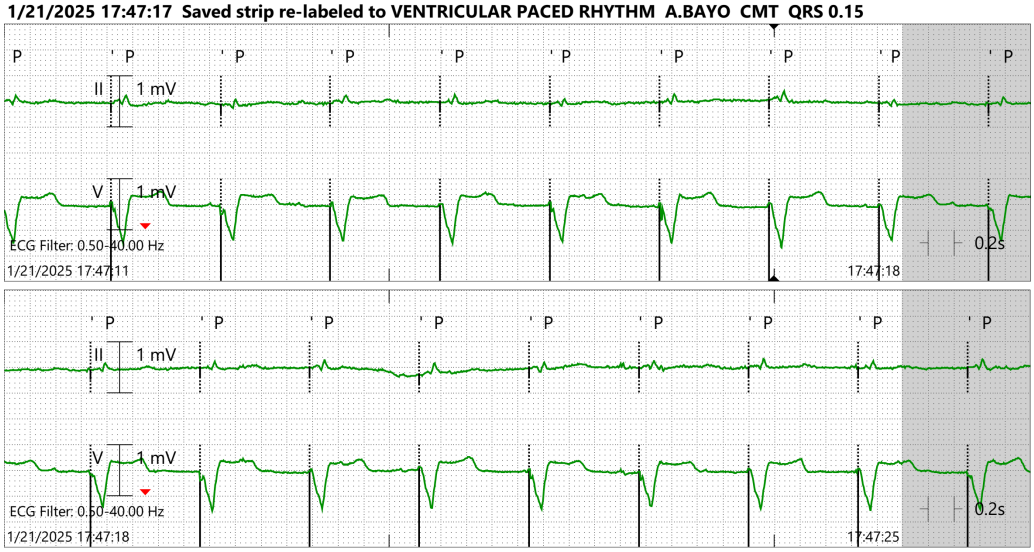
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 17:47:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 17:59:13 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 6:03 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

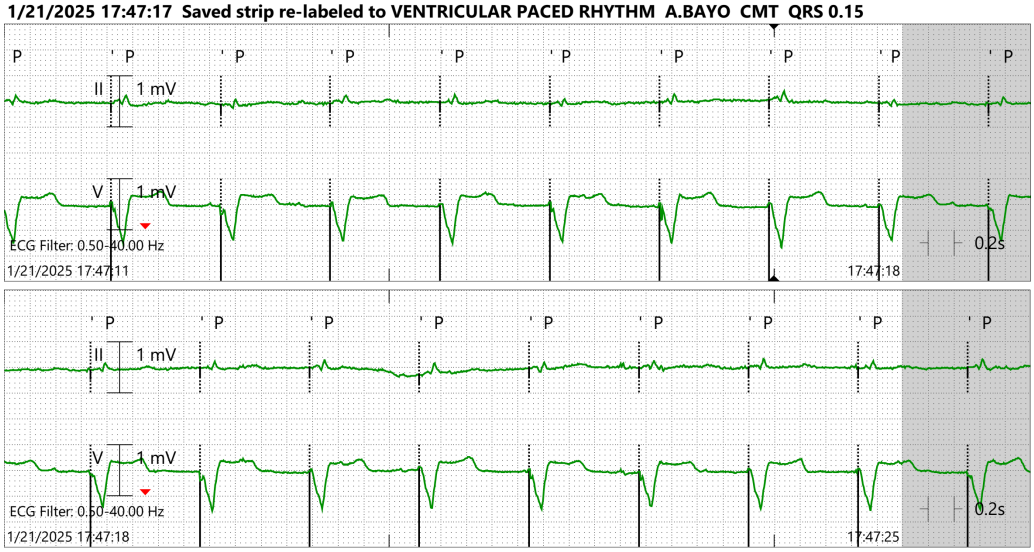
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 1	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 17:47:17 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 18:02:13 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 5 of 6) (continued)

Patient Monitoring Document - Scan on 1/21/2025 11:43 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM RS CMT

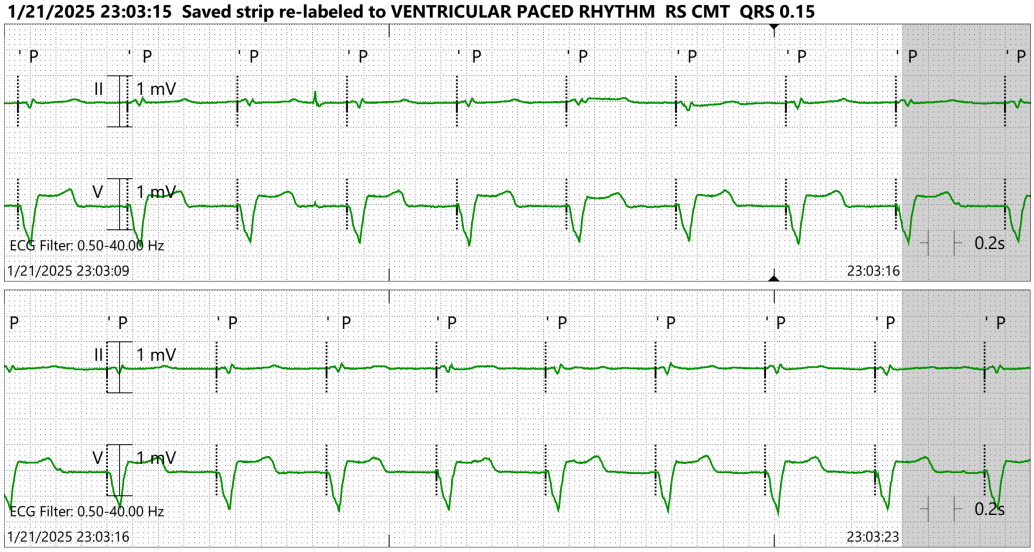
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/21/2025 23:03:15 Saved strip re-labeled to VENTRICULAR PACED RHYTHM RS CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/21/2025 23:42:27 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6)

Patient Monitoring Document - Scan on 1/22/2025 7:58 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

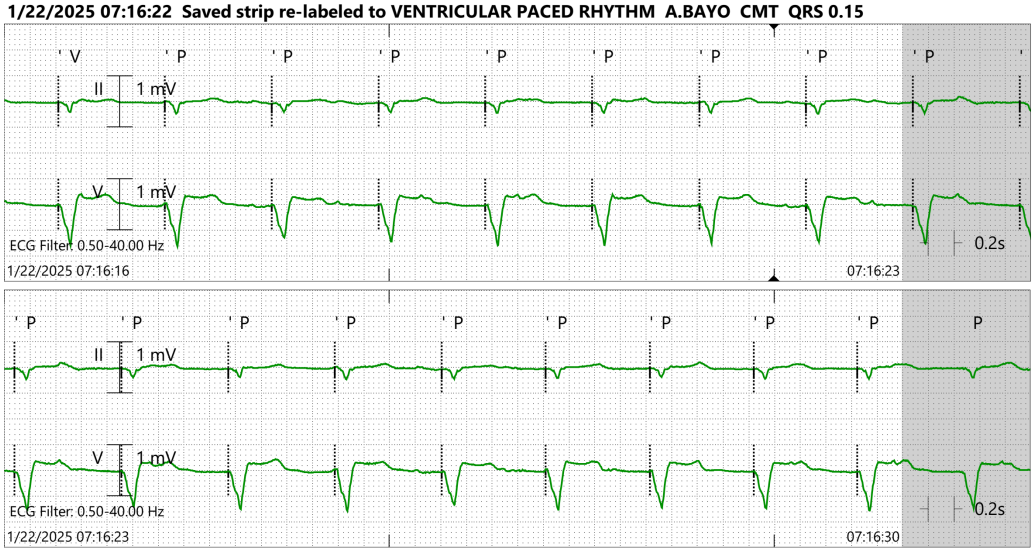
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 74	PVC 29	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 07:16:22 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.15



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 07:58:12 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/22/2025 3:28 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM JKK RN

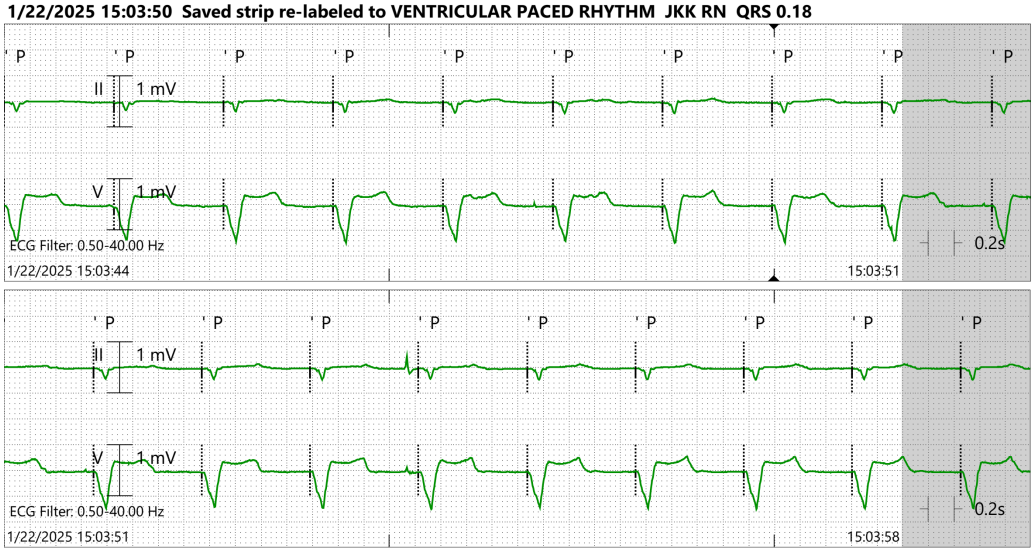
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 15:03:50 Saved strip re-labeled to VENTRICULAR PACED RHYTHM JKK RN QRS 0.18



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 15:27:29 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/22/2025 11:08 PM: RE-LABELED TO VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN

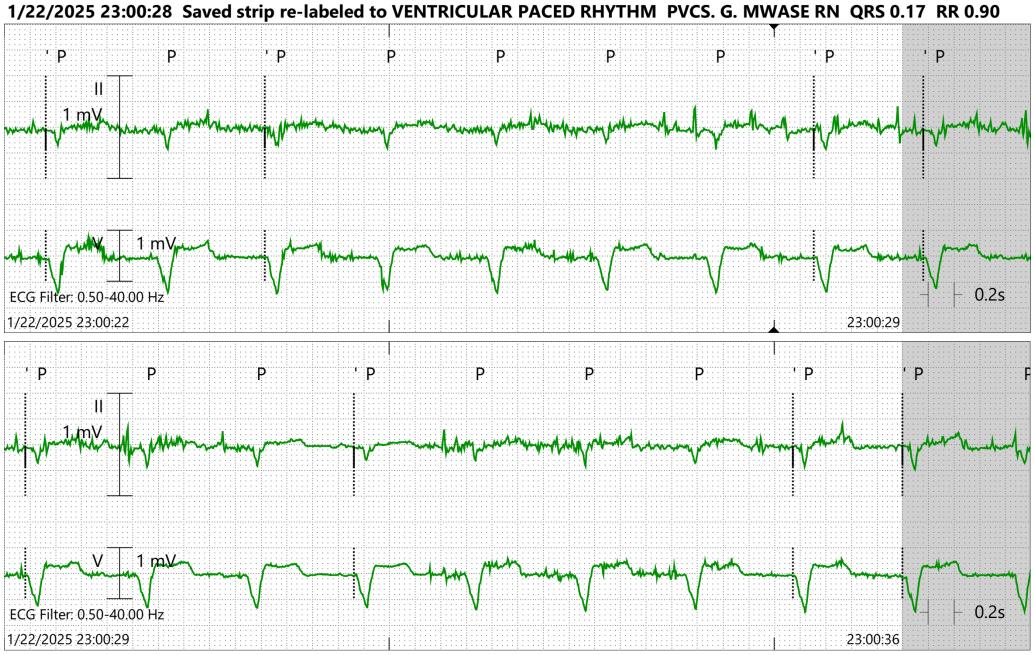
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 70	PVC 6	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/22/2025 23:00:28 Saved strip re-labeled to VENTRICULAR PACED RHYTHM PVCS. G. MWASE RN QRS 0.17 RR 0.90



	TELE5NE	UWMC Montlake

Printed on 1/22/2025 23:07:10 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Patient Monitoring Document - Scan on 1/23/2025 7:46 AM: RE-LABELED TO VENTRICULAR PACED RHYTHM A.BAYO CMT

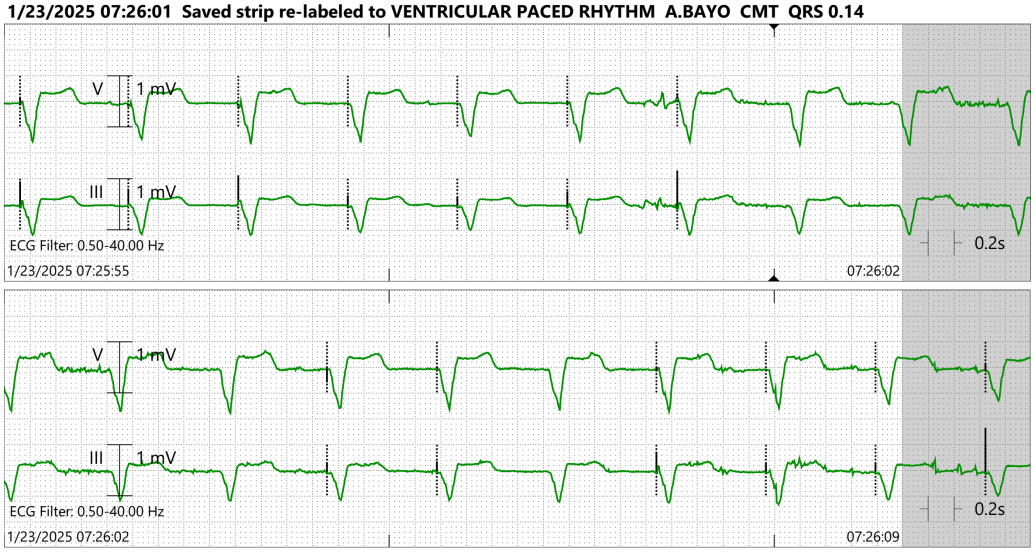
Scan (below)

Strip Report		7411
HOFFMAN, JEANNE	U8170135	1930821112

Vitals:

HR 71	PVC 0	ST-I -?-	ST-II -?-
ST-III -?-	ST-aVF -?-	ST-aVR -?-	ST-aVL -?-
ST-V -?-	ST-MCL -?-		

1/23/2025 07:26:01 Saved strip re-labeled to VENTRICULAR PACED RHYTHM A.BAYO CMT QRS 0.14



	TELE5NE	UWMC Montlake

Printed on 1/23/2025 07:45:23 Page 1 of 1

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 1/27/2025 7:55 AM: L AKA

Scan (below)

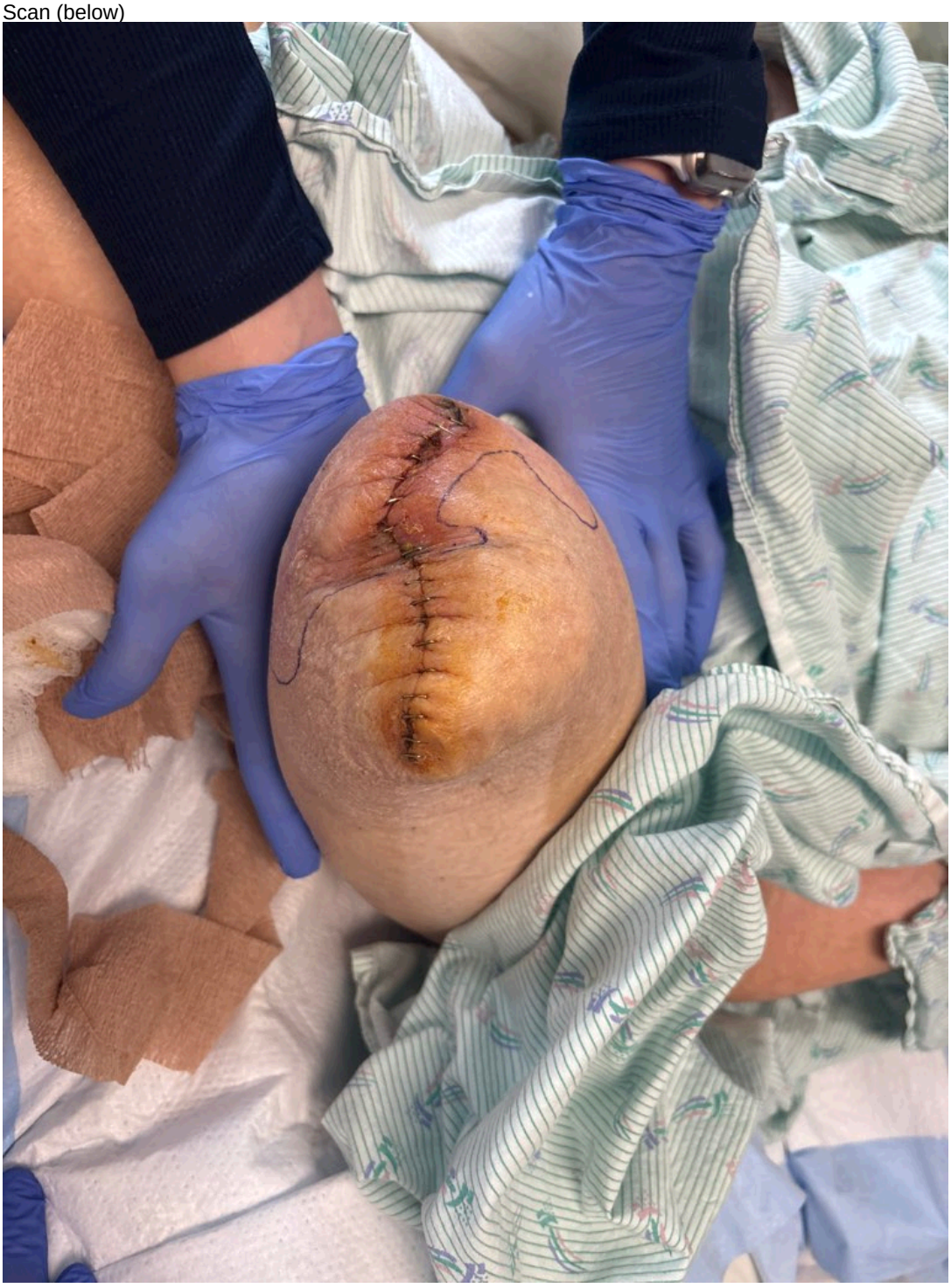


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/3/2025 11:53 AM: L AKA stump

Scan (below)

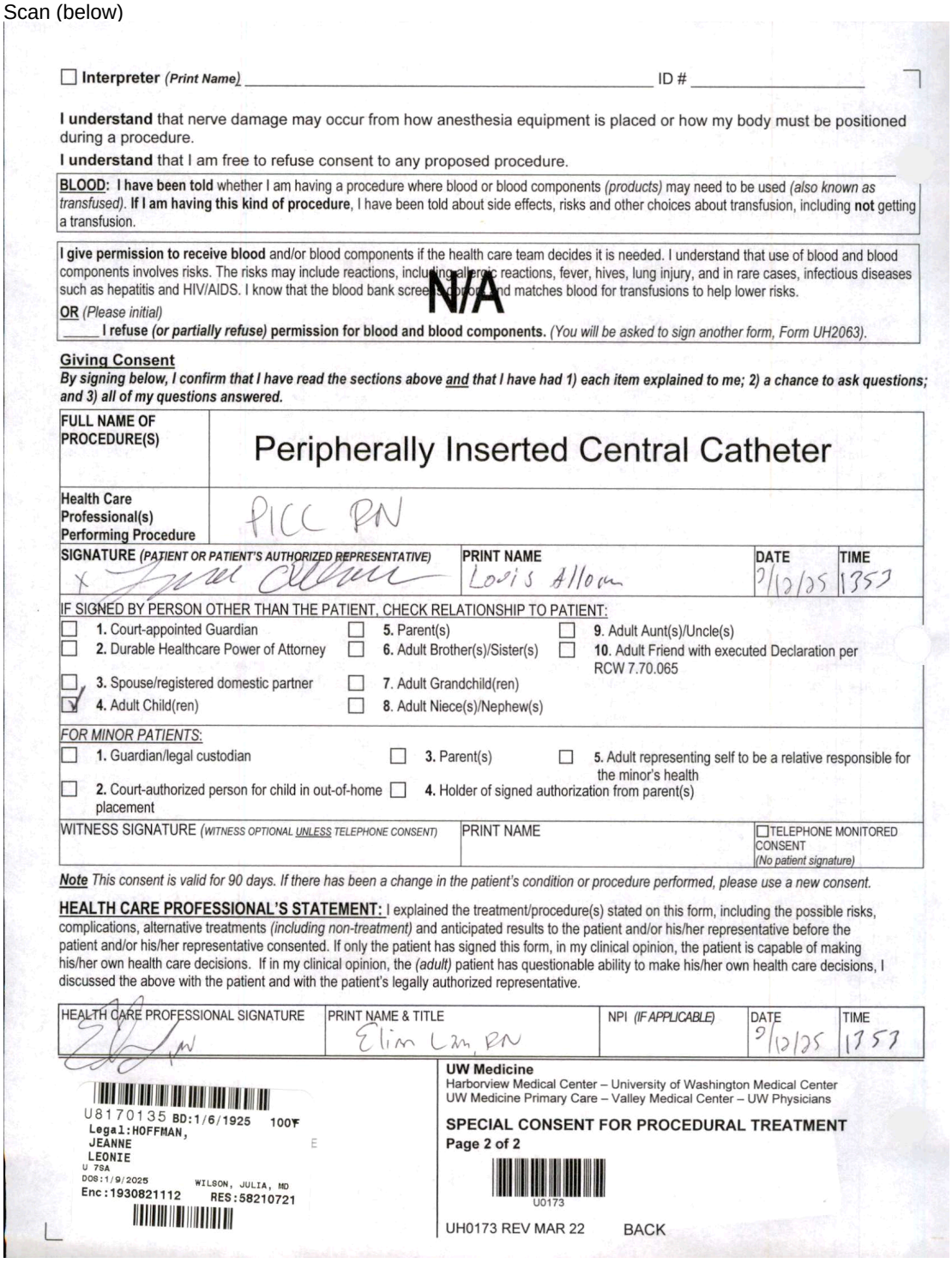


01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Consent-Treatment Procedural UWM - Scan on 2/12/2025 10:10 PM: U0173 ; SPECIAL CONSENT FOR PROCEDURAL TREATMENT AND BLOOD TRANSFUSION

Scan (below)



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

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.

N/A

OR *(Please initial)*

_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

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)	Peripherally Inserted Central Catheter
Health Care Professional(s) Performing Procedure	PICC RN

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X [signature]	Louis Allom	2/12/25	1353

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)
- ☐ 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

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)*

Note *This consent is valid for 90 days. If there has been a change in the patient's condition or procedure performed, please use a new consent.*

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
[signature] RN	Elim Lm, RN		2/12/25	1353

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
U 7SA
DOS:1/9/2025 WILSON, JULIA, MD
Enc:1930821112 RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

SPECIAL CONSENT FOR PROCEDURAL TREATMENT
Page 2 of 2

U0173

UH0173 REV MAR 22 BACK

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

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, 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.

he 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):

Peripherally Inserted Central Catheter (PICC)

Patient Education Handout

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. 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.

Continued on Reverse

U8170135 BD:1/6/1925 100F
Legal:HOFFMAN, JEANNE LEONIE
U 7SA
DOS:1/9/2025
Enc:1930821112 WILSON, JULIA, MD
RES:58210721

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

SPECIAL CONSENT FOR PROCEDURAL TREATMENT
Page 1 of 2

U0173

UH0173 REV MAR 22

01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

Provider-Created Image - Scan on 2/27/2025 10:04 AM: Left AKA

Scan (below)



01/09/2025 - ED to Hosp-Admission (Discharged) in UWMC MONTLAKE TOWER 7SA (continued)

Documents (group 6 of 6) (continued)

01/09/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585136	—	—	01/09/25 1857

EKG 12-Lead Resulted: 01/12/25 2145, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/12/25 2146
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/09/25 1857
Lab Technician: SN

Narrative:
SINUS RHYTHM WITH 2ND DEGREE AV BLOCK WITH 2:1 AV CONDUCTION
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 10:34,
SINUS RHYTHM IS NOW WITH 2ND DEGREE AV BLOCK
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	36	BPM	—	79
Atrial Rate	71	BPM	—	79
P-R Interval	290	ms	—	79
QRS Duration	66	ms	—	79
Q-T Interval	578	ms	—	79
QTC Calculation	446	ms	—	79
P Axis	83	degrees	—	79
R Axis	15	degrees	—	79
T Axis	29	degrees	—	79

View Report (below)

01/09/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 18:57:29 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

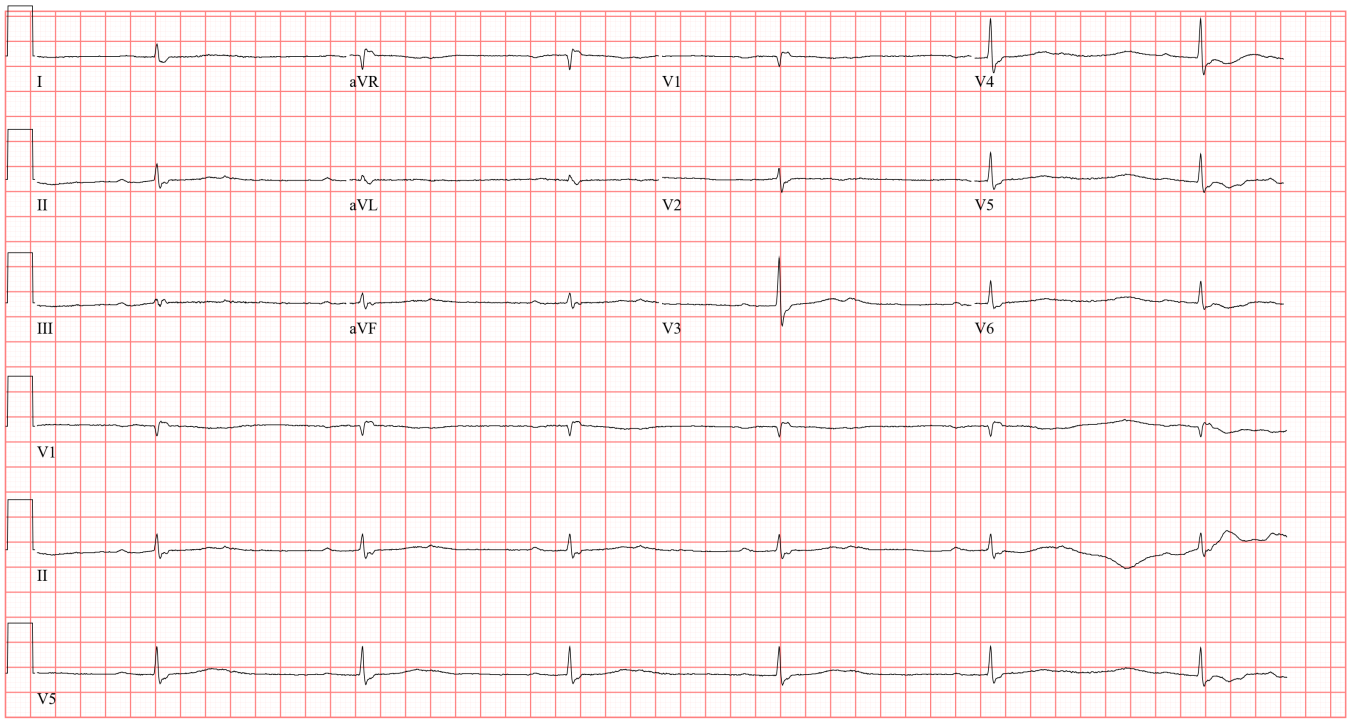
Room:5420
Loc:64

Vent. rate	36	BPM
PR interval	290	ms
QRS duration	66	ms
QT/QTc	578/446	ms
P-R-T axes	83 15 29	

SINUS RHYTHM WITH 2ND DEGREE AV BLOCK WITH 2:1 AV CONDUCTION
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 10:34,
SINUS RHYTHM IS NOW WITH 2ND DEGREE AV BLOCK
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Technician: SN
Test ind:

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 21:45 12-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
79 - Unknown	UWM EKG	Unknown	Unknown	02/08/17 1035 - Present

Signed

Electronically signed by Linker, David T, MD on 1/12/25 at 2145 PST

01/09/2025 - Orders Only in UW Medicine ECG

Visit Information

Provider Information

Encounter Provider
Clinic, Unassigned Muse

Department

Name	Address	Phone
UW Medicine ECG	UW Medicine, Box 359940, Seattle, WA 98195-9940 Seattle WA 98195	206-520-5000

Medication List

Medication List

This visit is on the same day as an admission, and a visit start time could not be determined. If the visit took place after discharge, manually review the med list with the patient.

Procedures

EKG 12-Lead (Final result)

Specimen Information

ID	Type	Source	Collected By
2585173	—	—	01/09/25 2109

EKG 12-Lead Resulted: 01/12/25 2145, Result status: Final result

Order status: Completed
Filed by: Interface, Muse Cupid Results In 01/12/25 2146
Resulting lab: UWM EKG
Resulted by: Linker, David T, MD
Collected by: 01/09/25 2109
Lab Technician: RN

Narrative:
SINUS RHYTHM WITH 2ND DEGREE AV BLOCK
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 18:57,
QT HAS LENGTHENED
Confirmed by LINKER MD, DAVID (1024) on 1/12/2025 9:45:20 PM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	33	BPM	—	79
Atrial Rate	66	BPM	—	79
P-R Interval	304	ms	—	79
QRS Duration	68	ms	—	79
Q-T Interval	708	ms	—	79
QTC Calculation	523	ms	—	79
P Axis	14	degrees	—	79
R Axis	14	degrees	—	79
T Axis	64	degrees	—	79

View Report (below)

01/09/2025 - Orders Only in UW Medicine ECG (continued)

Procedures (continued)

HOFFMAN, JEANNE ID:U8170135 09-JAN-2025 21:09:57 UW MEDICINE-U5SA ROUTINE RECORD

06-JAN-1925 (100 yr)
Female Caucasian

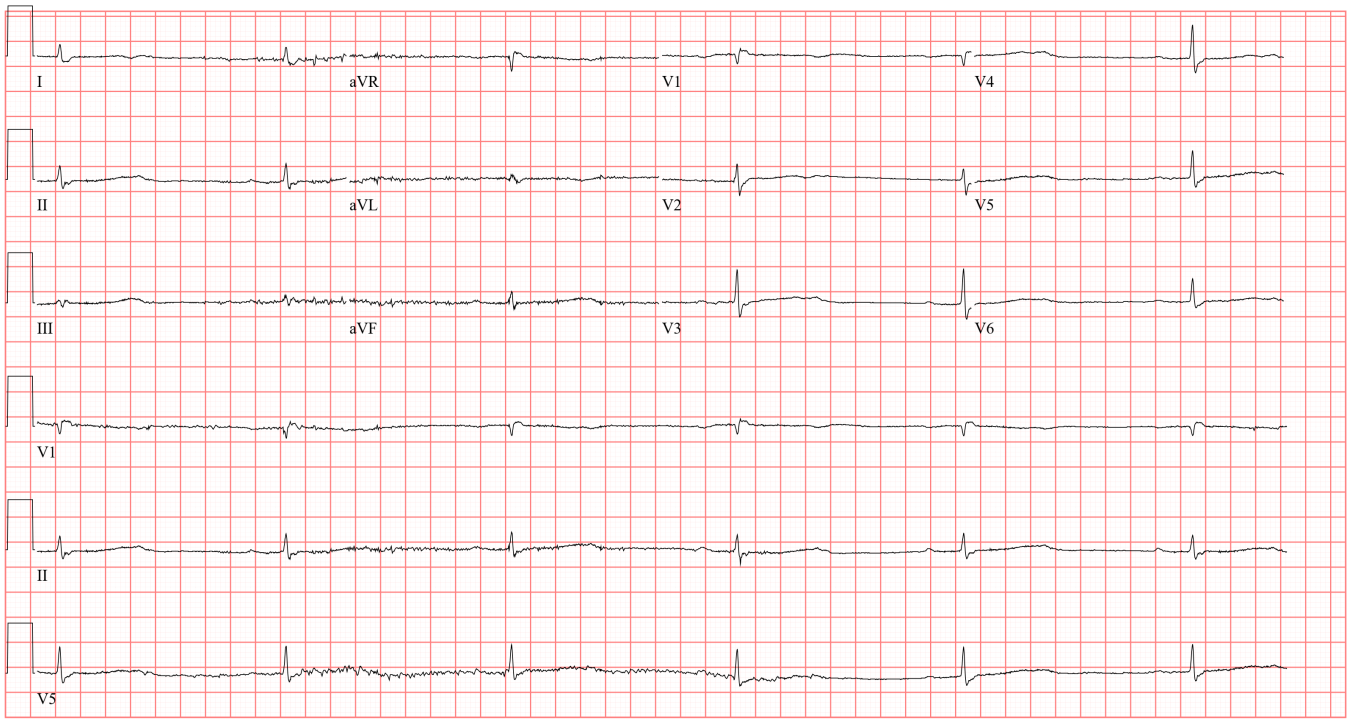
Room:5420
Loc:64

Vent. rate	33	BPM
PR interval	304	ms
QRS duration	68	ms
QT/QTc	708/523	ms
P-R-T axes	14 14	64

SINUS RHYTHM WITH 2ND DEGREE AV BLOCK
LOW VOLTAGE QRS
NONSPECIFIC ST AND T WAVE ABNORMALITY
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 09-JAN-2025 18:57,
QT HAS LENGTHENED
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Technician: RN
Test ind:

Confirmed By: DAVID LINKER MD



25mm/s 10mm/mV 150Hz 9.0.9 12SL 241 HD CID: 28 EID:1024 EDT: 21:45 12-JAN-2025 ORDER: ACCOUNT: 1930821112

Page 1 of 1

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
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Signed

Electronically signed by Linker, David T, MD on 1/12/25 at 2145 PST

09/24/2019 - Blood Pressure Management (BLOOD PRESSURE MANAGEMENT): records from 1/9/2025 to 3/11/2025

Episode Info

Type: BLOOD PRESSURE MANAGEMENT Noted date: 9/24/2019
Comments: Episode created 09/24/19 1049 PDT