IN THE SUPREME COURT OF THE STATE OF NEVADA

BARRY JAMES RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC, Appellants/Cross-Respondents, vs. TITINA FARRIS and PATRICK FARRIS, Respondents/Cross-Appellants.	No.: 80271 Appeal from the Eighth Judicial District Court, the Honorable Joanna S. Kishner Presiding
BARRY JAMES RIVES, M.D. and LAPAROSCOPIC SURGERY OF NEVADA, LLC, Appellants, vs. TITINA FARRIS and PATRICK FARRIS, Respondents.	No.: 81052 Appeal from the Eighth Judicial District Court, the Honorable Joanna S. Kishner Presiding

RESPONDENTS/CROSS-APPELLANTS' APPENDIX, VOLUME 3

(Nos. 186–335)

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Attorneys for Respondents/Cross-Appellants, Titina Farris and Patrick Farris

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1(b)	Proof of Payment Issued to Dr. Hurwitz Totaling $11,000.00 for Fees	Vol. 16, 1970–1973
2(a)	Dr. Willer's Report, Billing Rate and CV	Vol. 16, 1974–1991
2(b)	Proof of Payment Issued to Dr. Willer Totaling 17,425.00 for Fees	Vol. 16, 1992–1995
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CIOX HEALTH

CERTIFICATION OF RECORDS

Re: TITINA FARIS (Patient Name) DOB: 10/24/1962 MRN: 10016420

As a PFS representative employed by CIOX Health, the patient financial service used by DIGNITY HEALTH ST. ROSE DOMINICAN HSOPITAL, SAN MARTIN, I hereby certify that the enclosed photographic copy of the requested billing records of the above named patient covering the period, 07/15 to present , has been compared with the original billing records and is an accurate duplicate of such billing records.

Retention policy is seven years.

Number of pages: 186

Date: 01/19/2018

Susan Couch

Signature of:
CIOX Health: Susan Couch

MARKED PLAINTIFF'S EXHIBIT 1 A734464 10-14-19 ON PROPOSE C 4

MCI # 331

ST ROSE DOMINICAN SAN MAR
8280 W WARM SPRINGS
LAS VEGAS, NEV 89113
877 877-8345 RCA
FEI #. 383730230

TYPE OF BILL	DATE OF BILL	DATE OF PREV.BILL
RRAUD	09/28/15	07/03

A/R

PATIENT NAME	PATIENT NUMBER	SEX	MS	ADMISSION DATE	DISCHARGE DATE	BASE
FARRIS ,TITINA	34342485	F		07/05/15	08/11/15	37

UCAC PH: (702) 732-3954

GUARANTOR NAME AND ADDRESS

TITINA M FARRIS
6450 CRYSTAL DEW DR
LAS VEGAS NV 89118

B.O.B
1

AKBAR, TANVEER

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICE	SERVICE CODE	TOTAL CHARGES
	SUMMARY OF CHARGES		
	R&C INTENSI 23DAYS@ 3884.00		89332.00
	R&C INTER I 14DAYS@ 2411.00		33754.00
	CARDIODIAGNOSTICS		8601.00
	SURGERY		52272.00
	ULTRASOUND		3750.00
	DIAGNOSTIC RAD		19930.00
	CAT SCAN		6090.00
	SELF ADMIN'D DRUGS		9436.00
	CLINIC LAB		147192.00
	RESP FNC/LAB TH		111963.00
	PHARMACY		228531.00
	SUPPLIES		55122.00
	PHYSICAL THERAPY		11005.00
	OCCUPATIONAL TH		3417.00
	SPEECH/LANG PATH		6416.00
	BLOOD BK/TRANS		14478.00
	MINOR SURGERY		13850.00
	ANESTHESIOLOGY		29940.00
	RECOVERY ROOM		2994.00
	NON-COVERED SERV		.12
	SUB-TOTAL OF CHARGES		908033.12

1-0002

Dignity Health.

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

DOCUMENT NAME: Discharge Summary
RECEIVED DATE/TIME: 8/11/2015 17:15 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mojica,Wendy DO (8/11/2015 17:56 PDT)
SIGN INFORMATION: Mojica,Wendy DO (8/11/2015 17:56 PDT)

Discharge Summary

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Associated Diagnoses: **None**
Author: **Mojica, Wendy DO**

Discharge Information

Admit Days = 38

Final Diagnosis
Sepsis 07/09/2015 19:02 Discharge
Abdominal pain 07/09/2015 10:41 Discharge
Atrial Flutter 07/09/2015 19:02 Discharge
Diabetes 07/09/2015 19:02 Discharge

1. ACUTE RESPIRATORY FAILURE S/P TRACH ON T-PIECE TOL WELL. OFF THE VENT.
2. PERFORATED VISCUS WITH INTRA ABD SEPSIS S/P EXP LAP FOR REMOVAL OF PROSTHETIC MESH, AND WASHOUT OF ABD, PARTIAL COLECTOMY. LYSIS OF ADHESIONS, AND RIGHT ASCEDING COLON COLOSTOMY. 7/16/2015. DR. ELIZABETH HAMILTON.
3. INCARCERATED INCISIONAL HERNIA S/P LAP REPAIR OF INCARCERATED HERNIA WITH MESH AND COLONORRAPHY X2. 7/3/2015. DR. BARRY RIVES.
4. COLOSTOMY FUNCTIONING.
5. UPPER INCISION WITH BROWN DRAINAGE FROM UPPER PART OF INCISION.
6. PERIHEPATIC FLUID BY CT SCAN 7/29/2015
7. LUEKOCYTOSIS.
8. ENCEPHALOPATHY 2ND TO SEPSIS AND MED'S (OPIATES AND BENZODIAZEPINE). --IMPROVING.
9. T2DM.
10. HTN.
11. AKI/ATN.
12. ANEMIA 2ND TO ACUTE BLOOD LOSSS.
13. PERIPHERAL DIABETIC NEUROPATHY.

Legend:	C=Corrected	*=Comment	H=High	L=Low

Lab Legend:	C=Critical	@=Corrected	*=Abnormal	H=High	L=Low	$=Interpretive Data	f=Footnotes

Laboratory Medical Director: Jonathan Strauss, MD

1-0003

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

14. DYSLIPIDEMIA.
15. ICU stay weakness

Hospital Course

Consultations: Rives, Barry MD, Ripplinger, Gregg M, MD, Mooney, Kenneth J MD, Zaidi, Syed MD, Osman, Ashraf MD, Gupta, Arvin MD, Rebentish, Alka P MD.
Condition on Discharge: Improved.
Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA
Account: 34342485
MRN: 9122218
DOB: 10/24/1962

==========

Result Date: 08/11/15 16:34
Verified By: Tan, Kok MD at 08/11/15 16:36

Report : XR Chest 1 View
History: Infiltrates Shortness of breathFindings: Suboptimal inspiration with low lung volumes. Right PICC line in satisfactory position. Mild elevation of the right hemidiaphragm. Bibasal opacities slightly improved from 8/2/2015. Left lung is unchanged. No pneumothorax.Report generated on workstation: SRMPACS052 08/11/15 16:36
++

Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

117	174	190	190
(08/10 20:00)	(08/11 00:21)	(08/11 08:28)	(08/11 08:28)

Hematology		Chemistry		Enzymes	
WBC	9.30	Na	137.00	Alkphos	179.00
Hgb	10.10	K	3.50	ALT	43.00
Hct	30.40	Cl	103.00		
Plt	461.00	CO2	24.00		

Name: **FARRIS, TITINA M**
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DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

Gluc	180.00
Bun	5.00
Cr	0.65
Ca	9.20
T Bili	0.40

Coagulation

Proteins
Alb 2.40 (08/11 06:33)

Anion
Anion Gap 10.00 (08/11 06:33)

Hospital Course: Brought in electively by Dr. Rives for laparoscopic reduction and repair of incarcerated incisional hernia with mesh due to incarcerated incisional hernia.

Patient had a long and complicated history she was admitted for incarcerated incisional hernia with mesh.
Surgery done on 7/3/15 by Dr. Rives for -7/3-Incarcerated incisional hernia repair
On 7/5/15 the patient had to be emergently intubated likely due to sepsis. During the course of her admission, she had several consultants on board care for her. This is a brief synopsis of what happened on this admission. Failure to wean off intubation required her to have tracheostomy done on 7/14/15 by Dr. Osman. please note due to surgical complications she required a second
opinion and was seen by Dr. Hamilton who found the following during operation on 7/16/15: Pre/post op dx cc, perforated viscus, sepsis, resp failure, anasarca, fever, leukocytosis, recent inc hernia repair with prosthetic mesh. **Procedure ex lap. partial colectomy with right end colostomy. washout of abd, drain placement, extensive loa for over 30 min, retension suture placement, removal of prosthetic mesh**
Additonal Procedure decompressed stool and contrast from r colon into ostomy and disimpacted rectum and flushed left colon.
/On 7/30 and 7/31 radiology placed a abdominal drains for pus drainage.

With this long and complicated history the patient had a long time weaning off the vent she recently had been decannulated on 8/8/15.
Please note prior to decannulation the patient was on an L2K for stating she wanted to die, I reassessed the patient and she was not
suicidal therefore, the patient was taken off the L2K by me. The patient had her abdominal drain pulled 8/8 on 8/11 had the last drain pulled.
Per Dr. Hamilton there is no further surgery for her abdomen in mind due to her abdomen being so "hostile" The patient will need another CT scan of her abdomen 2 days prior to last date of IV antibiotics. Last date of IV antibiotics is 8/21/15 please see mar for the current antibiotics recommended by Dr. Shaik.
She will need wound care, close follow up by PT/OT while she is at rehab facility, she will also require colostomy care while she is at rehab facility. Please note the patient has a Mar with specific antibiotics, last minute add ons today include lyrica for

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Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

neuropathy pain in her legs, and she also has ativan on board PRN for anxiety. FOR now holding her cymbalta due to adverse reactions with zyvox. She will need blood glucose monitoring as well during her rehab stay. Will d/c to rehab later tonight.

If possible please consult the patient's surgeon Dr. Hamilton, and all other specialist physicians she had during her stay at St rose san martin if possible while she is at rehab facility.

Patient's assessment by Dr. Hamilton on 7/16/15 was done secondary to patient's family wanting a second opinion. Please See below Dr. Hamilton's assessment:

"Patient Complaint: pt is a 52 yo female who had a recurrent incisional hernia. original repair was 8/14 and mesh was placed. only prev surgery prior to that was 3 c sections by report. pt developed recurrent inc hernia. colon was in it. had repair 7/3/15 laparoscopically. colon in hernia. adhesions. old mesh present. two colotomies made and repaired. new prosthetic mesh placed. pt has had a rocky postoperative course with tachycardia/aflutter, resp failure and now with trach, slow return of bowel fx, fever and leukocytosis and anasarca. ct done yesterday about 3:30 pm showed lots of free air and free fluid. pt awake and alert on vent in icu. family present. thought is that ex lap needed to eval and correct likely bowel perforation. family req change in surgeon so we were asked to see pt. our group had given a second opinion days ago. not gen surg on call. pt afeb now. pulse in 80s- 100s on amio, fentanyl and demadex. on ventilator. r pleural effusion on imaging. severe anasarca, abd extremely distended and taught. peritonitis. bs possibly present. midline wound and smaller laparoscopic port sites. no clear cellulitis. wbc 20 k. hct 30. inr 1.3. creat .7. ct- revd with rads- huge amt of free air. mesh likely seen. free fluid. contrast in cecum and rectum- was barium like contrast used in ct about a week ago- rectally. a/p- pt with resp failure, anasarca, sepsis, and evid of perforated viscus on imaging yesterday. recommendation is ex lap, washout of abd, likely removal of prosthetic mesh, likely bowel resection and ostomy, likely drain placement, and any other indicated procedures. new mesh need to be placed either absorbable or biologic. temporary closure of the abd may be needed. 1.25 hours spent reviewing chart and images and talking to RN and two sisters and husband and dr rives. detailed informed consent obtained from the patient including rba. all questions answered. high risk of morbidity and mortality and fistulas and prolonged vent dependence and continued sepsis. discussed in detail with family. they and pt, want to proceed promptly. suspect hostile abd."

Discharge Plan
Allergies

Allergies (1) Active	Reaction
aspirin	abdominal discomfort, itching

Discharge Medications
Med Reconciliation
Home Medications

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

(carvedilol 12.5 mg oral tablet)

12.5 mg= 1 Tab By mouth Tab twice daily

(lisinopril 2.5 mg oral tablet)

2.5 mg= 1 Tab By mouth Tab once daily

(Flagyl I.V.)

500 mg= 100 mL Intravenous Bag every eight hour interval

LISPRO(insulin LISPRO)

0-16 units subcutanously Soln every 4 hours

(heparin 5000 units/ml injectable solution)

5,000 Unit= 1 mL subcutanously INJ every 8 hours

(Zyvox)

600 mg= 300 mL Intravenous Bag every 12 hours interval

Prescriptions(new/renewals)

glargine(Lantus 100 units/ml subcutaneous solution)

26 Unit subcutanously once daily 30 Day

oxyCODONE(acetaminophen-oxyCODONE 325 mg-7.5 mg)

1 - 2 Tab By mouth Tab every 6 hours as needed for Pain 5 Day

(cloNIDine 0.2 mg/24 hr patch)

0.2 mg/day= 1 Patch Topical Patch Patch every week

(fentaNYL 75 mcg/hr transdermal film, extended release)

75 mcg/hr= 1 Patch Topical Patch Patch every 72 hours

(fluconazole 200 mg oral tablet)

200 mg= 1 Tab Intravenous Tab once daily 14 Day
Special Instructions: length of fluconazole to be adjusted by ID following the patient.

(furosemide 20 mg oral tablet)

20 mg= 1 Tab By mouth Tab once daily

(Xopenex 0.63 mg/3 mL inh soln)

0.31 mg= 3 mL By nebulizer Soln every 2 hours as needed for Shortness of breath 30 Day

(HYDROmorphone 1 mg/ml injectable solution)

0.5 mg= 0.5 mL Intravenous Push Soln every 4 hours as needed for Pain 3 Day

Stopped Meds

By mouth twice daily

glargine (Lantus)

(DULoxetine 60 mg oral delayed release capsule)

By mouth once daily

(oxyCODONE 7.5 mg oral tablet)

By mouth every 4 hours

Dignity Health.

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Discharge Summary

Education and Follow-up
Discharge Planning:
Follow-Up Details:
Provider/Org Name: Elizabeth Hamilton
Within: 1 week
Address: business (1) 10001 S EASTERN Suite 200 Henderson NV 89052;7029142420 Business (1);

Provider/Org Name: Follow up with primary care provider
Within: 1 week

Discharge Orders:
, Dr. Rebentish /Dr. Shaik ID
Dr. Gupta renal .

Comments
Time:: More than 30 minutes on discharge day management.

Electronically Signed By:
Mojica, Wendy DO
On 08/11/15 17:56
Co Signature By:
Modified Signature By:

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8280 West Warm Springs Road
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Name: **FARRIS, TITINA M**
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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

DOCUMENT NAME:	Consultation
RECEIVED DATE/TIME:	7/9/2015 15:39 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Ripplinger,Gregg M,MD (7/9/2015 15:39 PDT)
SIGN INFORMATION:	Ripplinger,Gregg M,MD (7/10/2015 06:56 PDT)

Consultation

DATE OF CONSULTATION: 07/09/2015

REFERRING PHYSICIAN: Charles D. McPherson, M.D.

REASON FOR CONSULTATION: Second general surgical opinion.

INDICATIONS: This is a 52-year-old female, who underwent a laparoscopic incarcerated incisional hernia repair with placement of mesh by Dr. Barry Rives on July 3rd, 2015, now some six days ago. At that time, there was reportedly two different injuries to the colon that were repaired by Dr. Rives endoscopically using an EndoGIA stapler. She did have laparoscopic placement of a prosthetic mesh at the same time. Postoperatively, the patient began to do poorly on her first postoperative day on 07/04/2015, and was first transferred to IMC I believe and then to the Intensive Care Unit when she was intubated later on postoperative day #1, and she has consistently had a relatively elevated white blood cell count. Her very first white blood cell count, which was done on July 4th, 2015, was 21,700. It has remained fairly consistent in the greater than 20,000 and was as high as 26,000 on couple of occasions; however, she has been on ventilator since the evening of her first postoperative day. She has not had a significantly elevated temperature recently. She has been tachycardic.

PAST SURGICAL HISTORY: Significant for previous incisional hernia repair by Dr. Rives approximately a year ago. She also had placement of mesh at that time.

PAST MEDICAL HISTORY: Significant for adult-onset diabetes, depression, hypertension, and anxiety. She had previous C-section.

ALLERGIES: SHE IS ALLERGIC TO ASPIRIN REPORTEDLY.

SOCIAL HISTORY: She does not smoke. She does not drink significant amount of alcohol.

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PCP: SRDH,No PCP,Not given

Consultation

CURRENT HOME MEDICATIONS: Coreg 12.5 mg daily, lisinopril 2.5 mg daily, metformin, insulin, oxycodone for pain, and Cymbalta.

PHYSICAL EXAMINATION:
GENERAL: Shows an obese female, who is sedated at this time on a ventilator.
VITAL SIGNS: Her reported weight is 73 kg and height is 157 cm, but she appears to weigh considerably more than 73 kg. Her BMI would be 29.5 if her weight is correct. Maximum temperature over the last 24 hours was 37.2 degrees centigrade, maximum pulse rate is 123. Her blood pressure most recently is 126/73.
HEENT: Negative.
LUNGS: Generally clear to auscultation with some upper respiratory noises and some ventilatory noises. Decreased breath sounds in the bases.
ABDOMEN: Obese and quite distended. She has some fluctuance in the area of her incisional hernia, which I believe is fluid or air between the mesh and skin. Her wounds are healing nonerythematous and there is no drainage.

LABORATORY DATA: White blood cell count this morning is 22,600 with a hemoglobin 8.9, and hematocrit of 26.5. Her chemistry panel shows an elevated glucose to 169, elevated potassium to 2.8. Her lactic acid today is 1.02. It was previously as high as 3.53 four days ago.

RADIOLOGIC STUDIES: The patient did have a CT scan of the abdomen and pelvis that was done without oral contrast four days ago on 07/05/2015. CT scan of the chest was also done at that time. There are no pulmonary emboli noted. There were some bilateral consolidation. There is some bibasilar consolidation of the lungs and a small right pleural effusion. The abdomen and pelvis showed some air and fluid above the mesh. There is some free fluid noted in the abdomen primarily around the liver and in the low pelvis. The patient had an abdominal x-ray done early today, which showed nonspecific gas pattern, no evidence of free air and no obvious bowel distention.

IMPRESSION AND PLAN: Obese female, who is status post repair of an incisional hernia with placement of mesh, who is on a ventilator with an elevated white blood cell count. I think there is a reason to be concern for possible leak from one of the two colon repairs or an early aggressive infection of the mesh causing some of the patient's problems. I would recommend a repeat CT scan of the abdomen and pelvis done with intravenous oral and rectal contrast and to help rule out leak from the colon. I think there should be a fairly low threshold for at least a diagnostic laparoscopy or even laparotomy if there are any significant abnormalities noted on the CT scan especially if there is increase in free fluid in the abdomen, I would be concerned for possible bowel leak.

I discussed these findings with Dr. McPherson over the phone and he stated he

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PCP: SRDH,No PCP,Not given

Consultation

would order the CT scan of the abdomen and pelvis with oral IV and rectal contrast. Since this is a second
general surgical opinion, we will not actively follow this patient while she is in the hospital. If we can be of any further assistance, please do not hesitate to contact us.

Gregg Ripplinger, M.D.

GR / MedQ
: 07/09/2015 15:39:10
f: 07/09/2015 21:33:55
Job #: 109640

CC: CHARLES D. MCPHERSON, M.D.
TANVEER AKBAR, M.D.

Electronically Signed By:
Ripplinger, Gregg M, MD
On 07/10/15 06:56
Co Signature By:
Modified Signature By:
Ripplinger, Gregg M, MD
On 07/10/15 06:56

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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

DOCUMENT NAME: Consultation
RECEIVED DATE/TIME: 7/9/2015 08:54 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Ripplinger,Gregg M,MD (7/9/2015 10:34 PDT)
SIGN INFORMATION: Ripplinger,Gregg M,MD (7/9/2015 10:41 PDT)

Surgery Consult SNSS

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Ripplinger, Gregg M, MD**

Admission Information
Date of Service:
07/09/2015 10:24.
Source of history: Self.

Impression and Plan
Asked to see pt re second Gen Surg opinion.
Rec- CT Abd and pelvis with IV, oral and rectal contrast today.
I would be concerned about possible colon leak or possibly early severe mesh infection.
Would have low threshold for reoperation, since patient is not doing well after incarcerated incisional hernia repair.
We will not actively follow.
Diagnosis
Abdominal pain (ICD9 789.00, Discharge, Medical).
Abdominal pain (ICD9 789.00, Discharge, Medical).
Problem list:
All Problems
Neuropathy / 1480220018 / Confirmed
HTN (hypertension) / 1215744012 / Confirmed
Hyperlipidemia / 92826017 / Confirmed
Diabetes / 121589010 / Confirmed.

Review of Systems
Constitutional: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Nausea, Vomiting.

Histories
Past Medical History:
All Problems
Neuropathy / 1480220018 / Confirmed
HTN (hypertension) / 1215744012 / Confirmed
Hyperlipidemia / 92826017 / Confirmed

1-0013

Name: **FARRIS, TITINA M**
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Consultation

Diabetes / 121589010 / Confirmed

Procedure history:
Cesarean delivery (669.7).
Comments:
08/06/2014 13:44 - Vesch, Kristel RN
x3
Hernia (553.9).

Family History:
No family history items have been selected or recorded.

Health Status

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.,

Allergies (1) Active	Reaction
aspirin	abdominal discomfort, itching

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.6 (07/09 04:00) Temperature PO	37.5 (07/08 08:00) Temperature PO	36.6 (07/09 04:00) Temperature PO
HR	46 (07/08 22:00)	125 (07/08 10:00)	93 (07/09 10:00)
RR	0 (07/09 10:00)	36 (07/08 19:30)	0 (07/09 10:00)
NIBP	109/68 (07/09 00:00)	183/89 (07/08 12:00)	132/66 (07/09 10:00)
NIBP Mean	69 (07/08 22:15)	110 (07/08 12:00)	79 (07/09 10:00)

Weight (kg)

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Consultation

Admit	**73.18**	**(07/01 12:47)**
Current	**90.10**	**(07/07 03:00)**
Previous	**87.10**	**(07/06 04:00)**
Gain/Loss	**3.00**	

Ventilation	Low	High	Last
SaO2	**96** (07/08 18:00)	**100** (07/09 10:00)	**100** (07/09 10:00)
Flo2	**40** (07/08 16:52)	**100** (07/09 02:58)	**60** (07/09 09:00)
Vent Mode			**A/C** (07/09 09:00)
TV	**400** (07/09 09:00)	**400** (07/08 11:00)	**400** (07/09 09:00)
Spont. Vol.	**12** (07/08 09:00)	**12** (07/08 09:00)	**12** (07/08 09:00)

Hemodynamics	Low	High	Last
CVP	**18** (07/09 04:00)	**20** (07/09 06:00)	**20** (07/09 06:00)

==========

, Last Documented Vital Signs

Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
36.6 (07/09 04:00)	**93** (07/09 10:00)	**0** (07/09 10:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
132 / 66 (07/09 10:00)	79 (07/09 10:00)	73.18 (07/01 12:47)	90.10 (07/07 03:00)	29.44 (07/03/15 16:29)

POC Glucose

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Consultation

Admit **202.00** **(07/05 10:49)**
Current **126.00** **(07/09 09:54)**

Ventilation

SaO2	L/min	FiO2
100	4.0	60
(07/09 10:00)	(07/04 18:00)	(07/09 09:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C	0	400	5	0	0
(07/09 09:00)	(00:00)	(07/09 09:00)	(07/07 04:00)	(00:00)	(00:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	19 /		
(00:00)	(00:00)	(07/09 05:00)	(00:00)	(00:00)

Current medications: Antibiotic Info

Ordered

fluconazole	200mg	IV	07/04/2015 19:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - Active
vancomycin	1,250mg	IV	07/07/2015 21:00 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51
meropenem	500mg	IV	07/04/2015 19:00 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/04/2015 16:30 - 07/05/15 14:53
vancomycin	1,000mg	IV	07/04/2015 17:00 - 07/04/15 18:30
vancomycin	1,000mg	IV	07/05/2015 16:00 - 07/07/15 09:03

Completed

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin		ADM	07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin		ADM	07/03/2015 12:56 - 07/03/15 12:56

Canceled

vftazidime	1,000mg	IV	07/05/2015 22:00 - 07/05/15 14:55
ifampin	300mg	PO	07/05/2015 21:00 - 07/05/15 14:55

Voided

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PCP: SRDH,No PCP,Not given

Consultation

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - 07/04/15 16:06
vancomycin		IV	07/05/2015 15:00 - 07/05/15 15:01
vancomycin	1,825mg	IV	07/04/2015 15:50 - 07/04/15 16:10

Physical Examination
General: No acute distress.
HENT: Normocephalic.
Eye: Pupils are equal, round and reactive to light.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate, Regular rhythm.
Musculoskeletal: Normal strength, No tenderness.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

157	193	158	126
(07/08 20:27)	(07/09 00:37)	(07/09 03:58)	(07/09 09:54)

Hematology		Chemistry		Enzymes
WBC	22.90	Na	145.00	
Hgb	9.40	K	3.40	
Hct	28.00	Cl	112.00	
Plt	322.00	CO2	22.00	
		Gluc	176.00	
		Bun	22.00	
		Cr	0.65	
		Ca	8.60	

Coagulation

Proteins
Alb 1.40 (07/09 04:13)

Anion

Dignity Health.

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DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

Anion Gap 11.00 (07/09 04:13)

Electronically Signed By:
Ripplinger, Gregg M, MD
On 07/09/15 10:41
Co Signature By:
Modified Signature By:
Ripplinger, Gregg M, MD
On 07/09/15 10:41

Dignity Health.

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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

DOCUMENT NAME:	Consultation
RECEIVED DATE/TIME:	7/4/2015 18:37 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Shaikh,Farooq MD (7/4/2015 18:37 PDT)
SIGN INFORMATION:	Shaikh,Farooq MD (7/7/2015 20:07 PDT)

Consultation
DATE OF CONSULTATION:

INFECTIOUS DISEASE CONSULTATION

This is Dr. Shaikh, Infectious Disease covering for Dr. Alka Rebentish.

Thank you Dr. Akbar for this referral for fecal peritonitis, low-grade fever, eukocytosis, persistent intraabdominal infection or sepsis.

The patient interviewed and examined in detail. Discussed with the patient's son at bedside. Antibiotics modified. The patient is currently on vancomycin, cefepime, and Flagyl with increasing serum creatinine now 1.5.

HISTORY OF PRESENT ILLNESS: This is a pleasant 52-year-old female with history of diabetes mellitus and hypertension, obesity, housewife who had an abdominal mass. She underwent initially surgical resection in August 2014 by Dr. Rives. She also had an incarcerated recurrent ventral hernia which was repaired and a mesh was placed. This was in August 2014. The patient was readmitted with abdominal pain and underwent laparoscopic reduction and repair of incarcerated incisional hernia with a mesh. The patient had a colonorraphy x2 because during the surgery, there was a small nick to the colon. The patient postoperatively continues to have abdominal pain, nasogastric tube in place and abdominal distention. She also has been having fevers of 38.2. Her glucose is uncontrolled, 400-500, and her lactic acid has increased to 5.1 with WBC count of 18,000-20,000. ID is called for further recommendations.

MEDICAL CONDITIONS AND HISTORY: Atrial flutter, diabetes mellitus, hyperlipidemia, hypertension.

PAST SURGICAL HISTORY: As above.

ALLERGIES: ASPIRIN.

CURRENT MEDICATIONS: Include antibiotics as above, glucagon, heparin, hydromorphone, insulin.

SOCIAL HISTORY: Nonsmoker. No alcohol use.

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Consultation

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: The patient continues to be in mild distress. She has a nasogastric tube and abdominal pain. She has not passed flatus or feces postoperatively. She denies any new CNS, CVS, pulmonary, or genitourinary complaints.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 37.9-38.2, heart rate is 138, pain 4-10/10, blood pressure 115/70, saturation is 93% on 4 L nasal cannula.
GENERAL: She is alert, oriented, cognitively intact, but somewhat anxious, appears pale.
HEENT: Pupils are equal. Mucous membranes are moist.
NECK: Supple.
LUNGS: Bilateral air entry. The patient is unable to take deep breaths.
HEART: S1, S2.
ABDOMEN: Abdomen is distended postsurgical. Bowel sounds are decreased to absent. There is mild tenderness. No deep palpation is attempted.
CNS: Grossly nonfocal.
EXTREMITIES: Mild edema.

LABS AND DATA: WBC 21.7, hemoglobin 11.2, platelet count is 412. Serum creatinine is 1.5. Lactic acid 5.1. Urinalysis is negative. Blood cultures have been sent today.

Abdominal x-ray shows no dilated bowel loops and no pneumoperitoneum. Nasogastric tube is in place. No DVT on ultrasound of lower extremities. Chest x-ray shows atelectasis, bilateral.

ASSESSMENT AND PLAN:
1. A 52-year-old female, status post reduction of incarcerated incisional hernia, operative nick to the colon and repair, now with postoperative abdominal pain, distention, sepsis, leukocytosis, and fever. This could represent fecal peritonitis
2. The patient is developing acute renal insufficiency, uncontrolled hyperglycemia. In this patient, from Infectious Diseases, I would recommend:
   a. Modify antibiotics to intravenous meropenem 1 g q.12 h. This would cover gram negatives as well as enterococcus species.
   b. Intravenous Flagyl to continue.
   c. I would add intravenous Diflucan 200 mg once daily. We will discontinue intravenous cefepime and vancomycin.
   d. The patient should have an abdominal imaging as a CT scan of the abdomen in the next 2-3 days if she clinically does not improve. Surgical followup, wound care rehabilitation, follow up need of

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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

nasogastric tube.

Thank you for this referral.

Farooq Shaikh, M.D.

FS / MedQ
D: 07/04/2015 18:37:53
T: 07/04/2015 21:30:02
Job #: 096093

Electronically Signed By:
Shaikh, Farooq MD
On 07/07/15 20:07
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

DOCUMENT NAME: Consultation
RECEIVED DATE/TIME: 7/4/2015 16:02 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mooney,Kenneth J MD (7/4/2015 16:22 PDT)
SIGN INFORMATION: Mooney,Kenneth J MD (7/4/2015 16:22 PDT)

Consultation Note-Pulm/CC/Sleep

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Mooney, Kenneth J MD**

Admission Information
Date of Service:
07/04/2015 16:02.
07/03/2015 16:29 **s/ hernia repair**
?ICU tx
Source of history: Self.
Consultant:
-IM-Akbar
-Surg-Rives
-Card-S Zaidi.

History of Present Illness
RN asked Dr Akbar to tx pt to ICU. BP & O2 sat stable. Pt c/o SOB, +F/C, no cough. S/P Incarcerated incisional hernia repair. Cards evaluated for ? A flutter. ECHO being done. PICC ordered by IM. BS improving. ABG-7.36/32/56/ 18. .

Review of Systems
All other systems are negative
Constitutional: Fever, Chills, Fatigue.
Integumentary: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Shortness of breath.
Cardiovascular: Negative.
Gastrointestinal: Nausea, Constipation.
Genitourinary: Negative.
Endocrine: Negative.
Hematology/Lymphatics: Negative.
Musculoskeletal: Negative.
Neurologic: Confusion.
Psychiatric: Negative.

Histories
Past Medical History:

1-0022

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Consultation

All Problems
Diabetes / 121589010 / Confirmed
Hyperlipidemia / 92826017 / Confirmed
HTN (hypertension) / 1215744012 / Confirmed
Neuropathy / 1480220018 / Confirmed, -7/3-Incarcerated incisional hernia repair
-A flutter
-

Procedure history:
Cesarean delivery (669.7).
Comments:
08/06/2014 13:44 - Vesch, Kristel RN
x3
Hernia (553.9).

Family History: Not significant

Social History
Denies alcohol, tobacco and drug use.

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2197.94 **Ouput:** 830.00 **Balance:** 1367.94

Today: **Intake:** 315.48 **Ouput:** 0.00 **Balance:** 315.48

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.,

Allergies (1) Active	Reaction
aspirin	abdominal discomfort, itching

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	35.6	**37.5**	**36.1**
	(07/03 16:00)	(07/04 04:00)	(07/04 08:00)
	Temperature PO	Temperature PO	Temperature PO

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Consultation

HR	**100** (07/03 18:30)	**146** (07/04 14:06)	**143** (07/04 15:23)
RR	**18** (07/03 16:00)	**42** (07/04 15:23)	**42** (07/04 15:23)
NIBP	**104/76** (07/03 15:30)	**134/79** (07/04 04:00)	**115/68** (07/04 15:23)
NIBP Mean	**85** (07/03 16:00)	**85** (07/03 16:00)	**85** (07/03 16:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**73.00**	**(07/03 16:29)**
Previous	**73.10**	**(07/03 10:00)**
Gain/Loss	**-0.10**	

BMI = 29.44 07/03/15 16:29 BMI

Ventilation	Low	High	Last
SaO2	**91** (07/04 15:23)	**98** (07/03 15:00)	**91** (07/04 15:23)
L/min	**2** (07/03 18:30)	**4** (07/04 15:23)	**4** (07/04 15:23)

==========

, Last Documented Vital Signs
Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
36.1 (07/04 08:00)	**143** (07/04 15:23)	**42** (07/04 15:23)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI

1-0024

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Consultation

115 / 68 (07/04 15:23)	85 (07/03 16:00)	73.18 (07/01 12:47)	73.00 (07/03 16:29)	29.44 (07/03/15 16:29)

Ventilation

SaO2	L/min	FiO2	
91 (07/04 15:23)	4.0 (07/04 15:23)	0 (00:00)	

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0 (00:00)	0 (00:00)	0 / (00:00)	(00:00)	(00:00)

Current medications: Antibiotic Info

Ordered

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - Active
vancomycin	1,825mg	IV	07/04/2015 15:50 - Active

Discontinued

cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51

Completed

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin		ADM	07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin		ADM	07/03/2015 12:56 - 07/03/15 12:56

Scheduled

acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
adenosine 3 mg/mL 2mL Inj: 6 mg, IV, x1
insulin GLARGINE 20unit/0.2mL 18 Unit, SUBCUT, qAM
insulin LISPRO: 0-12 units, Subcut, q4hr
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, TID
pantoprazole: 40 mg, IV, qDay
piperacillin-tazobactam + NS f 4.5 gm, 200 mL/hr, IV, x1
vancomycin 500 mg Inj: 1,825 mg, IV, x1

PRN Meds

acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
heparin 10,000 Units/mL 1mL In SeeRefTxt, IV Push, Per Parameter, PRN: Other (see Comments)

1-0025

Dignity Health.
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Consultation

HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
Unscheduled
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/03/15 10:07:00
heparin sod/ D5W + D5W for Pre 12.6 mL/hr, IV, Stop: 08/03/15 10:44:00
NaCl 0.9%: 125 mL/hr, IV, Stop: 08/03/15 10:37:00
piperacillin/tazobactam + NaCl 7 mL/hr, IV, Stop: 08/03/15 16:19:00

Physical Examination
Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact.
Respiratory: Lungs are clear to auscultation, Breath sounds are equal, Symmetrical chest wall expansion.
Cardiovascular: Regular rhythm, Tachycardia.
Gastrointestinal:
Abdomen: Rigid.
Bowel sounds: Diminished.
Lymphatics: NO LAD.
Musculoskeletal: No swelling, Decr STR.
Neurologic: Alert, No focal defects, Cranial Nerves II-XII are grossly intact.
Altered level of consciousness: Lethargic.
Psychiatric: Cooperative.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

Hematology		Chemistry		Enzymes
WBC	18.90	Na	133.00	
Hgb	11.10	K	5.60	
Hct	34.80	Cl	105.00	
Plt	395.00	CO2	16.00	
		Gluc	517.00	
		Bun	26.00	
		Cr	1.27	

1-0026

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Consultation

Ca 8.50

Coagulation
PT 16.10 **INR** 1.23 **PTT** 33.60
Proteins

Anion
Anion Gap 12.00 (07/04 09:43)

Radiology Results
Radiologist's interpretation
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date:
Verified By: at

:
++

Impression and Plan
Diagnosis

-7/3-Incarcerated incisional hernia repair
-A flutter
-DM2
-HyperK
-HTN
-AKI
-Hyperlipid
-Neuropathy

Plan:

-Not ICU pt. Pt may transfer to ICU later if needed, for Pressors or intubation/ventilator.

1-0027

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Consultation

-BDA
-BiPAP PRN
-Hep gtt
-Protonix
-Cont ABX-T/C adding w/ Vanc, Zosyn, Flagyl. T/C ID consult if leukocytosis worse.
-Insulin, SSI
-CXR & Abd XR-ordered
-T/C renal consult if Renal function & hyperK worse
-Kayexelate
-BLE Dopplers
-Pt aware of guarded prognosis
-DW Pt, RN, RT, Dr Akbar

-IM-Akbar
-Surg-Rives
-Card-S Zaidi.

DVT Prophylaxis: DVT Prophylaxis: Heparin.
Education and Follow-up: Counseled: Patient, Diagnosis, Treatment, Medications.
Problem list:

All Problems
Diabetes / 121589010 / Confirmed
Hyperlipidemia / 92826017 / Confirmed
HTN (hypertension) / 1215744012 / Confirmed
Neuropathy / 1480220018 / Confirmed.

Patient/Family Discussion: All questions have been answered.
I have discussed the: Plan of care, With the patient.

Electronically Signed By:
Mooney, Kenneth J MD
On 07/04/15 16:22
Co Signature By:
Modified Signature By:

Dignity Health.

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Consultation

DOCUMENT NAME:	Consultation
RECEIVED DATE/TIME:	7/4/2015 15:32 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Zaidi,Syed MD (7/4/2015 15:32 PDT)
SIGN INFORMATION:	Zaidi,Syed MD (7/9/2015 13:33 PDT)

Consultation

DATE OF CONSULTATION: 07/04/2015

CARDIOLOGY CONSULTATION

REASON FOR CONSULTATION: Tachycardia, possible atrial flutter.

ISTORY OF PRESENT ILLNESS: Ms. Titina Farris is a pleasant 52-year-old, aucasian female, admitted for elective surgery for incarcerated incisional hernia. Postop, she developed rapid tachycardia. I do not have any EKG from preop. Heart rate was on 148, questionable for flutter or atrial tachycardia or sinus tachycardia.

At the time of my examination, the patient is sedated from the pain medications. She is currently on Cardizem drip and heparin drip.

For possibility of flutter.

MEDICATIONS: Right now heparin drip, Cardizem drip, Protonix. Home medication include metformin, lisinopril, carvedilol, insulin.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Cannot be obtained. The patient is drowsy.

PHYSICAL EXAMINATION:
GENERAL: No acute distress.
VITAL SIGNS: Blood pressure is 126/74 with a heart of 146.
NECK: No JVD.
CHEST: Clear.
CVS: S1, S2. No S3.
ABDOMEN: Benign.
EXTREMITIES: No edema. No cyanosis, no clubbing.

ABORATORY DATA: Labs are reviewed. White count 18.9, hemoglobin 11.1, INR 1.23. Sodium 133, potassium 5.6, creatinine is 1.27, bicarb is 16.

ASSESSMENT:

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PCP: SRDH,No PCP,Not given

Consultation

1. Tachycardia, likely flutter versus atrial tachycardia versus sinus tachycardia.
2. Acidosis.
3. Status post hernia surgery for incarcerated hernia.
4. Metabolic abnormalities.

RECOMMENDATION: At this time, we will try 6 mg IV adenosine to look at underlying rhythm to see if she has flutter or atrial tachycardia or sinus tachycardia. Correction of her metabolic abnormalities is recommended. Further recommendation to follow. Also an echocardiogram is recommended and a TSH.

Syed Zaidi, M.D.

SZ / MedQ
D: 07/04/2015 15:32:16
T: 07/04/2015 19:37:37
Job #: 122360

Electronically Signed By:
Zaidi, Syed MD
On 07/09/15 13:33
Co Signature By:
Modified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
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PCP: SRDH,No PCP,Not given

Operative/Procedure Reports

DOCUMENT NAME:	Operative Report
RECEIVED DATE/TIME:	7/17/2015 09:27 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Hamilton,Elizabeth MD (7/17/2015 09:27 PDT)
SIGN INFORMATION:	Hamilton,Elizabeth MD (7/24/2015 09:44 PDT)

Operative Report
DATE OF OPERATION: 07/16/2015

SURGEON: Elizabeth Hamilton, M.D.

PREOPERATIVE DIAGNOSES:
1. Perforated viscus with free intra-abdominal air.
2. Sepsis.
3. Respiratory failure.
4. Anasarca.
5. Fever.
6. Leukocytosis.
7. Recent incisional hernia repair with prosthetic mesh.
8. Previous incisional hernia repair with prosthetic mesh.
9. Overweight.

POSTOPERATIVE DIAGNOSES:
1. Perforated viscus with free intra-abdominal air.
2. Sepsis.
3. Respiratory failure.
4. Anasarca.
5. Fever.
6. Leukocytosis.
7. Recent incisional hernia repair with prosthetic mesh.
8. Previous incisional hernia repair with prosthetic mesh.
9. Overweight.

PROCEDURE PERFORMED:
1. Exploratory laparotomy.
2. Removal of prosthetic mesh and washout of abdomen.
3. Partial colectomy and right ascending colon end ileostomy.
4. Extensive lysis of adhesions over 30 minutes.
5. Retention suture placement.
6. Decompression of the stool from the right colon into the ostomy.
7. Fecal disimpaction of the rectum.

SURGEON: Procedure performed by Elizabeth Hamilton.

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Operative/Procedure Reports

ASSISTANT SURGEON: Gregg Ripplinger, M.D.

ANESTHESIA PROVIDER: Daniel K. Curtis, D.O. in Lacey area.

FINDINGS:
1. Cavity identified under the bulging skin on the abdominal wall with evidence of free air upon entering into the abdomen.
2. Infected-appearing mesh with stool covering it and purulent feculent contamination at the level of the mesh.
3. Approximately, a quarter-size or 3 cm hole in the transverse colon anteriorly associated with staples in the colon wall.
4. Adhesions precluding easy identification of the anatomy around the area of perforation and contamination.
5. Dense adhesions.
6. Extreme thickening of the omentum and the peritoneal surface making identification of anatomy difficult.
7. Normal-appearing appendix, not removed.
8. Well-incorporated old mesh.

TYPE OF ANESTHESIA: General.

IMPLANTS: None, but a 19-French round drain in the left upper quadrant.

COMPLICATIONS: None.

DISPOSITION: To the ICU directly in stable condition.

IMPLANTS REMOVED: Prosthetic mesh placed on 07/03/2015.

ESTIMATED BLOOD LOSS: Approximately 600 mL.

BRIEF HISTORY AND PHYSICAL: This is a 52-year-old female, who I met yesterday in the preoperative period. The patient had a past medical history of hypertension, dyslipidemia, diabetes, and being overweight. She had an incisional hernia repair in August of 2014, this had recurred and had colon incarcerated in it. By report, she underwent laparoscopic repair of recurrent incisional hernia on 07/03/2015 by Dr. Rives. Intraoperative findings were significant for 2 colotomies, which were removed by staplers. Prosthetic mesh was then placed. The patient had a very rocky recovery including early respiratory failure and atrial fibrillation or flutter with tachycardia, also fever, leukocytosis, and ileus. My partner, Dr. Ripplinger had been called on 07/09/2015 for a second opinion for this patient, who is not improving in the postoperative period. The CT scan was ordered, which did not necessarily show a tremendous amount of free air or extravasation of contrast from the patient's bowel. The patient was then observed on ventilator and received a

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Operative/Procedure Reports

tracheostomy. She continued to have evidence of sepsis with fever and leukocytosis. Repeat CT scan was done on the 15th of this month, which demonstrated significant free air as well as some free fluid and concern for perforated viscus. Dr. Rives by report on the 16th notified the patient that, a repeat trip to the operating room was in order. By report, then the patient's family called administration and said that they did not want the current surgeon to perform the procedure and would rather have a different surgical group because Dr. Ripplinger had performed the second opinion on the 9th, my group was recalled. I was on-call yesterday and therefore I was asked to do the procedure. I met the patient indeed and spoke to her 2 sisters, as well as, her husband in detail for approximately an hour before the operation. The patient had the above-named medical problems. She has had 3 previous cesarean section in addition to the incisional hernia repair. On examination, she was awake and essentially alert, but had tracheostomy on the ventilator. The patient had severe anasarca. Her abdomen was incredibly taut to the point where it was tympanitic and literally look like you could balance a quarter off of it. She said she had discomfort. She had evidence of peritonitis and she had a midline wound that was just to the right of midline. It seemed well healed. She had multiple port sites, which seemed healing as well. They had Steri-Strips in place. There is no clear draining wounds that I can appreciate. There was a suture in the middle of her previous well-healed scar from her previous hernia operation last year. There was some skin discoloration, but it looked like combination of erythema and bruising and it was not definite cellulitis. This was in multiple patchy areas around this extremely protuberant bulged area of her recent hernia. The patient had severe pitting edema on the legs as well. Labs were noted. She was febrile, her pulse was only in the 80s. She had a leukocytosis of about 20,000. I reviewed the CT scan personally in Radiology with Dr. Wiesner to define the anatomy as best as possible. Decision was made that she had evidence of perforation and likely perforation of the colon from the previous colon injuries. A decision was made that it would be in her best interest to take her to the operating room to evaluate this and to try to get rid of the source of continued sepsis in this patient, who is failing. Her sisters, the patient, and her husband wholeheartedly agreed and wanted to be taken to the operating room as soon as possible. I did obtain detailed informed consent from them personally over an extended conversation, this included besides the obvious infection and bleeding and possible recurrent hernia, but also evidence of fistula and damage to the internal bowel, significant hostile abdomen with friability was anticipated. They knew that, I would try not to place more mesh and then I would try to take out the recent prosthetic mesh, but that the previous mesh placed last year was likely well incorporated.

OPERATIVE DETAILS: After detailed informed consent was obtained from the patient's husband including the risks, benefits, and alternatives to the procedure, but risks also discussed in detail in front of her sisters and the

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Operative/Procedure Reports

patient with her awake, the patient was taken to the operating room. She was placed in the supine position on the operating table. Pressure points were padded appropriately. She was prepped and draped in normal sterile fashion. We began by taking out the Steri-Strips from her previous incision. On examination, her abdomen was distended out like a tiny mountain, it was very abnormal appearing, in addition she had severe anasarca. I decided to approach the area of abnormality from the highest yield area. I reopened her right paramedian incision and I immediately got essentially a rush of air. The peritoneum was also extremely thickened and it almost seemed to be a cavity in there. There was no clear feculent spilling out of the skin once that vertical incision was opened, but I could see a feculent sitting on the mesh and purulence in feculent sitting within the cavity at the level of the mesh. The mesh was not well incorporated. I could see purple plastic tackers. I began by excising the mesh from the surrounding approximately 8-9 n fascial defect, which was the patient's previous hernia. With great care, I removed the purple tackers that were holding the mesh in place on 2 times, the purple tackers ripped the outer layer of my glove and I had to change gloves, but the mesh was removed without complication. Underlying this was what appeared to be the transverse colon with about a quarter-size or about a 2.5 to 3 cm hole with semi chronic appearing edges. Around it, there was active leak of green feculent material and free air. I was then left with surrounding extremely, friable tissue. There was a combination of pinkish, whitish bowel, as well as yellowish, whitish, which I think was thickened omentum. Identifying the anatomy was extremely difficult. This area of transverse colon was not mobile. With my partner, Dr. Ripplinger's help, we decided to extend the incision more inferiorly to try to enter portion of the abdomen was more spared from this intense inflammation. I continued the incision downwards and tried to approach them more of the middle. This was done without complication or without injury of bowel. On the left side of the abdomen, she had some normal-appearing small bowel. She then had a very, very thickened layer of omentum covering majority of the small bowel and adherent down to the anterior abdominal wall and the pelvis and down into the pelvis. This was presumably from her previous cesarean sections. This was lysed using combination of cautery and Metzenbaum suture dissection and then I think I could feel incorporated mesh on the anterior abdominal wall as well. There were omental adhesions to this as well, they were taken down. We could identify the right colon, but this too was difficult because of the very-thickened perineum with great care and just taking tiny bites at a time. We were able to identify the right colon and the cecum. The appendix appeared normal. The terminal ileum, however, was densely tethered down into the elvis and therefore, before entered into the cecum, the appendix was also dherent down into the pelvis. We wanted to try to avoid making enterotomies and causing any further problem and therefore we decided to take the minimal amount of bowel possible. Once we were able to free the omentum out of the pelvis, we were able to lift it up and approached the transverse colon from

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PCP: SRDH,No PCP,Not given

Operative/Procedure Reports

the undersurface, which was much more spared. We were able to mobilize the colon and identify what was omentum and what was colon. We were able to distally circumferentially isolate the transverse colon distal to the area of perforation that was just to the right of midline. We transected this with a gastrointestinal load of GIA stapler, taking multiple 0 Vicryl sutures. We then ligated the mesentery, staying immediately upon the transverse colon as we saw it. We coursed over towards the hepatic flexure. We had to incise incredibly thickened omentum to do this. We then mobilized the hepatic flexure again staying directly on the bowel wall as not to hurt the duodenum or the ureter or any other structure or including the gallbladder. We stayed close to the colon to the point of deserosalizing portion of it and the area that we knew we would reset. We did mobilize the hepatic flexure down to a portion where we could mobilize enough of the right colon in order to bring it up through the incredibly-thickened abdominal wall in order to make an ostomy nd divert this patient. I transected then the ascending colon just proximal to the hepatic flexure and this was going in a relatively mobile area. We did not mobilize the cecum completely out because the terminal ileum was tethered. We felt that a colostomy would be easier to control the ileostomy in this patient as far as volume and electrolytes were concerned and due to leakage as the area of the ostomy placement was going to be more difficult, we did get an area where there seemed to be good blood supply remaining to the ileocolic vessels to the right colon. We did not encounter the duodenum where the gallbladder appeared to be spared. The mesentery seemed to be ligated appropriately, so there is no evidence of bleeding. We passed off the partial colectomy as a specimen. I made a musculoskeletal defect in the lateral right middle abdominal wall and appropriately placed to bring out the colon specimen. Once the colon was decompressed of stool and contrast, it came up easily out through the musculoskeletal defect and it was later matured in the standard Brooke-type fashion with 3-0 Vicryl sutures. I copiously irrigated the abdomen out in all 4 quadrants to return of clear fluid. We did put a 19-French JP drain up in the left upper quadrant where there had been some stool contamination. The omentum was placed back over the bowel. I did later manually disimpact the rectum and we did flush the colon somewhat through the left colon through the patient's colotomy when we first identified the problem as the husband had shown great concern in having the remaining contrast in the patient's colon. After the abdomen was copiously irrigated out, we made sure hemostasis was present and after we had a colectomy and there is no evidence of further spilling, and we had the colostomy out. We had to decide how to close the abdomen. The prosthetic mesh had been removed. I used PDS sutures to reapproximate the fascia without completely undue tension. This was tarted from below. I also put multiple nylon retention sutures in place. nce we got up to the area of the previous incisional hernia, I used looped PDS suture in figure-of-eight to reapproximate this area and actually the fascia came together without undue tension. Multiple retentions were placed at that position as well. The subcutaneous tissue was irrigated out and

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Admit Date: 7/5/2015
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Operative/Procedure Reports

packed with iodoform gauze, as it was at high risk of infection. We tried to limit spill of bowel contents from the colon where possible, but this was difficult at first because the extreme viability of the colon and due to the immobility in order to put the clamp. We decided to leave the appendix because it was adherent in the pelvis and this could be removed at a later time. There was slight deserosalization of an area of small bowel that had been adherent to the infected omentum. The serosa was reapproximated with 3-0 Vicryl in that position without complication. There was no evidence of any full-thickness injury. There is an area on the ascending colon proximal to the ostomy that also appeared deserosalized, where the serosa was also reapproximated with 3-0 Vicryl suture.

In summary, it was incredibly difficult operation due to the extreme inflammation in the upper area and the area of perforation and due to limited mobilization of the colon. Finally, we were able to resect the area of perforation. I think I felt the second staple line described in the first operation more proximal to this area that had not healed and had led to the colotomy. We brought out an ascending colon colostomy, which this morning is pink and viable and actually is already functioning. Her midline wound dressings will be changed daily. She is getting DVT prophylaxis and antibiotics. I do think she is at high risk for abscess. I did not speak to the husband this morning, as he was not there quite yet, so the Surgery will follow this patient closely.

Elizabeth Hamilton, M.D.

ER / MedQ
D: 07/17/2015 09:27:34
T: 07/17/2015 23:15:28
Job #: 156980

Electronically Signed By:
Hamilton, Elizabeth MD
On 07/24/15 09:44
Co Signature By:
Modified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

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Operative/Procedure Reports

DOCUMENT NAME:	Operative Report
RECEIVED DATE/TIME:	7/3/2015 12:43 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Rives,Barry MD (7/3/2015 12:43 PDT)
SIGN INFORMATION:	Rives,Barry MD (7/4/2015 11:47 PDT)

Operative Report

DATE OF OPERATION: 07/03/2015

SURGEON: Barry Rives, M.D.

PREOPERATIVE DIAGNOSIS: Incarcerated incisional hernia.

POSTOPERATIVE DIAGNOSIS: Incarcerated incisional hernia.

PROCEDURE:
1. Laparoscopic reduction and repair of incarcerated incisional hernia with mesh.
2. Colonorraphy x2.

ANESTHESIA: General endotracheal.

ANESTHESIOLOGIST: Georgeanne Raftopoulos, DO.

COMPLICATIONS: None.

EBL: 30.

FINDINGS: Incarcerated incisional hernia with transverse colon.

TECHNIQUE: After getting informed consent, the patient was brought to the OR, placed in supine position. After adequate general anesthesia was obtained, the patient's abdomen was prepped and draped in standard surgical fashion. A small incision was made in the right middle quadrant. A Veress needle was inserted and the abdomen insufflated to 15 mm of pressure. At that point, a 5 mm trocar was inserted. Visualization of the abdomen revealed an incarcerated incisional hernia with the transverse colon, inside the hernia sac. Another 5 mm trocar was placed in the right upper quadrant, eventually changed to a 12 mm trocar. Another 5 mm trocar was placed under direct visualization atraumatically in the right lower quadrant, eventually changed to a 12 mm trocar and another 5 mm trocar was placed in the left middle quadrant under direct visualization atraumatically. We began by reducing the hernia, taking down the omentum, the transverse colon was severely stuck and adhered to the prior mesh repair. Taking this down, we had used the LigaSure device to

1-0037

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Operative/Procedure Reports

extract it from the mesh as the mesh would not come free from the skin. In doing so, this created a small tear in the colon using a Endo-GIA blue load. We were able to staple across the small colotomy. There was a 2nd small colotomy also noticeable, also repaired with an Endo-GIA 45 tissue load. After successive firings, the staple lines appeared to be intact. There were no further serosal or full-thickness injuries to the colon. We then turned our attention towards repair of the incisional hernia, a 7 x 9 Venture light with echo. Piece of mesh was placed into the intraabdominal cavity. A small incision was made in the midline grasping the insufflation tubing. It was exteriorized from the abdomen. The insufflation device was deployed and held against the abdominal wall with a hemostat clamp. Using the SecureStrap device, we approximated the mesh circumferentially around the hernia defect. Once we had a single row of outer approximation, the insufflation device was excised at the level of the skin and removed from the 12 mm trocar site.
Returning to the abdomen, we continued with further approximation of the SecureStrap device, making sure that we had inner circumferential layer near the hernia defect in extreme outer circumferential row and then inner circumferential rows. Once it was adequately approximated covering the hernia defect by at least 3-5 cm in all directions, we visualized the omentum. There was no further evidence of bleeding. The colon appeared to be healthy, viable, no further injuries or tears. There was no foreign body material noted. At this point, the trocars were removed. The abdomen allowed to return its normal pressure. The 12 mm trocar sites were closed at the fascia level with an 0 Vicryl stitch in a figure-of-eight fashion. Marcaine 0.5% with epinephrine was used to locally infiltrate. The skin incisions were closed with 4-0 Monocryl in subcuticular fashion. The skin incisions were dressed, clean, dry, and sterile. The patient was extubated in the OR and transferred to the PACU in stable condition.
She tolerated the procedure well without complications.

Barry Rives, M.D.

BR / MedQ
D: 07/03/2015 12:43:44
T: 07/03/2015 22:41:51
Job #: 120708

CC: NAOMI CHANEY, MD

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
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PCP: SRDH,No PCP,Not given

Operative/Procedure Reports

Electronically Signed By:
Rives, Barry MD
On 07/04/15 11:47
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
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Progress Notes

- Re-exploration 7/16-pers colon perf, colostomy, partial colectomy
- Fluid overload/anasarca-cont improvement
- AKI-improved
- A fib/flutter/SVT-resolved
- HTN-controlled
- h/o anxiety
- Anemia- stable
- DM2
- Hyperlipid
- Neuropathy
- Obesity
- 7/4-BLE Dopplers-no DVT, no PE

Plan

- WCCA will sign off. Please call when need arises
- Pulmonary hygiene
- Pain management
- Wound care
- PT/OT

- IM-Akbar/N Ali
- Surg-Hamilton, et al/ Dort (Rives-S/O- family wanted new surgeon)
- Card-S Zaidi
- Renal-Gupta
- ID-Shaikh/Rebentish
- Dr Osman
- Psych - Fakiel

Course:

ICU DAILY EVENTS AND SUMMARY:

52 yo F admitted 7/3--VDRF-7/4,-7/3-Incarcerated incisional hernia repair, SVT

1-0040

Dignity Health.

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Progress Notes

7/5-VDRF D2. wean trial after CTs. Hep gtt, dilt, fent, prop gtt.

7/6-VDRF D3, High PIP, TV too high, ant abd wall air fluid collection. No PE, No DVT, Sinus tach.

7/7-VDRF D4, sedated on vent, no BS. Disc with husband. Got consent for PRBC tx

7/8-VDRF D5, awake on vent, tachypneic, very edemetous.

7/9-VDRF D6, POD 7, BP and HR better, lower PIP-38, some diuresis, no change WBC, Cr stable. Rev with husband at bedside, AC 18/60%/+5/400, 100% sat, PIP 35

7/10-resp status better, BP not controlled, CT reviewed. will meet with family and disc with GS.

7/11-no issues overnight. BP OK, sedated, CXR unchanged. No plans for op.

7/12-had fever yest, recultured, CXR better
7/13-VDRF D10. Wean trial. DW husband-Patrick-702-782-9954-aware of need for trach. DW Dr Rives-CTS for trach in few days. TPN. Ocular lubricant. PRBC.
-Family conf-husband, RN. He wants to call CTS for trach 1-2 days.
-DW Dr Rives-OK to consult CTS for trach now. Husband wants to consult CTS for trach now.
7/14-VDRF D11. Trach today. DW Dr Rives-OK for trach. ? CT abd tomorrow. DW pt-Follows some commands. fent, precedex gtt.
7/15-Family conf-pt, husband. PS 10/CPAP5 x 50 min so far. Wean FIO2. TP. CT Abd. TPN, dex, fent gtt. PT/OT
-DW Rad & Dr Rives-CT abd results.
7/16-Family conf-husband, pt, RN. Husband wants Dr Rives to take pt to OR, but he states family wants to consider all options first, & will make a decision later this am. DW Dr Rives. TP. Wean FIO2. Fent, dex gtt.
-DW Dr Rives. Also DW Dr Mono- Dr Mono will contact Dr Ripplinger's group for exp lap.
-DW Dr Hamilton. She will take pt to OR now.
7/17-Family conf-husband, RN. Thankful for care. DW Dr Hamilton post op yesterday. alb, fent, dex, TPN.
7/18-Family conf-husband, pt, RN. TP. Fent, Dex, TPN.
-DW Dr Hamilton. Hold on CT Abd for now. Cont to monitor every day.
7/19-pt much improved. TP. PRBC TX w/ lasix. Fent, dex, TPN, midaz. Wound care consulted for skin tears/breakdown.

7/20-POD 3, sedated on vent, no new problems overnight. RR still high

7/21-POD4, more awake, tol CPAP and PSV, minimal NGT OP

7/22-c/o back pain, denies abd pain. awake, dyspneic, tol CPAP briefly.

7/23-awake, alert, on CPAP/PSV, RR 30, TV 350-400.

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Progress Notes

7/24-Mental status very good, on no sedation, WBC better. Had N+V x1 7/23. Tolerating CPAP better.

7/25-awake, alert, mild abd pain, min colostomy OP, on vent only briefly last night, T piece now

7/26-awake, up in chair, on t piece for 24hrs+,
7/27-DW pt.. Follows commadns. On TP. DW ST-PMV, downsize trach. TPN, fent, dex gtt.
7/28 - UP in cardiac chair, doing well on TC, will downsize trach.
D/w RN to wean off precedex and fentanyl gtt, almost off
7/29 - off all gtt's, IMC status
PMV trial today, did better per husband
For CT abd/pelvis today
7/30
CT abd/pelvis result noted
For CT guided drainage of perihepatic fluid
Resp. status stable
7/31 per RN pt. very anxious today, reviewed meds, d/w RN POC re: meds
For swallow eval today, ok to eat per surg.

8/1 - unable to tolerate PMV trial, swallow test not completed, apparently ever since trach changed to fen trach she has had issues, will change back to #6 shiley; temp 37.6, WBC 20, on L2K for reportedly telling nurse she wants to kill herself, will get psych eval; d/w pt, husband, and RNs at bedside

8/2 - still having difficulty with PMV post trach change. Minimal secretions. WBC improving. Continue on tpiece.

8/3
Patient not tolerating PMV --> will further investigate neck soft tissues r/o granulation
Speech therapy ok'd for clears
Remains on trach collar

8/4
RN reports that patient refused CT neck
Remains on trach collar --> tolerating well

8/5
Patient is going for MRI back today then CT neck
Remains on trach collar

8/6
CT neck--> negative
On RA, sat 97%
Tolerated downsizing trach to #4 , plan to do capping trials and decannulate soon
Tolerating soft diet

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Progress Notes

8/7
Tolerating capped trach
Tolerating po soft diet as well
On RA, doing very well

8/8
Decannulated today, doing very well on RA
Speaking and eating well
Stable pulmonary standpoint

8/9
Remains on RA
Neck drsg dry and intact
No pulmonary issues --> will s/o

Pt Care Time: Consultation/coordination of care time 20 mins.
ABG-
7/18-7.37/ 38/74/22
Education and Follow-up: Discharge Planning.
Counseled: Patient, Diagnosis, Treatment, Medications.

Subjective
Patient States is getting better. Pain Well controlled.

sview of Systems
Constitutional: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.

1-0043

Name: **FARRIS, TITINA M**
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PCP: SRDH,No PCP,Not given

Progress Notes

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 1347.83 **Ouput:** 2420.00 **Balance:** -1072.17

Today: **Intake:** 161.67 **Ouput:** 0.00 **Balance:** 161.67

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic Info
Ordered
fluconazole: 200 mg, 100 mL, 100 mL/hr, IV, qDay 07/29/2015 09:00 - Active
linezolid: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval) 07/13/2015 08:00 - Active
metroNIDAZOLE: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval) 08/01/2015 11:00 - Active

, Antibiotic information:: Suspected Infection (abscess, peritonitis), Known Infection peritonitis,
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fentaNYL 75 mcg/hr Transd Patc 75 mcg/hr, TOP- patch, q72hr
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, qDay
furosemide 20 mg Tab: 20 mg, PO, qDay
gabapentin 300 mg Cap: 300 mg, PO, q12hr
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, q6hr
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
acetaminophen 650 mg Supp: 650 mg, PR, q6hr, PRN: Fever
dextrose 50% (25gm) 50mL Inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
haloperidol 5 mg/mL 1mL Inj: 2 mg, IV, q2hr, PRN: Agitation

1-0044

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Progress Notes

haloperidol 5 mg/mL 1mL Inj: 4 mg, IV Push, every 4 hours, PRN: Agitation
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone: 0.5 - 1 mg, IV Push, q4hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium chloride 0.65% nasal 45 4 Spray, NASAL, q2hr, PRN: Dry nose
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
›dium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Jnscheduled
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
piperacillin/tazobactam + NaCl 7 mL/hr, IV, Stop: 08/31/15 8:33:00

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.1 (08/09 04:00) Temperature PO	**37.9** (08/08 16:00) Temperature PO	**36.7** (08/09 12:00) Temperature PO
HR	**88** (08/09 08:00)	**104** (08/09 00:01)	**96** (08/09 12:21)
RR	**17** (08/09 04:00)	**20** (08/08 16:00)	**18** (08/09 12:00)
NIBP	**130/70** (08/09 12:21)	**165/89** (08/08 18:12)	**130/70** (08/09 12:21)
NIBP Mean	**92** (08/09 04:00)	**103** (08/08 16:00)	**92** (08/09 04:00)

1-0045

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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**57.90**	**(08/08 05:00)**
Previous	**59.00**	**(08/01 00:01)**
Gain/Loss	**-1.10**	

Ventilation	Low	High	Last
SaO2	**92**	**98**	**98**
	(08/08 16:00)	(08/09 12:00)	(08/09 12:00)
L/min			
	(08/09 08:00)	(08/08 20:00)	(08/09 08:00)

==========

, Last Documented Vital Signs
Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
36.7	**96**	**18**
(08/09 12:00)	(08/09 12:21)	(08/09 12:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
130 / 70	92	73.18	57.90	23.79
(08/09 12:21)	(08/09 04:00)	(07/01 12:47)	(08/08 05:00)	(07/31/15 13:22)

POC Glucose

Admit	**202.00**	**(07/05 10:49)**
Current	**131.00**	**(08/09 04:00)**

Ventilation

SaO2	L/min	FiO2
98	**40**	
(08/09 12:00)	(08/09 08:00)	(07/25 07:09)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol

1-0046

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Progress Notes

A/C	0	400	5	0	380
(07/25 07:09)	(00:00)	(07/25 07:09)	(07/24 08:00)	(00:00)	(07/23 19:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18 /		
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

Objective
General: No acute distress.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Bowel sounds: Present.
Neurologic: Alert.
Orientation: To person, To place.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

111	289	178	131
(08/08 16:00)	(08/08 21:36)	(08/09 00:01)	(08/09 04:00)

Hematology		Chemistry		Enzymes	
WBC	10.70	Na	136.00	Alkphos	205.00
Hgb	10.60	K	3.40	ALT	51.00
Hct	31.90	Cl	100.00		
Plt	498.00	CO2	24.00		
		Gluc	135.00		
		Bun	9.00		
		Cr	0.66		
		Ca	9.50		
		T Bili	0.50		

Coagulation

Proteins

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Alb 2.50 (08/09 04:40)

Anion
Anion Gap 12.00 (08/09 04:40)

Microbiology Studies Recently Resulted

2545203755
Culture Blood
Last Update: 08/05/2015 16:01:15
Collected: 07/31/2015 09:40:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

2548571905
Culture Fluid
Last Update: 08/05/2015 10:32:30
Collected: 07/31/2015 16:00:00
Status: Final
Source: Pelvic Fluid **Body Site:** Abdomen **Specimen Desc:** para colic abscess

Gram Stain: No organisms seen. Many White Blood Cells
Culture Report: Isolated from thio broth only: Klebsiella pneumoniae and Coagulase Negative Staph No Further Workup. No anaerobic organisms isolated.

Klebsiella pneumoniae

Ampicillin.....	>16	R .....
Cefepime	<=8	S
Cefotaxime	<=2	S
Cefotetan	<=16	S
Ceftazidime	<=1	S
Ceftriaxone	<=8	S
Cefuroxime	<=4	S
Ciprofloxacin	<=1	S
Gentamicin	<=4	S
Imipenem	<=1	S
Levofloxacin	<=2	S
Piperacillin/Tazobac	<=16	S
Tetracycline	<=4	S
Tigecycline	<=2	S
Tobramycin	<=4	S

1-0048

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Trimethoprim/Sulfa <=2/38 S

2547131357
Culture Wnd/Tissue
Last Update: 08/03/2015 09:14:15
Collected: 07/30/2015 15:05:00
Status: Final
Source: Abscess **Body Site:** **Specimen Desc:**

Gram Stain: refer to anaerobic culture for gram stain
Culture Report: No growth at 3 days.

2544959549
Culture Anaerobic
Last Update: 08/03/2015 09:14:02
Collected: 07/30/2015 15:05:00
Status: Final
Source: Abscess **Body Site:** **Specimen Desc:**

Gram Stain: Few White Blood Cells No organisms seen.
Culture Report: No anaerobic organisms isolated.

2544959165
Culture Fluid
Last Update: 08/03/2015 09:13:26
Collected: 07/30/2015 15:05:00
Status: Final
Source: See Comments **Body Site:** Abdomen **Specimen Desc:**

Gram Stain: Many White Blood Cells No organisms seen.
Culture Report: No aerobic or anaerobic growth

2534180857
Culture Blood
Last Update: 08/02/2015 13:01:07
Collected: 07/28/2015 05:44:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2547774711
Clost difficile PCR

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Last Update: 08/01/2015 11:43:14
Collected: 07/31/2015 13:50:00
Status: Final
Source: Colostomy **Body Site:** **Specimen Desc:**

Culture Report: Negative for toxigenic Clostridium difficile

2511171069
Culture Blood
Last Update: 07/26/2015 00:01:19
Collected: 07/20/2015 18:40:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 123 Hours

2505113095
Culture Blood
Last Update: 07/24/2015 00:01:03
Collected: 07/18/2015 13:45:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 122 Hours

2505113101
Culture Blood
Last Update: 07/24/2015 00:01:03
Collected: 07/18/2015 13:55:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 122 Hours

2505112951
Culture Fluid
Last Update: 07/23/2015 15:02:52
Collected: 07/18/2015 18:51:00
Status: Final
Source: Body Fluid **Body Site:** **Specimen Desc:**

Gram Stain: Many White Blood Cells No organisms seen. Gram stain verified by second tech Kim FFluid plated 7/15/15 aT 1830

1-0050

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Culture Report: Very Light Growth Lactobacillus acidophilus No anaerobic organisms isolated.

2499262619
Culture Anaerobic
Last Update: 07/20/2015 08:17:38
Collected: 07/16/2015 14:45:00
Status: Final
Source: See Comments **Body Site:** Abdomen **Specimen Desc:**

Culture Report: No anaerobic organisms isolated.

2499267597
Culture Wound, Aerobic Only
Last Update: 07/19/2015 14:05:15
Collected: 07/16/2015 14:45:00
Status: Final
Source: Wound **Body Site:** Abdomen **Specimen Desc:**

Gram Stain: Moderate White Blood Cells Few Gram Negative Rods gram stain called to Gwen Gerona 07/16/2015 16:08:59 by may.
Culture Report: Very Light Growth Escherichia coli Light Growth Corynebacterium species

Escherichia coli

Ampicillin	<=8	S
Cefepime	<=8	S
Cefotaxime	<=2	S
Cefotetan	<=16	S
Ceftazidime	<=1	S
Ceftriaxone	<=8	S
Cefuroxime	<=4	S
Ciprofloxacin	<=1	S
Gentamicin	<=4	S
Imipenem	<=1	S
Levofloxacin	<=2	S
Piperacillin/Tazobac	<=16	S
Tetracycline	<=4	S
Tigecycline	<=2	S
Tobramycin	<=4	S
Trimethoprim/Sulfa	<=2/38	S

2490388419
Culture Blood
Last Update: 07/19/2015 13:01:08

1-0051

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Collected: 07/14/2015 11:06:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

2490388435
Culture Blood
Last Update: 07/19/2015 13:01:08
Collected: 07/14/2015 11:06:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

2482235373
Culture Blood
Last Update: 07/17/2015 00:01:37
Collected: 07/11/2015 14:29:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Culture Respiratory/Gram
Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: Light Growth Normal upper respiratory flora

2459632593
MRSA Surveillance Screen
Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site:** **Specimen Desc:**

Culture Report: No Methicillin Resistent Staph aureus isolated.

.
Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA
Account: 34342485
MRN: 9122218
DOB: 10/24/1962

==========

Result Date:
Verified By: at

:
++

, CXR images reviewed-

7/5-sm LUL opac/atx
7/6-low lung vol, prob basilar atel
7/7-no change
7/8-no change
7/9-KUB NSBGP, CXR mild edema and elev R HD, small R effusion
7/12-dec edema
7/14-mild edema

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

7/15-decr edema
7/19-inc R eff.
7/20- poss sl dec eff
7/22-lung fields clear, elev R>L hemidiaph, poss R effusion
7/22-US showed min R effusion
7/27-sm R eff.
Diagnostic Findings: Echo-
7/4-EF 70, NL LV and valves.
Cardiac monitor: Reveals a Normal sinus rhythm.
Lines and Tubes:
Central venous catheter: Right, Peripherally inserted central catheter.
Tracheostomy tube: Inserted 07/14/2015, Size: shiley #8, Type: Shiley, Cuffed, changed 7/28 to #6 fen shiley.
Nutrition and Elimination: Receiving oral nutrition, Receiving parenteral nutrition.
Documentation reviewed: Flowsheet.
Case discussed with: Nurse, Patient, ST.
Condition: Guarded, bedside evaluation.

Comments

Electronically Signed By:
Bent, Geraldine APN
On 08/09/15 15:15
Co Signature By:
Modified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

8/7
Tolerating capped trach
Tolerating po soft diet as well
On RA, doing very well

8/8
Decannulated today, doing very well on RA
Speaking and eating well
Stable pulmonary standpoint

Pt Care Time: Consultation/coordination of care time 20 mins.
ABG-
7/18-7.37/ 38/74/22
Education and Follow-up: Discharge Planning.
Counseled: Patient, Diagnosis, Treatment, Medications.

Subjective
Patient States is getting better. Pain Not well controlled.

Review of Systems
Constitutional: Weakness.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: foot drop.

ealth Status
Intake and Output
24 hour I&O data

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

24 hour I&O

Yesterday: **Intake:** 2163.83 **Ouput:** 2550.00 **Balance:** -386.17

Today: **Intake:** 177.17 **Ouput:** 0.00 **Balance:** 177.17

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.

Current medications: Antibiotic Info
Ordered
fluconazole: 200 mg, 100 mL, 100 mL/hr, IV, qDay 07/29/2015 09:00 - Active
linezolid: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval) 07/13/2015 08:00 - Active
metroNIDAZOLE: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval) 08/01/2015 11:00 - Active

, Antibiotic information:: Suspected Infection (abscess, peritonitis), Known Infection peritonitis,
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fentaNYL 75 mcg/hr Transd Patc 75 mcg/hr, TOP- patch, q72hr
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, qDay
furosemide 20 mg Tab: 20 mg, PO, qDay
gabapentin 300 mg Cap: 300 mg, PO, q12hr
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, q6hr
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
acetaminophen 650 mg Supp: 650 mg, PR, q6hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
haloperidol 5 mg/mL 1mL Inj: 2 mg, IV, q2hr, PRN: Agitation
haloperidol 5 mg/mL 1mL Inj: 4 mg, IV Push, every 4 hours, PRN: Agitation
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone: 0.5 - 1 mg, IV Push, q4hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety

1-0056

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium chloride 0.65% nasal 45 4 Spray, NASAL, q2hr, PRN: Dry nose
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
harmacy Communication: 1 Each, N/A, oncall
harmacy Communication: 1 Each, N/A, oncall
IV Medications
piperacillin/tazobactam + NaCl 7 mL/hr, IV, Stop: 08/31/15 8:33:00

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.2 (08/07 20:00) Temperature PO	**37.2** (08/08 04:00) Temperature PO	**36.3** (08/08 11:00) Temp Tympanic
HR	**93** (08/07 20:00)	**114** (08/07 17:26)	**104** (08/08 11:55)
RR	**18** (08/08 11:00)	**20** (08/07 16:00)	**18** (08/08 11:00)
NIBP	**136/92** (08/07 20:00)	**150/84** (08/08 00:00)	**143/83** (08/08 11:55)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**57.90**	**(08/08 05:00)**
Previous	**59.00**	**(08/01 00:01)**
Gain/Loss	**-1.10**	

1-0057

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Ventilation	Low	High	Last
SaO2	94	96	95
	(08/08 04:00)	(08/08 00:00)	(08/08 11:00)
L/min			
	(08/08 04:00)	(08/07 16:00)	(08/08 04:00)

==========

, Last Documented Vital Signs

Vital Signs (Most Recent)

Tympanic Temp	Heart Rate	Resp Rate
36.3	104	18
(08/08 11:00)	(08/08 11:55)	(08/08 11:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
143 / 83	117	73.18	57.90	23.79
(08/08 11:55)	(08/06 04:00)	(07/01 12:47)	(08/08 05:00)	(07/31/15 13:22)

POC Glucose

Admit	202.00	(07/05 10:49)
Current	173.00	(08/08 03:16)

Ventilation

SaO2	L/min	FiO2
95	: 40	
(08/08 11:00)	(08/08 04:00)	(07/25 07:09)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C	0	400	5	0	380
(07/25 07:09)	(00:00)	(07/25 07:09)	(07/24 08:00)	(00:00)	(07/23 19:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18 /		
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

1-0058

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Objective

General: No acute distress.
Respiratory: Lungs are clear to auscultation.
Cardiovascular: Normal rate, Regular rhythm.
Gastrointestinal: Soft, Normal bowel sounds.
Extremities:
Upper Extremities: Bilateral.
Lower Extremities: Edema (Trace).
Neurologic: Alert.
Orientation: To person, To place.
Psychiatric: Cooperative, Appropriate mood & affect.

Review / Management

Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

305	279	196	173
(08/07 00:31)	(08/07 12:00)	(08/07 23:46)	(08/08 03:16)

Hematology		Chemistry		Enzymes	
WBC	11.50	Na	132.00	Alkphos	206.00
Hgb	10.40	K	3.90	ALT	53.00
Hct	30.90	Cl	99.00		
Plt	471.00	CO2	24.00		
		Gluc	214.00		
		Bun	13.00		
		Cr	0.70		
		Ca	9.60		
		T Bili	0.50		

Coagulation

Proteins
Alb 2.50 (08/08 05:49)

Anion
Anion Gap 9.00 (08/08 05:49)

1-0059

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Microbiology Studies Recently Resulted

2545203755

Culture Blood
Last Update: 08/05/2015 16:01:15
Collected: 07/31/2015 09:40:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

2548571905

Culture Fluid
Last Update: 08/05/2015 10:32:30
Collected: 07/31/2015 16:00:00
Status: Final
Source: Pelvic Fluid **Body Site:** Abdomen **Specimen Desc:** para colic abscess

Gram Stain: No organisms seen. Many White Blood Cells
Culture Report: Isolated from thio broth only: Klebsiella pneumoniae and Coagulase Negative Staph No Further Workup. No anaerobic organisms isolated.

Klebsiella pneumoniae

Ampicillin.....	>16	R
Cefepime	<=8	S
Cefotaxime	<=2	S
Cefotetan	<=16	S
Ceftazidime	<=1	S
Ceftriaxone	<=8	S
Cefuroxime	<=4	S
Ciprofloxacin	<=1	S
Gentamicin	<=4	S
Imipenem	<=1	S
Levofloxacin	<=2	S
Piperacillin/Tazobac	<=16	S
Tetracycline	<=4	S
Tigecycline	<=2	S
Tobramycin	<=4	S
Trimethoprim/Sulfa	<=2/38	S

2547131357

Culture Wnd/Tissue
Last Update: 08/03/2015 09:14:15

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Collected: 07/30/2015 15:05:00
Status: Final
Source: Abscess **Body Site:** **Specimen Desc:**

Gram Stain: refer to anaerobic culture for gram stain
Culture Report: **No growth at 3 days.**

2544959549
Culture Anaerobic
Last Update: 08/03/2015 09:14:02
Collected: 07/30/2015 15:05:00
Status: Final
Source: Abscess **Body Site:** **Specimen Desc:**

Gram Stain: Few White Blood Cells No organisms seen.
Culture Report: **No anaerobic organisms isolated.**

2544959185
Culture Fluid
Last Update: 08/03/2015 09:13:26
Collected: 07/30/2015 15:05:00
Status: Final
Source: See Comments **Body Site:** Abdomen **Specimen Desc:**

Gram Stain: Many White Blood Cells No organisms seen.
Culture Report: **No aerobic or anaerobic growth**

2534180857
Culture Blood
Last Update: 08/02/2015 13:01:07
Collected: 07/28/2015 05:44:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: **No growth at 121 Hours**

2547774711
Clost difficile PCR
Last Update: 08/01/2015 11:43:14
Collected: 07/31/2015 13:50:00
Status: Final
Source: Colostomy **Body Site:** **Specimen Desc:**

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Culture Report: Negative for toxigenic Clostridium difficile

2511171069
Culture Blood
Last Update: 07/26/2015 00:01:19
Collected: 07/20/2015 18:40:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 123 Hours

2505113095
Culture Blood
Last Update: 07/24/2015 00:01:03
Collected: 07/18/2015 13:45:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 122 Hours

2505113101
Culture Blood
Last Update: 07/24/2015 00:01:03
Collected: 07/18/2015 13:55:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 122 Hours

2505112951
Culture Fluid
Last Update: 07/23/2015 15:02:52
Collected: 07/18/2015 18:51:00
Status: Final
Source: Body Fluid **Body Site:** **Specimen Desc:**

Gram Stain: Many White Blood Cells No organisms seen. Gram stain verified by second tech Kim FFluid plated 7/15/15 aT 1830
Culture Report: Very Light Growth Lactobacillus acidophilus No anaerobic organisms isolated.

2499262619
Culture Anaerobic
Last Update: 07/20/2015 08:17:38

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Collected: 07/16/2015 14:45:00
Status: Final
Source: See Comments **Body Site:** Abdomen **Specimen Desc:**

Culture Report: No anaerobic organisms isolated.

2499267597
Culture Wound, Aerobic Only
Last Update: 07/19/2015 14:05:15
Collected: 07/16/2015 14:45:00
Status: Final
Source: Wound **Body Site:** Abdomen **Specimen Desc:**

Gram Stain: Moderate White Blood Cells Few Gram Negative Rods gram stain called to Gwen Gerona 07/16/2015 16:08:59 by may.
Culture Report: Very Light Growth Escherichia coli Light Growth Corynebacterium species

Escherichia coli

Ampicillin	<=8	S
Cefepime	<=8	S
Cefotaxime	<=2	S
Cefotetan	<=16	S
Ceftazidime	<=1	S
Ceftriaxone	<=8	S
Cefuroxime	<=4	S
Ciprofloxacin	<=1	S
Gentamicin	<=4	S
Imipenem	<=1	S
Levofloxacin	<=2	S
Piperacillin/Tazobac	<=16	S
Tetracycline	<=4	S
Tigecycline	<=2	S
Tobramycin	<=4	S
Trimethoprim/Sulfa	<=2/38	S

2490368419
Culture Blood
Last Update: 07/19/2015 13:01:08
Collected: 07/14/2015 11:06:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

1-0063

Name: **FARRIS, TITINA M**
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Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

2490388435
Culture Blood
Last Update: 07/19/2015 13:01:08
Collected: 07/14/2015 11:06:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 120 Hours

2482235373
Culture Blood
Last Update: 07/17/2015 00:01:37
Collected: 07/11/2015 14:29:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185
Culture Respiratory/Gram
Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: Light Growth Normal upper respiratory flora

2459032593
MRSA Surveillance Screen
Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site: Specimen Desc:**

Culture Report: No Methicillin Resistent Staph aureus isolated.

Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA
Account: 34342485
MRN: 9122218
DOB: 10/24/1962

==========

Result Date:
Verified By: at

:
++

, CXR images reviewed-

7/5-sm LUL opac/atx
7/6-low lung vol, prob basilar atel
7/7-no change
7/8-no change
7/9-KUB NSBGP, CXR mild edema and elev R HD, small R effusion
7/12-dec edema
7/14-mild edema
7/15-decr edema
7/19-inc R eff.
7/20- poss sl dec eff
7/22-lung fields clear, elev R>L hemidiaph, poss R effusion
7/22-US showed min R effusion

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

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DOB: 10/24/1962 Age: 52 years Sex: F
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

7/27-sm R eff.
Diagnostic Findings: Echo-
7/4-EF 70, NL LV and valves.
Cardiac monitor: Reveals a Normal sinus rhythm.
Lines and Tubes:
Central venous catheter: Right, Peripherally inserted central catheter.
Tracheostomy tube: Inserted 07/14/2015, Size: shiley #8, Type: Shiley, Cuffed, changed 7/28 to #6 fen shiley.
Nutrition and Elimination: Receiving oral nutrition, Receiving parenteral nutrition.
Documentation reviewed: Flowsheet.
Case discussed with: Nurse, Patient, ST.
Condition: Guarded, bedside evaluation.

Comments

.lectronically Signed By:
Bent, Geraldine APN
On 08/08/15 15:49
Co Signature By:
Modified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME:	Physician Note
RECEIVED DATE/TIME:	7/16/2015 11:36 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Rives,Barry MD (7/16/2015 11:39 PDT)
SIGN INFORMATION:	Rives,Barry MD (7/16/2015 11:39 PDT)

After discussion with Dr. Mono family would be more comfortable with having Dr. Ripplinger taking over as surgical consultant going forward, I will continue to be available if Dr. Ripplinger or family has any further questions or I can assist in any way otherwise I will effectively sign-off for now.

Electronically Signed By:
Rives, Barry MD
On 07/16/15 11:39
Co Signature By:
odified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME:	Physician Note
RECEIVED DATE/TIME:	7/15/2015 21:14 PDT
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Rives,Barry MD (7/15/2015 21:20 PDT)
SIGN INFORMATION:	Rives,Barry MD (7/15/2015 21:20 PDT)

Reviewed pts CT scan concerning for new developments of abscess fluid and free air where ther was none prior, still no extravasation of contrast but very concerning for possible leak and or abscess either of which requires surgical intervention given pts increasing fevers over last 48 hrs and increased leukocytosis over last 48 hrs and no improvement in abdominal exam. Pt just given dilaudid and asleep, spoke with husband regarding these new findings and the patients overall condition, pt spiking fevers of 103 now, recommend exploraotry laparotomy with explantation of mesh, abdominal washout, thorough inspection of entire small and large bowel, possible colonic lavage to remove insippated contrast, possible bowel resection, explained further the risks, benefits and alternatives and husband does not want to proceed with surgery at this time, re-emphasised my concerns for further complications or sepsis and he indicated he wanted to think about it further and decide tomorrow based upon how she does. I notified ICU team of husbands decision.

Electronically Signed By:
Rives, Barry MD
On 07/15/15 21:20
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/15/2015 15:57 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rebentish,Alka P MD (7/15/2015 16:06 PDT)
SIGN INFORMATION: Rebentish,Alka P MD (7/15/2015 16:06 PDT)

Progress Note: ID

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Rebentish, Alka P MD**

Basic Information
Date of Service:
07/15/2015 15:58.
Admission Information: **Admit Days =** 11, **Patient Type =** Inpatient

Impression and Plan
Diagnosis

Surgery on Case , Chart Reviewed , Dw children , Family appers to be furrstated , Protacted course after abdo surgery
PT Non Verbal Eyes open , NOT Tracking , Low grade Fever anD leucocytosis persists

52-year-old female,on 7/3 status post reduction of incarcerated incisional hernia,repair with mesh perforation colon and repair

ASSESSMENT
Low grade fever- intra ando source likely , Repeat CT of abdo , Pelvis pending, IV Contrast only - Limited study
? fecal peritonites sec Perfoartion of colon , Ro Infection of MESH
S/P Tracheostomy
HAI risk
leucocytosis
anemia - s/p PRBC
RT PICC
TPN
Post op Ileus , plain xray abdo + Contrast in colon , Rectum
Poor Glycemic Control
Risk FOR invasive fungal infection sec TPN ,lines, ABx Rx
ventral hernia
Chest XRay - Interstial infilterates , No Interval Change, portable . 7/14
anasarca

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Progress Notes

PLAN
Low grade fever ,UA on 7/13 NEG , Chest xray No interval change
on broad spectrum ABX .IV antifungals IV Micafungin
await Repeat Blood Blood CX on 7/11, NGT
Repeat Blood CX7-14-15
a. cont antibiotics intravenous meropenem 1 g q8 h., I V MEREM , IV zyvox
Polymicrobial infection likely gram negatives as well as enterococcus species.anerobes
b. DC Intravenous Flagyl
c. DC IV Cefepime , Flagyl, Vanco
Limited CT scan of abdo will not rule out ongoing intra abdo sepsis

COURSEC
7/11 fever 39.1 to 39.4 no change in abdomen no feces yet
7/12 fever remains no pressor no feces micro pending from yesterday

Course: Worsening.
Pt Care Time: Total face to face time with patient 10 mins, Consultation/coordination of care time 15 mins, 0.
Course: Progressing as expected.

Subjective
Patient Complaint: non verbal.

Health Status
Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic information:: Known Infection intra-abdomainal,
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)

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Progress Notes

metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
micafungin + NS for Premix: 100 mg, 100 mL/hr, IV, q24hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 75 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

Objective
General: No acute distress.
Neck: s/p Trach .
Respiratory: Lungs are clear to auscultation, VDRF.
Gastrointestinal: postop , distension , NO BS , ON TPN , firm.
Extremities:

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PCP: SRDH,No PCP,Not given

Progress Notes

Upper Extremities: Bilateral, Edema (+1).
Lower Extremities: Bilateral, Edema (+1).
Psychiatric: sedated.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

107	190	257	187
(07/14 16:00)	(07/14 19:56)	(07/14 23:25)	(07/15 12:01)

Hematology		Chemistry		Enzymes	
WBC	20.80	Na	151.00	Alkphos	61.00
Hgb	10.30	K	3.80	ALT	14.00
Hct	32.20	Cl	114.00		
Plt	491.00	CO2	29.00		
		Gluc	218.00		
		Bun	29.00		
		Cr	0.79		
		Ca	8.60		
		T Bili	0.70		

Coagulation
PT 17.00 INR 1.32
Proteins
Alb 1.90 (07/15 06:30)

Anion
Anion Gap 8.00 (07/15 06:30)
, Lab results

07/15/2015 06:30

WBC	**20.8 K/uL H**
RBC	**3.55 M/uL L**
Hgb	**10.3 gm/dL L**
Hct	**32.2 % L**
Plt	**491 K/uL H**
MCV	90.7 fL
MCH	29.2 pg
MCHC	32.2 gm/dL
RDW	15.7 %
MPV	9.8 fL

1-0072

Name: **FARRIS, TITINA M**
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Neut%	**82.3 % H**
Lymph%	**10.1 % L**
Mono%	5.5 %
Eos%	1.1 %
Baso%	1.0 %
PT	**17.00 sec H**
INR	**1.32 ratio H**
Sodium	**151 mmol/L H**
Sodium	**151 mmol/L H**
Potassium	3.8 mmol/L
Potassium	3.9 mmol/L
Chloride	**114 mmol/L H**
Chloride	**114 mmol/L H**
CO2	29 mmol/L
CO2	**30 mmol/L H**
Anion Gap	8 NA
Anion Gap	7 NA
Glucose Level	**218 mg/dL H**
Glucose Level	**219 mg/dL H**
BUN	**29 mg/dL H**
BUN	**30 mg/dL H**
Creatinine	0.79 mg/dL
Creatinine	0.76 mg/dL
BUN/Cr Ratio	36.7 NA
BUN/Cr Ratio	39.5 NA
eGFR Afr/Am	>60
eGFR Afr/Am	>60
eGFR NonAfr/Am	>60
eGFR NonAfr/Am	>60
Calcium	8.6 mg/dL
Calcium	**7.8 mg/dL L**
Phosphorus	3.3 mg/dL
Mg	2.1 mg/dL
Protein, Total	**5.8 gm/dL L**
Albumin	**1.9 gm/dL L**
Albumin	**2.1 gm/dL L**
Globulin	3.7 NA
A/G Ratio	0.6 NA
Bili Total	0.7 mg/dL
ALT	14 Units/L
AST	19 Units/L
Alkphos	61 Units/L
B-Natriuretic Peptide	**163 pg/mL H**

Radiology Results

Name: **FARRIS, TITINA M**
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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Radiologist's interpretation
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date: 07/15/15 04:09
Verified By: HRISTIC, DJORDJE V, MD at 07/15/15 04:16

Report : XR Chest 1 View AP or PA
IMPRESSION: Improving right effusion and edemaReport generated on workstation: SRSPACS020 07/15/15 04:16
++

Result Date: 07/14/15 04:13
Verified By: HRISTIC, DJORDJE V, MD at 07/14/15 05:12

Report : XR Chest 1 View AP or PA
IMPRESSION: No change since July 12Report generated on workstation: SRSPACS020 07/14/15 05:12
++

Result Date: 07/13/15 12:14
Verified By: Konchada, Ravishankar MD at 07/13/15 12:17

Report : XR Abdomen AP
IMPRESSION:No dilated loops of bowel. Contrast noted within the colon and rectum.Report generated on workstation: SRSPACS020 07/13/15 12:17
++

Result Date: 07/12/15 09:44
Verified By: Tatineny, Kalyan MD at 07/12/15 09:51

Report : XR Abdomen AP+Decub +or Erect
Impression: Findings are likely compatible with ileus. No obstruction or free air on these radiographs.Report generated on workstation: SRMPACS052 07/12/15 09:51
++

Result Date: 07/12/15 04:51
Verified By: DHINDSA, AMAN MD at 07/12/15 05:22

Report : XR Chest 1 View AP or PA

Name: **FARRIS, TITINA M**
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DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/12/15 05:22
++

Result Date: 07/11/15 04:43
Verified By: DHINDSA, AMAN MD at 07/11/15 04:52

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/11/15 04:52
++

Result Date: 07/10/15 05:09
Verified By: DHINDSA, AMAN MD at 07/10/15 05:49

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to 7/8/2015 examination.Report generated on workstation: SRSPACS021 07/10/15 05:49
++

Result Date: 07/09/15 18:46
Verified By: Treinen, Matthew DO at 07/09/15 19:06

Report : CT Abdomen+Pelvis w IV Con
IMPRESSION:1.Small amount of abdominal ascites.2. There is a right supraumbilical parasagittal ventral hernia. Hernia sac contains fluid and free air. Component of free air has decreased.3. There is no extravasation of oral contrast from the bowel.4. Small right and trace left pleural effusions with bibasilar atelectasis.5. Anasarca.Report generated on workstation: SRSPACS021 07/09/15 19:06
++

Result Date: 07/09/15 06:45
Verified By: DHINDSA, AMAN MD at 07/09/15 06:56

Report : XR Abdomen AP+Decub +or Erect
IMPRESSION: Nonspecific bowel gas pattern. No free air. No bowel distention.Report generated on workstation: SRSPACS021 07/09/15 06:56
++

Result Date: 07/08/15 21:13
Verified By: HRISTIC, DJORDJE V, MD at 07/08/15 21:18

Report : XR Chest 1 View AP or PA

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

IMPRESSION: No change since the previous exam. Satisfactory position of ET tubeReport generated on workstation: SRSPACS019 07/08/15 21:18
++

Result Date: 07/08/15 04:02
Verified By: DHINDSA, AMAN MD at 07/08/15 04:14

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/08/15 04:14
++

Result Date: 07/07/15 03:41
Verified By: DHINDSA, AMAN MD at 07/07/15 03:49

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/07/15 03:49
++

Result Date: 07/06/15 04:42
Verified By: HRISTIC, DJORDJE V, MD at 07/06/15 06:08

Report : XR Chest 1 View AP or PA
IMPRESSION: Increasing right suprahilar opacityReport generated on workstation: SRSPACS020 07/06/15 06:08
++

Result Date: 07/05/15 10:17
Verified By: Gebhard, Thomas MD at 07/05/15 10:59

Report : CT Angio Chest w Con + CT Abd+Pelv w Con
IMPRESSION:1. No central pulmonary embolism. Respiratory motion limits evaluation of the segmental and subsegmental vessels.2. Small right pleural effusion. Bilateral areas of consolidation in the lungs bilaterally likely representing atelectasis. Pneumonia is not excluded.3. Recent repair of incisional hernia. A small hernia remains over the anterior abdomen contains free air and free fluid.4. Small amount of free fluid in the abdomen with no drainable fluid collection identified.Report generated on workstation: SRMPACS052 07/05/15 10:59
++

Result Date: 07/04/15 21:28
Verified By: HRISTIC, DJORDJE V, MD at 07/04/15 21:32

Report : XR Chest 1 View AP or PA
IMPRESSION: Satisfactory placement of ET tubeReport generated on workstation: SRSPACS020 07/04/15 21:32

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

++

Result Date: 07/04/15 20:35
Verified By: Tatineny, Kalyan MD at 07/04/15 20:39

Report : XR Chest 1 View AP or PA
Impression: Stable scattered areas of atelectasis within the bilateral lungs. No new intrathoracic process. Recommend clinical correlation to exclude infection.Report generated on workstation: SRSPACS019 07/04/15 20:39
++

Result Date: 07/04/15 19:07
Verified By: Tatineny, Kalyan MD at 07/04/15 19:17

Report : IR PICC/Midline Ins Bedside Rad Tech
IMPRESSION: Successful bedside PICC placement. PICC is ready for use.Report generated on workstation: SRSPACS019 07/04/15 19:17
++

Result Date: 07/04/15 17:36
Verified By: Gebhard, Thomas MD at 07/04/15 17:43

Report : US Extrem Venous Duplex Bilat
IMPRESSION: No evidence of deep venous thrombosis in bilateral lower extremities.Report generated on workstation: SRMPACS052 07/04/15 17:43
++

Result Date: 07/04/15 16:19
Verified By: Gebhard, Thomas MD at 07/04/15 16:23

Report : XR Abdomen AP
IMPRESSION:1. Tip and side-port of NG tube project in the expected region of the stomach.Report generated on workstation: SRMPACS052 07/04/15 16:23
++

Result Date: 07/04/15 16:18
Verified By: Tatineny, Kalyan MD at 07/04/15 16:22

Report : XR Chest 1 View AP or PA
Impression: Scattered areas of atelectasis within the bilateral lungs, otherwise no intrathoracic process.Report generated on workstation: SRSPACS019 07/04/15 16:22
++

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

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Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Electronically Signed By:
Rebentish, Alka P MD
On 07/15/15 16:06
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 13:26 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Ali,Nauroz MD (7/14/2015 13:28 PDT)
SIGN INFORMATION: Ali,Nauroz MD (7/14/2015 13:28 PDT)

Medical Progress Note - SOAP

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Ali, Nauroz MD**

Basic Information
Date of Service:
07/14/2015 13:27multiple visits and evaluations and communications with RN over 6 hrs.
Admission Information: **Admit Days =** 10, **Patient Type =** Inpatient

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 893.56 **Ouput:** 275.00 **Balance:** 618.56

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic Info
Ordered

ceFAZolin	2,000mg	IV	07/13/2015 18:30 - Active
linezolid	600mg	IV	07/13/2015 08:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51
fluconazole	200mg	IV	07/04/2015 19:00 - 07/14/15 09:41

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PCP: SRDH,No PCP,Not given

Progress Notes

meropenem	500mg	IV	07/04/2015 19:00 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/04/2015 16:30 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - 07/14/15 09:26
vancomycin	1,250mg	IV	07/07/2015 21:00 - 07/13/15 07:29
vancomycin	1,000mg	IV	07/04/2015 17:00 - 07/04/15 18:30
vancomycin	1,000mg	IV	07/05/2015 16:00 - 07/07/15 09:03

Completed

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin	ADM		07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin	ADM		07/03/2015 12:56 - 07/03/15 12:56

Canceled

ceftazidime	1,000mg	IV	07/05/2015 22:00 - 07/05/15 14:55
rifampin	300mg	PO	07/05/2015 21:00 - 07/05/15 14:55

Voided

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - 07/04/15 16:06
vancomycin	IV		07/05/2015 15:00 - 07/05/15 15:01
vancomycin	1,825mg	IV	07/04/2015 15:50 - 07/04/15 16:10

Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
micafungin + NS for Premix: 100 mg, 100 mL/hr, IV, q24hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia

1-0080

Name: **FARRIS, TITINA M**
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DOB: 10/24/1962 Age: 52 years Sex:F
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PCP: SRDH,No PCP,Not given

Progress Notes

hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ɜFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
ᐟharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	37.0 (07/13 20:30) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.2** (07/14 08:00) Temperature PO
HR	**81** (07/14 06:00)	**115** (07/14 12:00)	**115** (07/14 12:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**20** (07/14 12:00)

Name: **FARRIS, TITINA M**
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DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**140/97** (07/14 12:00)
NIBP Mean	**61** (07/14 07:00)	**107** (07/13 20:30)	**104** (07/14 12:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**97** (07/14 12:00)
FIo2	**40** (07/14 11:00)	**40** (07/13 14:00)	**40** (07/14 11:00)
Vent Mode			**A/C** (07/14 11:00)
TV	**400** (07/14 11:00)	**400** (07/13 14:00)	**400** (07/14 11:00)

==========

, Last Documented Vital Signs

Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
38.2 (07/14 08:00)	**87** (07/14 10:00)	**19** (07/14 10:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
130 / 70 (07/14 10:00)	83 (07/14 10:00)	73.18 (07/01 12:47)	88.50 (07/14 03:00)	29.44 (07/03/15 16:29)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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Pt loc: SRM IMC; 0223; P

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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

POC Glucose

Admit 202.00 **(07/05 10:49)**
Current 209.00 **(07/14 11:21)**

Ventilation

SaO2	L/min	FiO2
95	4.0	40
(07/14 10:00)	(07/04 18:00)	(07/14 11:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C	0	400	5	0	243
(07/14 11:00)	(00:00)	(07/14 11:00)	(07/07 04:00)	(00:00)	(07/13 12:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18 /		
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

:

General: Moderate distress.
HENT: intubated
Neck: Supple, No jugular venous distention.
Respiratory: Lungs are clear to auscultation, Breath sounds are equal.
Cardiovascular: Regular rhythm, No murmur.
Gastrointestinal: mild rigid, distended., NO BS.
Extremities:
Upper Extremities: Edema (+1).
Lower Extremities: Edema (+1).

, Vital Signs Summary

07/14/2015 12:00	Oxygen Method	Ventilator
	SPO2	97 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	115 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	97 mm Hg
	NIBP Mean	104 mm Hg
	NIBP Systolic	140 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/14/2015 11:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O

1-0083

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	PIP (cm/H20)	28 cm H2O
	SPO2	97 %
	Tidal Volume Vent	400 mL
	FIO2 - pt care	40%
	Heart Rate	110 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	67 mm Hg
	NIBP Mean	84 mm Hg
	NIBP Systolic	142 mm Hg
	Resp Rate (Monitor)	**23 Breaths/Min H**
07/14/2015 10:00	Oxygen Method	Ventilator
	SPO2	95 %
	FIO2 - pt care	40%
	Heart Rate	87 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	70 mm Hg
	NIBP Mean	83 mm Hg
	NIBP Systolic	130 mm Hg
	Resp Rate (Monitor)	19 Breaths/Min
07/14/2015 09:00	Oxygen Method	Ventilator
	SPO2	94 %
	FIO2 - pt care	40%
	Heart Rate	90 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	70 mm Hg
	NIBP Mean	87 mm Hg
	NIBP Systolic	141 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/14/2015 08:00	Oxygen Method	Ventilator
	SPO2	94 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	89 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	82 mm Hg
	NIBP Mean	97 mm Hg
	NIBP Systolic	148 mm Hg
	Resp Rate (Monitor)	**22 Breaths/Min H**
	Temperature PO	**38.2 deg C H**
07/14/2015 07:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	31 cm H2O
	SPO2	94 %
	Tidal Volume Vent	400 mL
	FIO2 - pt care	40%

1-0084

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	Heart Rate	82 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	50 mm Hg
	NIBP Mean	61 mm Hg
	NIBP Systolic	103 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/14/2015 06:00	Oxygen Method	Ventilator
	SPO2	93 %
	FIO2 - pt care	40%
	Heart Rate	81 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	63 mm Hg
	NIBP Mean	76 mm Hg
	NIBP Systolic	121 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/14/2015 05:53	Heart Rate	89 bpm
	NIBP Diastolic	78 mm Hg
	NIBP Systolic	128 mm Hg
07/14/2015 05:02	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	26 cm H2O
	SPO2	95 %
	Tidal Volume Vent	400 mL
	Heart Rate	85 bpm
07/14/2015 05:00	Oxygen Method	Ventilator
	SPO2	95 %
	FIO2 - pt care	40%
	Heart Rate	85 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	60 mm Hg
	NIBP Mean	73 mm Hg
	NIBP Systolic	119 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/14/2015 04:00	Oxygen Method	Ventilator
	SPO2	95 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	82 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	69 mm Hg
	NIBP Mean	82 mm Hg
	NIBP Systolic	127 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
	Temperature PO	**38.6 deg C H**
07/14/2015 03:18	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	31 cm H2O

1-0085

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
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Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	SPO2	95 %
	Tidal Volume Vent	400 mL
	Heart Rate	82 bpm
07/14/2015 03:00	Oxygen Method	Ventilator
	SPO2	94 %
	FIO2 - pt care	40%
	Heart Rate	82 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	62 mm Hg
	NIBP Mean	74 mm Hg
	NIBP Systolic	118 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/14/2015 02:00	Oxygen Method	Ventilator
	SPO2	96 %
	FIO2 - pt care	40%
	Heart Rate	88 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	63 mm Hg
	NIBP Mean	77 mm Hg
	NIBP Systolic	124 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/14/2015 01:45	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	33 cm H2O
	SPO2	95 %
	Tidal Volume Vent	400 mL
	Heart Rate	88 bpm
07/14/2015 01:00	Oxygen Method	Ventilator
	SPO2	96 %
	FIO2 - pt care	40%
	Heart Rate	98 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	89 mm Hg
	NIBP Mean	105 mm Hg
	NIBP Systolic	152 mm Hg
	Resp Rate (Monitor)	**22 Breaths/Min H**
07/14/2015 00:00	Oxygen Method	Ventilator
	SPO2	95 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	94 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	80 mm Hg
	NIBP Mean	95 mm Hg
	NIBP Systolic	145 mm Hg
	Resp Rate (Monitor)	**25 Breaths/Min H**

1-0086

Dignity Health.

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Name: **FARRIS, TITINA M**
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Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	Temperature PO	**37.8 deg C H**
07/13/2015 23:00	Oxygen Method	Ventilator
	SPO2	95 %
	FIO2 - pt care	40%
	Heart Rate	85 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	66 mm Hg
	NIBP Mean	80 mm Hg
	NIBP Systolic	128 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 22:53	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	37 cm H2O
	SPO2	97 %
	Tidal Volume Vent	400 mL
	Heart Rate	95 bpm
07/13/2015 22:00	Oxygen Method	Ventilator
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	70 mm Hg
	NIBP Mean	89 mm Hg
	NIBP Systolic	155 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 21:24	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	42 cm H2O
	SPO2	98 %
	Tidal Volume Vent	400 mL
	Heart Rate	98 bpm
07/13/2015 21:00	Oxygen Method	Ventilator
	SPO2	100 %
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	63 mm Hg
	NIBP Mean	87 mm Hg
	NIBP Systolic	**162 mm Hg H**
	Resp Rate (Monitor)	19 Breaths/Min
07/13/2015 20:30	Oxygen Method	Ventilator
	SPO2	100 %
	FIO2 - pt care	40%
	Heart Rate	103 bpm
	NIBP Diastolic	84 mm Hg
	NIBP Mean	107 mm Hg
	NIBP Systolic	**170 mm Hg H**
	Resp Rate (Monitor)	**23 Breaths/Min H**
	Temperature PO	37 deg C
07/13/2015 20:00	Oxygen Method	Ventilator

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	SPO2	100 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	93 bpm
	Monitored Cardiac Rhythm	Sinus tachycardia
	NIBP Diastolic	70 mm Hg
	NIBP Systolic	149 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
	Temperature PO	**37.7 deg C H**
07/13/2015 19:47	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	31 cm H2O
	SPO2	99 %
	Tidal Volume Vent	400 mL
	Heart Rate	92 bpm
07/13/2015 19:00	Oxygen Method	Ventilator
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	74 mm Hg
	NIBP Systolic	152 mm Hg
	Resp Rate (Monitor)	**25 Breaths/Min H**
07/13/2015 18:30	SPO2	97 %
	Heart Rate	97 bpm
	NIBP Diastolic	68 mm Hg
	NIBP Systolic	150 mm Hg
	Resp Rate (Monitor)	19 Breaths/Min
	Temperature PO	**38.2 deg C H**
07/13/2015 18:15	SPO2	98 %
	Heart Rate	97 bpm
	Resp Rate (Monitor)	20 Breaths/Min
07/13/2015 18:00	Oxygen Method	Ventilator
	SPO2	97 %
	FIO2 - pt care	40%
	Heart Rate	101 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	70 mm Hg
	NIBP Mean	88 mm Hg
	NIBP Systolic	152 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/13/2015 17:45	SPO2	98 %
	Heart Rate	103 bpm
	Resp Rate (Monitor)	20 Breaths/Min
07/13/2015 17:30	SPO2	97 %
	Heart Rate	97 bpm
	Resp Rate (Monitor)	**22 Breaths/Min H**
07/13/2015 17:15	SPO2	98 %

1-0088

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	Heart Rate	105 bpm
	NIBP Diastolic	82 mm Hg
	NIBP Systolic	142 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
	Temperature PO	**38.2 deg C H**
07/13/2015 17:00	Oxygen Method	Ventilator
	SPO2	96 %
	FIO2 - pt care	40%
	Heart Rate	97 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	66 mm Hg
	NIBP Mean	83 mm Hg
	NIBP Systolic	141 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
	Temperature PO	**38.2 deg C H**
07/13/2015 16:00	Oxygen Method	Ventilator
	SPO2	97 %
	FIO2 - pt care	40%
	Heart Rate	86 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	67 mm Hg
	NIBP Mean	80 mm Hg
	NIBP Systolic	126 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
	Temperature PO	**38.2 deg C H**
07/13/2015 15:47	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	36 cm H2O
	SPO2	96 %
	Tidal Volume Vent	400 mL
	Heart Rate	86 bpm
07/13/2015 15:00	Oxygen Method	Ventilator
	SPO2	98 %
	FIO2 - pt care	40%
	Heart Rate	95 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	77 mm Hg
	NIBP Mean	93 mm Hg
	NIBP Systolic	151 mm Hg
	Resp Rate (Monitor)	20 Breaths/Min
07/13/2015 14:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	28 cm H2O
	SPO2	99 %
	Tidal Volume Vent	400 mL
	FIO2 - pt care	40%

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	Heart Rate	109 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	83 mm Hg
	NIBP Mean	102 mm Hg
	NIBP Systolic	**165 mm Hg H**
	Resp Rate (Monitor)	**22 Breaths/Min H**
07/13/2015 13:00	Oxygen Method	Ventilator
	SPO2	99 %
	FIO2 - pt care	40%
	Heart Rate	114 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	80 mm Hg
	NIBP Mean	97 mm Hg
	NIBP Systolic	152 mm Hg
	Resp Rate (Monitor)	**26 Breaths/Min H**
07/13/2015 12:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	14 cm H2O
	SPO2	96 %
	FIO2 - pt care	40%
	Heart Rate	92 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	60 mm Hg
	NIBP Mean	73 mm Hg
	NIBP Systolic	117 mm Hg
	Resp Rate (Monitor)	**26 Breaths/Min H**
	Temperature PO	**38.2 deg C H**
07/13/2015 11:00	Oxygen Method	Ventilator
	SPO2	96 %
	FIO2 - pt care	40%
	Heart Rate	88 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	62 mm Hg
	NIBP Mean	74 mm Hg
	NIBP Systolic	114 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 10:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	30 cm H2O
	SPO2	96 %
	Tidal Volume Vent	400 mL
	FIO2 - pt care	40%
	Heart Rate	92 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	63 mm Hg

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar, Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	NIBP Mean	75 mm Hg
	NIBP Systolic	116 mm Hg
	Resp Rate (Monitor)	**21 Breaths/Min H**
07/13/2015 09:00	Oxygen Method	Ventilator
	SPO2	97 %
	FIO2 - pt care	40%
	Heart Rate	95 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	64 mm Hg
	NIBP Mean	78 mm Hg
	NIBP Systolic	120 mm Hg
	Resp Rate (Monitor)	**22 Breaths/Min H**
07/13/2015 08:00	Oxygen Method	Ventilator
	SPO2	93 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	79 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	61 mm Hg
	NIBP Mean	72 mm Hg
	NIBP Systolic	113 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
	Temperature PO	36.8 deg C
07/13/2015 07:00	Oxygen Method	Ventilator
	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	29 cm H2O
	SPO2	97 %
	Tidal Volume Vent	400 mL
	FIO2 - pt care	40%
	Heart Rate	77 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	54 mm Hg
	NIBP Mean	66 mm Hg
	NIBP Systolic	104 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 06:00	Oxygen Method	Ventilator
	SPO2	97 %
	FIO2 - pt care	40%
	Heart Rate	80 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	54 mm Hg
	NIBP Mean	65 mm Hg
	NIBP Systolic	103 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 05:12	PEEP/CPAP	5 cm H2O

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	PIP (cm/H20)	29 cm H2O
	SPO2	98 %
	Tidal Volume Vent	400 mL
	Heart Rate	82 bpm
07/13/2015 05:00	Oxygen Method	Ventilator
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	53 mm Hg
	NIBP Mean	65 mm Hg
	NIBP Systolic	105 mm Hg
	Resp Rate (Monitor)	19 Breaths/Min
07/13/2015 04:00	Oxygen Method	Ventilator
	SPO2	96 %
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Heart Rate	82 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	57 mm Hg
	NIBP Mean	69 mm Hg
	NIBP Systolic	109 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
	Temperature PO	**37.7 deg C H**
07/13/2015 03:00	Oxygen Method	Ventilator
	SPO2	95 %
	FIO2 - pt care	40%
	Heart Rate	84 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	55 mm Hg
	NIBP Mean	67 mm Hg
	NIBP Systolic	108 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 02:29	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	32 cm H2O
	SPO2	95 %
	Tidal Volume Vent	400 mL
	Heart Rate	84 bpm
07/13/2015 02:00	Oxygen Method	Ventilator
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	62 mm Hg
	NIBP Mean	72 mm Hg
	NIBP Systolic	109 mm Hg
	Resp Rate (Monitor)	19 Breaths/Min
07/13/2015 01:00	Oxygen Method	Ventilator
	SPO2	97 %

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	FIO2 - pt care	40%
	Heart Rate	88 bpm
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	60 mm Hg
	NIBP Mean	69 mm Hg
	NIBP Systolic	102 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
07/13/2015 00:17	PEEP/CPAP	5 cm H2O
	PIP (cm/H20)	30 cm H2O
	SPO2	92 %
	Tidal Volume Vent	400 mL
	Heart Rate	84 bpm
07/13/2015 00:00	Oxygen Method	Ventilator
	Cardiac Rhythm	Regular
	FIO2 - pt care	40%
	Monitored Cardiac Rhythm	Normal sinus rhythm
	NIBP Diastolic	58 mm Hg
	NIBP Mean	73 mm Hg
	NIBP Systolic	120 mm Hg
	Resp Rate (Monitor)	18 Breaths/Min
	Temperature PO	**38.2 deg C H**

Objective

Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 893.56 **Ouput:** 275.00 **Balance:** 618.56

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	37.0 (07/13 20:30) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.2** (07/14 08:00) Temperature PO
HR	**81**	**115**	**115**

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	(07/14 06:00)	(07/14 12:00)	(07/14 12:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**20** (07/14 12:00)
NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**140/97** (07/14 12:00)
NIBP Mean	**61** (07/14 07:00)	**107** (07/13 20:30)	**104** (07/14 12:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**97** (07/14 12:00)
Flo2	**40** (07/14 11:00)	**40** (07/13 14:00)	**40** (07/14 11:00)
Vent Mode			**A/C** (07/14 11:00)
TV	**400** (07/14 11:00)	**400** (07/13 14:00)	**400** (07/14 11:00)

==========

, Last Documented Vital Signs
Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
38.2 (07/14 08:00)	**87** (07/14 10:00)	**19** (07/14 10:00)

Name: FARRIS, TITINA M
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar, Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
130 / 70	83	73.18	88.50	29.44
(07/14 10:00)	(07/14 10:00)	(07/01 12:47)	(07/14 03:00)	(07/03/15 16:29)

POC Glucose

Admit	**202.00**	**(07/05 10:49)**
Current	**209.00**	**(07/14 11:21)**

Ventilation

SaO2	L/min	FiO2
95	4.0	40
(07/14 10:00)	(07/04 18:00)	(07/14 11:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C	0	400	5	0	243
(07/14 11:00)	(00:00)	(07/14 11:00)	(07/07 04:00)	(00:00)	(07/13 12:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18 /		
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

Review / Management

Results Review: 24 hr Labs

Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

214	269	238	209
(07/13 16:00)	(07/14 00:17)	(07/14 08:41)	(07/14 11:21)

Hematology		Chemistry		Enzymes	
WBC	21.10	Na	152.00	Alkphos	65.00
Hgb	10.50	K	3.50	ALT	14.00
Hct	32.00	Cl	109.00		
Plt	498.00	CO2	33.00		
		Gluc	257.00		
		Bun	31.00		
		Cr	0.77		

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Ca 9.10

T Bili 0.90

Coagulation
PT 16.60 **INR** 1.28 **PTT** 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)

Microbiology Studies Recently Resulted
2482235373
Culture Blood
Last Update: 07/14/2015 00:02:03
Collected: 07/11/2015 14:29:00
Status: Prelim
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth to date at 49 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185
Culture Respiratory/Gram

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: **Light Growth Normal upper respiratory flora**

2459632593

MRSA Surveillance Screen
Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site:** **Specimen Desc:**

Culture Report: **No Methicillin Resistent Staph aureus isolated.**

Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date: 07/14/15 04:13
Verified By: HRISTIC, DJORDJE V, MD at 07/14/15 05:12

Report : XR Chest 1 View AP or PA
IMPRESSION: No change since July 12Report generated on workstation: SRSPACS020 07/14/15 05:12
++

Impression and Plan
Diagnosis
7/5
1. A FLUTTER/ A FIB WITH RVR
2. SEPSIS
3. VDRF
4. DM-2

1-0097

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

5. Laparoscopic reduction and repair of incarcerated incisional hernia
with mesh and colonorrphy times two due to Incarcerated incisional hernia.
6. HYPERGLYCEMIA
7. AKI

Cont cardiazem gtt, heparin per protocol.
q 2hr accuchecks.
Broad spectrum Abx PER ID, Nephro eval.
CONT CARE PER CCM, SURG & CONSULTANTS.

7/6
1. A FLUTTER/ A FIB WITH RVR, HR noted, cardiozem gtt wean as needed
2. SEPSIS - on abx, ID on c/s
3. VDRF
4. DM-2
5. Laparoscopic reduction and repair of incarcerated incisional hernia
with mesh and colonorrphy times two due to Incarcerated incisional hernia., surg on c/s

6. HYPERGLYCEMIA
7. AKI

7/7
1. A FLUTTER/ A FIB WITH RVR, HR noted
2. SEPSIS - on abx, ID on c/s
3. VDRF - on minimal settings, if no repeat surgery, likely extubate per ICU team
4. DM-2
5. Laparoscopic reduction and repair of incarcerated incisional hernia
with mesh and colonorrphy times two due to Incarcerated incisional hernia., surg on c/s

7/8
-HR noted
-on iv abx
-vdrf - settings ok for eventual extubation

7/9
-tachypnea, hold on extubation for now
-2nd surgical opinion noted, low threshold for re-operation
-iv abx.

7/10
-intubated
-repeat ct scan done, no extravasation of contrast, does have free air (from previous surgery) and also free fluid
-afib/flutter - hr noted
-sepsis - on abx, ID on c/s

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

7/11
-intubated
-no surgery likely
-hr noted
-c/w abx

7/12
-intubated
-no surgery likelly
-hr noted
-fever, cultured, results pending
DISPO extubate when not so tachypneic on sedation vacation

7/13
-intubated on minimal setting, but becomes tachycardic/chypneic w/ wean
-hr noted
-cx noted

7/14
-still intubated, c/s for trache in place
-tachycardic - cards on c/s
-fever, leukocytosis, likely for repeat ct scan in am.

Electronically Signed By:
Ali, Nauroz MD
On 07/14/15 13:28
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 11:02 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Zaidi,Syed MD (7/14/2015 11:03 PDT)
SIGN INFORMATION: Zaidi,Syed MD (7/14/2015 11:03 PDT)

hcpnv/cardiology

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Zaidi, Syed MD**

Basic Information
Date of Service:
07/14/2015 11:02.
Admission Information: **Admit Days =** 10, **Patient Type =** Inpatient

Impression and Plan
Diagnosis
Diagnosis
Sepsis (ICD9 038.9, Discharge, Medical).
Incarcerated incisional hernia (ICD9 552.21, Working, Medical).
Diabetes (ICD9 250.00, Discharge, Medical).
Atrial Flutter (ICD9 427.32, Discharge, Medical).
Abdominal pain (ICD9 789.00, Discharge, Medical).
Course: 1. A FLUTTER/ A FIB WITH RVR, NOW SR
2. SEPSIS - on abx, ID on c/s
3. VDRF - on minimal settings, if no repeat surgery, likely extubate per ICU team
4. Laparoscopic reduction and repair of incarcerated incisional hernia with mesh and colonorrphy times two due to Incarcerated incisional hernia., surg on c/s

Plan
tele stable sinus- sinus tachycardia when off sedation this am
overall stable from CV stnadpoint
will see PRN please call if needed

Review / Management
ECG interpretation
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar, Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Fingerstick Glucose (Last 4)

319	214	269	238
(07/13 12:00)	(07/13 16:00)	(07/14 00:17)	(07/14 08:41)

Hematology		Chemistry		Enzymes	
WBC	21.10	Na	152.00	Alkphos	65.00
Hgb	10.50	K	3.50	ALT	14.00
Hct	32.00	Cl	109.00		
Plt	498.00	CO2	33.00		
		Gluc	257.00		
		Bun	31.00		
		Cr	0.77		
		Ca	9.10		
		T Bili	0.90		

Coagulation
PT 16.60 INR 1.28 PTT 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)

Microbiology Studies Recently Resulted
2482235373
Culture Blood
Last Update: 07/14/2015 00:02:03
Collected: 07/11/2015 14:29:00
Status: Prelim
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth to date at 49 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Culture Report: No growth at 121 Hours

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185
Culture Respiratory/Gram
Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: Light Growth Normal upper respiratory flora

2459632593
MRSA Surveillance Screen
Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site:** **Specimen Desc:**

Culture Report: No Methicillin Resistent Staph aureus isolated.

Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date: 07/14/15 04:13
Verified By: HRISTIC, DJORDJE V, MD at 07/14/15 05:12

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar, Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Report : XR Chest 1 View AP or PA
IMPRESSION: No change since July 12Report generated on workstation: SRSPACS020 07/14/15 05:12
++

Result Date: 07/13/15 12:14
Verified By: Konchada, Ravishankar MD at 07/13/15 12:17

Report : XR Abdomen AP
IMPRESSION:No dilated loops of bowel. Contrast noted within the colon and rectum.Report generated on workstation: SRSPACS020 07/13/15 12:17
++

Health Status

Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 595.85 **Ouput:** 275.00 **Balance:** 320.85

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	37.0 (07/13 20:30) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.2** (07/14 08:00) Temperature PO
HR	**81** (07/14 06:00)	**114** (07/13 13:00)	**90** (07/14 09:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**20** (07/14 09:00)
NIBP	**103/50**	**170/84**	**141/70**

1-0103

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

	(07/14 07:00)	(07/13 20:30)	(07/14 09:00)
NIBP Mean	**61**	**107**	**87**
	(07/14 07:00)	(07/13 20:30)	(07/14 09:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93**	**100**	**94**
	(07/14 06:00)	(07/13 21:00)	(07/14 09:00)
Flo2	**40**	**40**	**40**
	(07/14 07:00)	(07/13 12:00)	(07/14 07:00)
Vent Mode			**A/C**
			(07/14 07:00)
TV	**243**	**400**	**400**
	(07/13 12:00)	(07/14 07:00)	(07/14 07:00)

==========

, Last Documented Vital Signs

Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
38.2	**89**	**22**
(07/14 08:00)	(07/14 08:00)	(07/14 08:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
148 / 82	97	73.18	88.50	29.44
(07/14 08:00)	(07/14 08:00)	(07/01 12:47)	(07/14 03:00)	(07/03/15 16:29)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

POC Glucose

Admit	**202.00**	**(07/05 10:49)**
Current	**238.00**	**(07/14 08:41)**

Ventilation

SaO2	L/min	FiO2
94	4.0	40
(07/14 08:00)	(07/04 18:00)	(07/14 07:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C	0	400	5	0	243
(07/14 07:00)	(00:00)	(07/14 07:00)	(07/07 04:00)	(00:00)	(07/13 12:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18	/	
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.

Current medications: Antibiotic Info

Ordered

ceFAZolin	2,000mg	IV	07/13/2015 18:30 - Active
linezolid	600mg	IV	07/13/2015 08:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51
fluconazole	200mg	IV	07/04/2015 19:00 - 07/14/15 09:41
meropenem	500mg	IV	07/04/2015 19:00 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/04/2015 16:30 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - 07/14/15 09:26
vancomycin	1,250mg	IV	07/07/2015 21:00 - 07/13/15 07:29
vancomycin	1,000mg	IV	07/04/2015 17:00 - 07/04/15 18:30
vancomycin	1,000mg	IV	07/05/2015 16:00 - 07/07/15 09:03

ompleted

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin		ADM	07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin		ADM	07/03/2015 12:56 - 07/03/15 12:56

Name: **FARRIS, TITINA M**
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Canceled

ceftazidime	1,000mg	IV	07/05/2015 22:00 - 07/05/15 14:55
rifampin	300mg	PO	07/05/2015 21:00 - 07/05/15 14:55

Voided

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - 07/04/15 16:06
vancomycin		IV	07/05/2015 15:00 - 07/05/15 15:01
vancomycin	1,825mg	IV	07/04/2015 15:50 - 07/04/15 16:10

Scheduled

cetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
micafungin + NS for Premix: 100 mg, 100 mL/hr, IV, q24hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours

PRN Meds

acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting

1-0106

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
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Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
idazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

Electronically Signed By:
Zaidi, Syed MD
On 07/14/15 11:03
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 09:34 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rebentish,Alka P MD (7/14/2015 09:39 PDT)
SIGN INFORMATION: Rebentish,Alka P MD (7/14/2015 09:39 PDT)

Progress Note: ID

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Rebentish, Alka P MD**

Basic Information
Date of Service:
07/14/2015 09:34.
Admission Information: **Admit Days =** 10, **Patient Type =** Inpatient

Impression and Plan
Diagnosis

Surgery on Case , Chart Reviewed , Dw Pharmacy
PT Non Verbal
Eyes open , NOT Tracking , Low grade Fever anD leucocytosis persists

52-year-old female, status post reduction of incarcerated incisional hernia, operative nick to the colon and repair, postoperative abdo. distention, sepsis, leukocytosis, and fever.
? fecal peritonitis

ASSESSMENT
Low grade fever
HAI risk
leucocytosis
anemia - s/p PRBC
RT PICC
TPN
Post op Ileus
Poor Glycemic Control
Risk FOR invasive fungal infection sec TPN ,lines, ABx Rx
ventral hernia
Chest XRay - Interstial infilterates , No Interval Change, portable . 7/14
anasarca

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

PLAN
Low grade fever ,UA on 7/13 NEG . Chest xray No interval change
on broad spectrum ABX .IV antifungals DC Diflucan and Add IV Micafungin
await Repeat Blood Blood CX on 7/11, NGT
Repeat Blood CX now
a. cont antibiotics intravenous meropenem 1 g q8 h. DC Vanco , Add IV zyvox
would cover gram negatives as well as enterococcus species.anerobes
b. DC Intravenous Flagyl
c. intravenous Micafungin mg once daily.

COURSEC
7/11 fever 39.1 to 39.4 no change in abdomen no feces yet
7/12 fever remains no pressor no feces micro pending from yesterday

Course: Worsening.
Pt Care Time: Total face to face time with patient 10 mins, Consultation/coordination of care time 15 mins, 0.
Course: Progressing as expected.

Subjective
Patient Complaint: unable.

Health Status
Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic information:: Known Infection intra-abdomainal,
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

Objective
General: No acute distress.
Gastrointestinal: distension ? BS . On TPN .
Neurologic: eyes open.

Review / Management

Dignity Health.

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

319	214	269	238
(07/13 12:00)	(07/13 16:00)	(07/14 00:17)	(07/14 08:41)

Hematology		Chemistry		Enzymes	
WBC	21.10	Na	152.00	Alkphos	65.00
Hgb	10.50	K	3.50	ALT	14.00
Hct	32.00	Cl	109.00		
Plt	498.00	CO2	33.00		
		Gluc	257.00		
		Bun	31.00		
		Cr	0.77		
		Ca	9.10		
		T Bili	0.90		

Coagulation
PT 16.60 INR 1.28 PTT 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)
, Lab results

07/14/2015 03:20

WBC	21.1 K/uL H
RBC	3.55 M/uL L
Hgb	10.5 gm/dL L
Hct	32.0 % L
Plt	498 K/uL H
MCV	90.1 fL
MCH	29.6 pg
MCHC	32.8 gm/dL
RDW	15.7 %
MPV	9.5 fL
Neut%	85.6 % H
Lymph%	8.4 % L
Mono%	4.2 %
Eos%	1.0 %
Baso%	0.8 %

1-0111

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
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Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

PT	**16.60 sec H**
INR	**1.28 ratio H**
PTT	34.5 sec
Sodium	**152 mmol/L H**
Potassium	3.5 mmol/L
Chloride	109 mmol/L
CO2	**33 mmol/L H**
Anion Gap	10 NA
Glucose Level	**257 mg/dL H**
BUN	**31 mg/dL H**
Creatinine	0.77 mg/dL
BUN/Cr Ratio	40.3 NA
eGFR Afr/Am	>60
eGFR NonAfr/Am	>60
Calcium	9.1 mg/dL
Phosphorus	3.6 mg/dL
Mg	2.0 mg/dL
Protein, Total	6.4 gm/dL
Albumin	**2.3 gm/dL L**
Globulin	4.1 NA
A/G Ratio	0.6 NA
Bili Total	0.9 mg/dL
ALT	14 Units/L
AST	24 Units/L
Alkphos	65 Units/L
Lactic Acid	1.35 mmol/L
B-Natriuretic Peptide	**246 pg/mL H**

Radiology Results
Radiologist's interpretation
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date: 07/14/15 04:13
Verified By: HRISTIC, DJORDJE V, MD at 07/14/15 05:12

Report : XR Chest 1 View AP or PA
IMPRESSION: No change since July 12Report generated on workstation: SRSPACS020 07/14/15 05:12
++

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Result Date: 07/13/15 12:14
Verified By: Konchada, Ravishankar MD at 07/13/15 12:17

Report : XR Abdomen AP
IMPRESSION:No dilated loops of bowel. Contrast noted within the colon and rectum.Report generated on workstation: SRSPACS020 07/13/15 12:17
++

Result Date: 07/12/15 09:44
Verified By: Tatineny, Kalyan MD at 07/12/15 09:51

Report : XR Abdomen AP+Decub +or Erect
Impression: Findings are likely compatible with ileus. No obstruction or free air on these radiographs.Report generated on workstation: SRMPACS052 07/12/15 09:51
++

Result Date: 07/12/15 04:51
Verified By: DHINDSA, AMAN MD at 07/12/15 05:22

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/12/15 05:22
++

Result Date: 07/11/15 04:43
Verified By: DHINDSA, AMAN MD at 07/11/15 04:52

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/11/15 04:52
++

Result Date: 07/10/15 05:09
Verified By: DHINDSA, AMAN MD at 07/10/15 05:49

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to 7/8/2015 examination.Report generated on workstation: SRSPACS021 07/10/15 05:49
++

Result Date: 07/09/15 18:46
Verified By: Treinen, Matthew DO at 07/09/15 19:06

Name: **FARRIS, TITINA M**
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PCP: SRDH,No PCP,Not given

Progress Notes

Report : CT Abdomen+Pelvis w IV Con
IMPRESSION:1.Small amount of abdominal ascites.2. There is a right supraumbilical parasagittal ventral hernia. Hernia sac contains fluid and free air. Component of free air has decreased.3. There is no extravasation of oral contrast from the bowel.4. Small right and trace left pleural effusions with bibasilar atelectasis.5. Anasarca.Report generated on workstation: SRSPACS021 07/09/15 19:06
++

Result Date: 07/09/15 06:45
Verified By: DHINDSA, AMAN MD at 07/09/15 06:56

Report : XR Abdomen AP+Decub +or Erect
IMPRESSION: Nonspecific bowel gas pattern. No free air. No bowel distention.Report generated on workstation: SRSPACS021 07/09/15 06:56
++

Result Date: 07/08/15 21:13
Verified By: HRISTIC, DJORDJE V, MD at 07/08/15 21:18

Report : XR Chest 1 View AP or PA
IMPRESSION: No change since the previous exam. Satisfactory position of ET tubeReport generated on workstation: SRSPACS019 07/08/15 21:18
++

Result Date: 07/08/15 04:02
Verified By: DHINDSA, AMAN MD at 07/08/15 04:14

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/08/15 04:14
++

Result Date: 07/07/15 03:41
Verified By: DHINDSA, AMAN MD at 07/07/15 03:49

Report : XR Chest 1 View AP or PA
IMPRESSION: No significant interval change in comparison to yesterday's examination.Report generated on workstation: SRSPACS021 07/07/15 03:49
++

Result Date: 07/06/15 04:42
Verified By: HRISTIC, DJORDJE V, MD at 07/06/15 06:08

Report : XR Chest 1 View AP or PA

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PCP: SRDH,No PCP,Not given

Progress Notes

IMPRESSION: Increasing right suprahilar opacityReport generated on workstation: SRSPACS020 07/06/15 06:08
++

Result Date: 07/05/15 10:17
Verified By: Gebhard, Thomas MD at 07/05/15 10:59

Report : CT Angio Chest w Con + CT Abd+Pelv w Con
IMPRESSION:1. No central pulmonary embolism. Respiratory motion limits evaluation of the segmental and subsegmental vessels.2. Small right pleural effusion. Bilateral areas of consolidation in the lungs bilaterally likely representing atelectasis. Pneumonia is not excluded.3. Recent repair of incisional hernia. A small hernia remains over the anterior abdomen contains free air and free fluid.4. Small amount of free fluid in the abdomen with no drainable fluid collection identified.Report generated on workstation: SRMPACS052 07/05/15 10:59
++

Result Date: 07/04/15 21:28
Verified By: HRISTIC, DJORDJE V, MD at 07/04/15 21:32

Report : XR Chest 1 View AP or PA
IMPRESSION: Satisfactory placement of ET tubeReport generated on workstation: SRSPACS020 07/04/15 21:32
++

Result Date: 07/04/15 20:35
Verified By: Tatineny, Kalyan MD at 07/04/15 20:39

Report : XR Chest 1 View AP or PA
Impression: Stable scattered areas of atelectasis within the bilateral lungs. No new intrathoracic process. Recommend clinical correlation to exclude infection.Report generated on workstation: SRSPACS019 07/04/15 20:39
++

Result Date: 07/04/15 19:07
Verified By: Tatineny, Kalyan MD at 07/04/15 19:17

Report : IR PICC/Midline Ins Bedside Rad Tech
IMPRESSION: Successful bedside PICC placement. PICC is ready for use.Report generated on workstation: SRSPACS019 07/04/15 19:17
++

Result Date: 07/04/15 17:36
Verified By: Gebhard, Thomas MD at 07/04/15 17:43

Report : US Extrem Venous Duplex Bilat
IMPRESSION: No evidence of deep venous thrombosis in bilateral lower extremities.Report generated on workstation: SRMPACS052 07/04/15 17:43

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

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Progress Notes

++

Result Date: 07/04/15 16:19
Verified By: Gebhard, Thomas MD at 07/04/15 16:23

Report : XR Abdomen AP
IMPRESSION:1. Tip and side-port of NG tube project in the expected region of the stomach.Report generated on workstation: SRMPACS052 07/04/15 16:23
++

Result Date: 07/04/15 16:18
Verified By: Tatineny, Kalyan MD at 07/04/15 16:22

Report : XR Chest 1 View AP or PA
Impression: Scattered areas of atelectasis within the bilateral lungs, otherwise no intrathoracic process.Report generated on workstation: SRSPACS019 07/04/15 16:22
++

Condition: Guarded.

Electronically Signed By:
Rebentish, Alka P MD
On 07/14/15 09:39
Co Signature By:
Modified Signature By:

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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 08:41 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Mooney,Kenneth J MD (7/14/2015 08:50 PDT)
SIGN INFORMATION: Mooney,Kenneth J MD (7/14/2015 08:50 PDT)

WCCA Critical Care Progress Note

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Mooney, Kenneth J MD**

Basic Information
Date of Service:
07/14/2015 08:42.
Admission Information: **Admit Days =** 10, **Patient Type =** Inpatient

Impression and Plan
Diagnosis

-VDRF-7/4-remains tachypneic on vent sec to fluid xs, sepsis, abd dist. 7/14-trach
-7/3-Incarcerated incisional hernia repair, comp by adherent colon to mesh with tear in colon, s/p repair
-Ant abd wall air/fluid level at site of operation, no bowel clearly in pocket
-CT abd/pelvis with oral, rectal and IV contrast 7/9 without evidence of leak. 7/12-Abd XR-ileus. 7/13-Abd XR-no dilated loops of bowel, contrtast in colon & rectum.
-Biabasilar atel, infilt
-Fluid overload/anasarca-slow improvement-BUN higher 7/11, 7/12-Good diuresis 7/11
-small amount of ascites
-Sepsis, WBC remains high, higher 7/10-no change, Lactate now NL-recurrent fever 7/11
-A fib/flutter/SVT-intermittent on metoprolol
-HTN-not well controlled
-h/o anxiety
-Anemia stable after tx 7/8
-DM2
-HyperK, AKI-improved
-Hyperlipid
-Neuropathy
-Obesity
-7/4-BLE Dopplers-no DVT, no PE
-HyperNa
-Leukocytosis

AC 18/18/40%/400/+5 PIP 29

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Progress Notes

Plan

-Wean FIO2, cont SAT/SBT daily-7/11-high RR>40, HR to 140 on CPAP. Fails wean trials.
-control HR and BP with metoprolol, hydralizine, cardene
-I/O neg. Renal.
-TPN
-BD
-hold enteral feeds until she has BS
-GS to review, consider re-exploration-no plans at present. No PEG, due to hernia/colon surgery . Consider repeat CT abd if not improving. Surg following
-Protonix
-SQ hep
-Cont ABX-Zyvox, Fluconazole, Merrem, Flagyl, cefazolin. ID.
-Insulin, SSI
-PRBC Tx PRN
-CTS-consulted for trach
-Daily Fam conf. Husband aware of guarded prognosis & need for trach.
-

-IM-Akbar/ N Ali
-Surg-Rives
-Card-S Zaidi.
Renal-Gupta
ID-Shaikh/Rebentish
-CTS-Osman.

Course:

ICU DAILY EVENTS AND SUMMARY:

52 yo F admitted 7/3--VDRF-7/4,-7/3-Incarcerated incisional hernia repair, SVT

7/5-VDRF D2. wean trial after CTs. Hep gtt, dilt, fent, prop gtt.

7/6-VDRF D3, High PIP, TV too high, ant abd wall air fluid collection. No PE, No DVT, Sinus tach.

7/7-VDRF D4, sedated on vent, no BS. Disc with husband. Got consent for PRBC tx

7/8-VDRF D5, awake on vent, tachypneic, very edemetous.

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Progress Notes

7/9-VDRF D6, POD 7, BP and HR better, lower PIP-38, some diuresis, no change WBC, Cr stable. Rev with husband at bedside, AC 18/60%/+5/400, 100% sat, PIP 35

7/10-resp status better, BP not controlled, CT reviewed. will meet with family and disc with GS.

7/11-no issues overnight. BP OK, sedated, CXR unchanged. No plans for op.

7/12-had fever yest, recultured, CXR better
7/13-VDRF D10. Wean trial. DW husband-Patrick-702-782-9954-aware of need for trach. DW Dr Rives-CTS for trach in few days. TPN. Ocular lubricant. PRBC.
-Family conf-husband, RN. He wants to call CTS for trach 1-2 days.
-DW Dr Rives-OK to consult CTS for trach now. Husband wants to consult CTS for trach now.
7/14-VDRF D11. Trach today. DW Dr Rives-OK for trach. ? CT abd tomorrow. DW pt-Follows some commands. fent, precedex gtt. .

Pt Care Time:
CC TIME= .
Education and Follow-up: Counseled: Patient, Family, Diagnosis, Treatment, Medications.

Subjective
Patient States there is no change.

Review of Systems
Unable to obtain: Due to clinical condition.

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 398.14 **Ouput:** 275.00 **Balance:** 123.14

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
urrent medications: Antibiotic Info
Ordered

ceFAZolin	2,000mg	IV	07/13/2015 18:30 - Active

1-0119

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Progress Notes

fluconazole	200mg	IV	07/04/2015 19:00 - Active
linezolid	600mg	IV	07/13/2015 08:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51
meropenem	500mg	IV	07/04/2015 19:00 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/04/2015 16:30 - 07/05/15 14:53
vancomycin	1,250mg	IV	07/07/2015 21:00 - 07/13/15 07:29
vancomycin	1,000mg	IV	07/04/2015 17:00 - 07/04/15 18:30
vancomycin	1,000mg	IV	07/05/2015 16:00 - 07/07/15 09:03

ompleted

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin	ADM		07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin	ADM		07/03/2015 12:56 - 07/03/15 12:56

Canceled

ceftazidime	1,000mg	IV	07/05/2015 22:00 - 07/05/15 14:55
rifampin	300mg	PO	07/05/2015 21:00 - 07/05/15 14:55

Voided

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - 07/04/15 16:06
vancomycin		IV	07/05/2015 15:00 - 07/05/15 15:01
vancomycin	1,825mg	IV	07/04/2015 15:50 - 07/04/15 16:10

. , Antibiotic information:: Suspected Infection (abscess, peritonitis), Known Infection,
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
valbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
nezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)

1-0120

Name: **FARRIS, TITINA M**
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Progress Notes

pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.8 (07/13 08:00)	38.6 (07/14 04:00)	38.6 (07/14 04:00)

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Progress Notes

	Temperature PO	Temperature PO	Temperature PO
HR	**79** (07/13 08:00)	**114** (07/13 13:00)	**82** (07/14 07:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**18** (07/14 07:00)
NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**103/50** (07/14 07:00)
NIBP Mean	**61** (07/14 07:00)	**107** (07/13 20:30)	**61** (07/14 07:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**94** (07/14 07:00)
Flo2	**40** (07/14 07:00)	**40** (07/13 10:00)	**40** (07/14 07:00)
Vent Mode			**A/C** (07/14 07:00)
TV	**243** (07/13 12:00)	**400** (07/14 07:00)	**400** (07/14 07:00)

==========

, Last Documented Vital Signs
Vital Signs (Most Recent)

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

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Progress Notes

Temperature PO	Heart Rate	Resp Rate
38.6 (07/14 04:00)	82 (07/14 07:00)	18 (07/14 07:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
103 / 50 (07/14 07:00)	61 (07/14 07:00)	73.18 (07/01 12:47)	88.50 (07/14 03:00)	29.44 (07/03/15 16:29)

POC Glucose

Admit **202.00** **(07/05 10:49)**
Current **238.00** **(07/14 08:41)**

Ventilation

SaO2	L/min	FiO2
94 (07/14 07:00)	4.0 (07/04 18:00)	40 (07/14 07:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C (07/14 07:00)	0 (00:00)	400 (07/14 07:00)	5 (07/07 04:00)	0 (00:00)	243 (07/13 12:00)

Hemodynamics

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0 (00:00)	0 (00:00)	18 (07/11 00:00)	/ (00:00)	(00:00)

Objective

Neck: Supple.
Respiratory: Lungs are clear to auscultation, Respirations are non-labored, Breath sounds are equal, Symmetrical chest wall expansion.
Cardiovascular: Regular rhythm.
Gastrointestinal: distended.
Extremities: Lower Extremities: Bilateral, Edema (+3).
Neurologic: Alert.
Psychiatric: Cooperative.

Review / Management

Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

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Progress Notes

Fingerstick Glucose (Last 4)

319	214	269	238
(07/13 12:00)	(07/13 16:00)	(07/14 00:17)	(07/14 08:41)

Hematology		Chemistry		Enzymes	
WBC	21.10	Na	152.00	Alkphos	65.00
Hgb	10.50	K	3.50	ALT	14.00
Hct	32.00	Cl	109.00		
Plt	498.00	CO2	33.00		
		Gluc	257.00		
		Bun	31.00		
		Cr	0.77		
		Ca	9.10		
		T Bili	0.90		

Coagulation
PT 16.60 INR 1.28 PTT 34.50

Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)

Microbiology Studies Recently Resulted

2482235373
Culture Blood
Last Update: 07/14/2015 00:02:03
Collected: 07/11/2015 14:29:00
Status: Prelim
Source: Blood Body Site: Specimen Desc:

Culture Report: No growth to date at 49 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood Body Site: Specimen Desc:

Culture Report: No growth at 121 Hours

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185
Culture Respiratory/Gram
Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: Light Growth Normal upper respiratory flora

2459632593
MRSA Surveillance Screen
Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site:** **Specimen Desc:**

Culture Report: No Methicillin Resistent Staph aureus isolated.

Radiology Results
Radiologist's interpretation 24hrs
Name: FARRIS, TITINA M
Account: 34342485
MRN: 10016420
DOB: 10/24/1962

==========

Result Date: 07/14/15 04:13
Verified By: HRISTIC, DJORDJE V, MD at 07/14/15 05:12

Report : XR Chest 1 View AP or PA

Dignity Health.

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

IMPRESSION: No change since July 12Report generated on workstation: SRSPACS020 07/14/15 05:12
++

Result Date: 07/13/15 12:14
Verified By: Konchada, Ravishankar MD at 07/13/15 12:17

Report : XR Abdomen AP
IMPRESSION:No dilated loops of bowel. Contrast noted within the colon and rectum.Report generated on workstation: SRSPACS020 07/13/15 12:17
++

, CXR images reviewed-

7/5-sm LUL opac/atx
7/6-low lung vol, prob basilar atel
7/7-no change
7/8-no change
7/9-KUB NSBGP, CXR mild edema and elev R HD, small R effusion
7/12-dec edema
7/14-mild edema
Diagnostic Findings: Echo-
7/4-EF 70, NL LV and valves.
Cardiac monitor: Reveals a Normal sinus rhythm.
Lines and Tubes: Central venous catheter: Right, Peripherally inserted central catheter.
Nutrition and Elimination: NPO.
Restraint Information: Restraint order renewed.
Clinical justfication for restraint:: Attempting to remove lines, tubes, equipment and/or dressings.
Type of restraint: Soft wrist.
Documentation reviewed: Flowsheet.
Case discussed with: Nurse, Patient, Consultant (Surgery, CTS).
Condition: Critical, bedside evaluation.

Electronically Signed By:
Mooney, Kenneth J MD
On 07/14/15 08:50
Co Signature By:
Modified Signature By:

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex: F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 08:37 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rives,Barry MD (7/14/2015 08:43 PDT)
SIGN INFORMATION: Rives,Barry MD (7/14/2015 08:43 PDT)

Medical/Surgical Short Progress Note

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Rives, Barry MD**

Basic Information
Date of Service
Admission Information: **Admit Days =** 10, Post Operative Day 11, **Patient Type =** Inpatient

Subjective
Patient Complaint: sedation mostly off pt responding nodding her head. Patient States.

Provider Communication
Nurse Report:: no other acute issues trach planned for today pt with no response from fleets.

Objective
VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.8 (07/13 08:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO
HR	**79** (07/13 08:00)	**114** (07/13 13:00)	**82** (07/14 07:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**18** (07/14 07:00)
NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**103/50** (07/14 07:00)
NIBP Mean	**61** (07/14 07:00)	**107** (07/13 20:30)	**61** (07/14 07:00)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**94** (07/14 07:00)
Flo2	**40** (07/14 07:00)	**40** (07/13 10:00)	**40** (07/14 07:00)
Vent Mode			**A/C** (07/14 07:00)
TV	**243** (07/13 12:00)	**400** (07/14 07:00)	**400** (07/14 07:00)

==========

Intake and Output
Physical Exam Findings: abdomen: more firm than yesterday still anasarca hernia sac more pressure still no discharge from incisions BS hypoactive.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

319 (07/13 11:16)	**319** (07/13 12:00)	**214** (07/13 16:00)	**269** (07/14 00:17)

Hematology Chemistry Enzymes

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
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DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

WBC 21.10 **Na** 152.00 **Alkphos** 65.00
Hgb 10.50 **K** 3.50 **ALT** 14.00
Hct 32.00 **Cl** 109.00
Plt 498.00 **CO2** 33.00
Gluc 257.00
Bun 31.00
Cr 0.77
Ca 9.10

T Bili 0.90

Coagulation
PT 16.60 **INR** 1.28 **PTT** 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)

Radiology Results

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 379.14 **Ouput:** 275.00 **Balance:** 104.14

Current medications:
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
sulin LISPRO: 0-16 units, Subcut, q4hr
opamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
valbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

Impression and Plan
Diagnosis

1-0130

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
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Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Incarcerated incisional hernia (ICD9 552.21, Working, Medical).

Plan

pt with new run of fevers and WBC has trended back up and abdominal exam has gotten a bit worse in terms of being firm also no response to fleets and no bowel activity, will await trach today and likely get repeat CT scan of the abdomen tomorrow looking for any increas in free fluid/abscess or development of boel obstruction or free air. Discussed with ICU team.

Electronically Signed By:
Rives, Barry MD
On 07/14/15 08:43
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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Admit Date: 7/5/2015
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Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 08:37 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rives,Barry MD (7/14/2015 08:43 PDT)
SIGN INFORMATION: Rives,Barry MD (7/14/2015 08:43 PDT)

Medical/Surgical Short Progress Note

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Rives, Barry MD**

Basic Information
Date of Service
Admission Information: **Admit Days =** 10, Post Operative Day 11, **Patient Type =** Inpatient

Subjective
Patient Complaint: sedation mostly off pt responding nodding her head. Patient States.

Provider Communication
Nurse Report:: no other acute issues trach planned for today pt with no response from fleets.

Objective
VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.8 (07/13 08:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO
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NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**103/50** (07/14 07:00)
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Progress Notes

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last
SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**94** (07/14 07:00)
FIo2	**40** (07/14 07:00)	**40** (07/13 10:00)	**40** (07/14 07:00)
Vent Mode			**A/C** (07/14 07:00)
TV	**243** (07/13 12:00)	**400** (07/14 07:00)	**400** (07/14 07:00)

==========

Intake and Output
Physical Exam Findings: abdomen: more firm than yesterday still anasarca hernia sac more pressure still no discharge from incisions BS hypoactive.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

319 (07/13 11:16)	**319** (07/13 12:00)	**214** (07/13 16:00)	**269** (07/14 00:17)

Hematology Chemistry Enzymes

1-0133

Name: **FARRIS, TITINA M**
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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

WBC 21.10 **Na** 152.00 **Alkphos** 65.00
Hgb 10.50 **K** 3.50 **ALT** 14.00
Hct 32.00 **Cl** 109.00
Plt 498.00 **CO2** 33.00
Gluc 257.00
Bun 31.00
Cr 0.77
Ca 9.10

T Bili 0.90

Coagulation
PT 16.60 **INR** 1.28 **PTT** 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion
Anion Gap 10.00 (07/14 03:20)

Radiology Results

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 379.14 **Ouput:** 275.00 **Balance:** 104.14

Current medications:
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
sulin LISPRO: 0-16 units, Subcut, q4hr
opamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
valbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
NaCl 0.45%: 50 mL/hr, IV, Stop: 08/13/15 8:24:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

Impression and Plan
Diagnosis

St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
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Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Incarcerated incisional hernia (ICD9 552.21, Working, Medical).

Plan

pt with new run of fevers and WBC has trended back up and abdominal exam has gotten a bit worse in terms of being firm also no response to fleets and no bowel activity, will await trach today and likely get repeat CT scan of the abdomen tomorrow looking for any increas in free fluid/abscess or development of boel obstruction or free air. Discussed with ICU team.

Electronically Signed By:
Rives, Barry MD
On 07/14/15 08:43
Co Signature By:
Modified Signature By:

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/14/2015 07:15 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Gupta,Arvin MD (7/14/2015 08:25 PDT)
SIGN INFORMATION: Gupta,Arvin MD (7/14/2015 08:25 PDT)

Progress Note: Renal

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Gupta, Arvin MD**

Basic Information
Date of Service:
07/14/2015 07:15.
Admission Information: **Admit Days =** 10. **Patient Type =** Inpatient

Impression and Plan
Diagnosis
AKI/ATN with improved RF
Lactic acidosis
Anemia
s/p hernia repair now on TPN
Resp failure
Anemia
elevated CPK improved
Hypernatremia.
Course: Progressing as expected.
Plan
-Cr stable, AKI resolved post surgery
-pt remains on TPN, no Na in TPN
-Na remains high, BG have been difficult to control, Na high 2nd to diuresis and free H2O defecit. As pt is having trach, will reduce lasix for now, can give back small amounts of 1/2 NS. Avoiding D5W for now 2nd to high BG
-Hg stable
-KCL replacment
-will follow.

Subjective
Patient Complaint: Pt on vent.

Review of Systems
Unable to obtain: Due to clinical condition.

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
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Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2782.32 **Ouput:** 3940.00 **Balance:** -1157.68

Today: **Intake:** 379.14 **Ouput:** 275.00 **Balance:** 104.14

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic Info
Ordered

ceFAZolin	2,000mg	IV	07/13/2015 18:30 - Active
fluconazole	200mg	IV	07/04/2015 19:00 - Active
linezolid	600mg	IV	07/13/2015 08:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51
meropenem	500mg	IV	07/04/2015 19:00 - 07/05/15 14:53
metroNIDAZOLE	500mg	IV	07/04/2015 16:30 - 07/05/15 14:53
vancomycin	1,250mg	IV	07/07/2015 21:00 - 07/13/15 07:29
vancomycin	1,000mg	IV	07/04/2015 17:00 - 07/04/15 18:30
vancomycin	1,000mg	IV	07/05/2015 16:00 - 07/07/15 09:03

Completed

ceFAZolin	1,000mg	IV	07/03/2015 09:30 - 07/03/15 12:58
ceFAZolin		ADM	07/03/2015 09:32 - 07/03/15 09:32
ceFAZolin		ADM	07/03/2015 12:56 - 07/03/15 12:56

Canceled

ftazidime	1,000mg	IV	07/05/2015 22:00 - 07/05/15 14:55
ifampin	300mg	PO	07/05/2015 21:00 - 07/05/15 14:55

Voided

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Progress Notes

piperacillin-tazobactam	4.5gm	IV	07/04/2015 15:50 - 07/04/15 16:06
vancomycin		IV	07/05/2015 15:00 - 07/05/15 15:01
vancomycin	1,825mg	IV	07/04/2015 15:50 - 07/04/15 16:10

Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
furosemide 20mg/2mL Inj: 40 mg, IV, every 8 hours
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM
nsulin LISPRO: 0-16 units, Subcut, q4hr
pamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL Inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
glucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
odium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
odium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
ceFAZolin + NaCl 0.9%: 2,000 mg, 100 mL/hr, IV, oncall
Pharmacy Communication: 1 Each, N/A, oncall

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PCP: SRDH,No PCP,Not given

Progress Notes

Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
dextrose 5% in water: 100 mL/hr, IV, Stop: 08/12/15 18:32:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.8 (07/13 08:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO	**38.6** (07/14 04:00) Temperature PO
HR	**79** (07/13 08:00)	**114** (07/13 13:00)	**82** (07/14 07:00)
RR	**18** (07/14 07:00)	**26** (07/13 13:00)	**18** (07/14 07:00)
NIBP	**103/50** (07/14 07:00)	**170/84** (07/13 20:30)	**103/50** (07/14 07:00)
NIBP Mean	**61** (07/14 07:00)	**107** (07/13 20:30)	**61** (07/14 07:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**88.50**	**(07/14 03:00)**
Previous	**91.20**	**(07/12 05:00)**
Gain/Loss	**-2.70**	

Ventilation	Low	High	Last

1-0140

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PCP: SRDH,No PCP,Not given

Progress Notes

SaO2	**93** (07/14 06:00)	**100** (07/13 21:00)	**94** (07/14 07:00)
Flo2	**40** (07/14 07:00)	**40** (07/13 10:00)	**40** (07/14 07:00)
Vent Mode			**A/C** (07/14 07:00)
TV	**243** (07/13 12:00)	**400** (07/14 07:00)	**400** (07/14 07:00)

==========

, Last Documented Vital Signs

Vital Signs (Most Recent)

Temperature PO	Heart Rate	Resp Rate
38.6 (07/14 04:00)	**82** (07/14 07:00)	**18** (07/14 07:00)

Non Invasive BP	NIBP Mean	AdmitWeight	CurrentWeight	BMI
103 / 50 (07/14 07:00)	61 (07/14 07:00)	73.18 (07/01 12:47)	88.50 (07/14 03:00)	29.44 (07/03/15 16:29)

POC Glucose

Admit	**202.00**	**(07/05 10:49)**
Current	**269.00**	**(07/14 00:17)**

Ventilation

SaO2	L/min	FiO2
94 (07/14 07:00)	**4.0** (07/04 18:00)	**40** (07/14 07:00)

Vent Mode	Rate	TidalVolSet/Target	PEEP	PressureSupport	SpontVol
A/C (07/14 07:00)	**0** (00:00)	**400** (07/14 07:00)	**5** (07/07 04:00)	**0** (00:00)	**243** (07/13 12:00)

Hemodynamics

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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Cardiac Output	Cardiac Index	CVP	PAP	PapMean
0	0	18 /		
(00:00)	(00:00)	(07/11 00:00)	(00:00)	(00:00)

Objective

General: No acute distress.
HENT: Normocephalic.
Neck: Supple, No jugular venous distention.
Respiratory: Respirations are non-labored, Breath sounds are equal, reduced BS at the bases.
Cardiovascular: Normal rate, Regular rhythm, Non-displaced PMI.
Gastrointestinal: Soft, abdomen distention, Hypoactive BS.
Extremities:
Upper Extremities: Edema (Trace).
Lower Extremities: Edema (Trace).

Review / Management

Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

319	319	214	269
(07/13 11:16)	(07/13 12:00)	(07/13 16:00)	(07/14 00:17)

Hematology		Chemistry		Enzymes	
WBC	21.10	Na	152.00	Alkphos	65.00
Hgb	10.50	K	3.50	ALT	14.00
Hct	32.00	Cl	109.00		
Plt	498.00	CO2	33.00		
		Gluc	257.00		
		Bun	31.00		
		Cr	0.77		
		Ca	9.10		
		T Bili	0.90		

Coagulation
PT 16.60 INR 1.28 PTT 34.50
Proteins
Alb 2.30 (07/14 03:20)

Anion

Name: **FARRIS, TITINA M**
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Anion Gap 10.00 (07/14 03:20)

Microbiology Studies Recently Resulted

2482235373
Culture Blood
Last Update: 07/14/2015 00:02:03
Collected: 07/11/2015 14:29:00
Status: Prelim
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth to date at 49 Hours

2459172169
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459172201
Culture Blood
Last Update: 07/10/2015 00:01:50
Collected: 07/04/2015 16:19:00
Status: Final
Source: Blood **Body Site:** **Specimen Desc:**

Culture Report: No growth at 121 Hours

2459733185
Culture Respiratory/Gram
Last Update: 07/07/2015 09:15:53
Collected: 07/05/2015 01:00:00
Status: Final
Source: Sputum **Body Site:** **Specimen Desc:**

Gram Stain: greater than 25 WBC's/LPF Less than 10 EPI's/LPF Few Gram Positive Cocci in clusters
Culture Report: Light Growth Normal upper respiratory flora

2459632593
MRSA Surveillance Screen

Dignity Health.

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PCP: SRDH,No PCP,Not given

Progress Notes

Last Update: 07/06/2015 13:46:06
Collected: 07/04/2015 22:00:00
Status: Final
Source: Nares Admit **Body Site:** **Specimen Desc:**

Culture Report: No Methicillin Resistent Staph aureus isolated.

Documentation reviewed: Case discussed with: Nurse.

Electronically Signed By:
Gupta, Arvin MD
On 07/14/15 08:25
No Signature By:
Modified Signature By:

1-0144

St Rose Dominican Hospital-San Martin Campus
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Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/13/2015 13:11 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rives,Barry MD (7/13/2015 13:15 PDT)
SIGN INFORMATION: Rives,Barry MD (7/13/2015 13:15 PDT)

Medical/Surgical Short Progress Note

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Rives, Barry MD**

Basic Information
Date of Service
Admission Information: **Admit Days =** 9, Post Operative Day 10, **Patient Type =** Inpatient

Subjective
Patient Complaint: pt intubated sedation off. Patient States.

Provider Communication
Nurse Report:: CPAP for only 4 min before tachypnea and agitation, no bowel activity, NGT 300 last 12 hrs no other acute issues.

Objective
VS/Measurements
24 hr vital signs
(All documented values resulted over the prior 24 hours)

	Low	High	Last
	36.8 (07/13 08:00) Temperature PO	**38.2** (07/13 00:00) Temperature PO	**36.8** (07/13 08:00) Temperature PO
HR	**77** (07/13 07:00)	**95** (07/13 09:00)	**92** (07/13 12:00)
RR	**18** (07/13 08:00)	**30** (07/12 15:00)	**21** (07/13 10:00)
NIBP	**102/60** (07/13 01:00)	**148/70** (07/12 14:00)	**116/63** (07/13 10:00)
NIBP Mean	**65**	**87**	**75**

1-0145

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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

(07/13 06:00) (07/12 14:00) (07/13 10:00)

Weight (kg)

Admit	**73.18**	**(07/01 12:47)**
Current	**91.20**	**(07/12 05:00)**
Previous	**90.10**	**(07/07 03:00)**
Gain/Loss	**1.10**	

Ventilation	Low	High	Last
SaO2	**92** (07/13 00:17)	**98** (07/13 05:12)	**96** (07/13 12:00)
Flo2	**40** (07/13 12:00)	**40** (07/12 12:55)	**40** (07/13 12:00)
Vent Mode		**A/C, CP** (07/13 12:00)	
TV	**243** (07/13 12:00)	**400** (07/12 12:55)	**243** (07/13 12:00)

==========

Intake and Output
Physical Exam Findings: abdomen: softer less anasarca BS hypoactive
seroma decreasing
incisions: C/D/I no s/s of infection.

Review / Management
Results Review: 24 hr Labs
Labs (All documented values resulted over the prior 24 hours)

Fingerstick Glucose (Last 4)

292 (07/13 00:17)	**314** (07/13 03:51)	**301** (07/13 09:34)	**319** (07/13 11:16)

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Progress Notes

Hematology		Chemistry		Enzymes	
WBC	**17.90**	**Na**	**153.00**	**Alkphos**	62.00
Hgb	**7.40**	**K**	3.70	**ALT**	11.00
Hct	**23.00**	**Cl**	**112.00**		
Plt	**437.00**	**CO2**	**33.00**		
		Gluc	**299.00**		
		Bun	**37.00**		
		Cr	0.80		
		Ca	9.20		
		T Bili	0.80		

Coagulation

Proteins
Alb **2.50 (07/13 06:12)**

Anion
Anion Gap **8.00 (07/13 06:12)**

Radiology Results
X-ray (continues no free air no obstruction contrast left side of colon to rectum)

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2711.77 **Ouput:** 4950.00 **Balance:** -2238.23

Today: **Intake:** 553.65 **Ouput:** 0.00 **Balance:** 553.65

Current medications:
Scheduled
acetaminophen: 1,000 mg, 100 mL, 400 mL/hr, IV, x1
cloNIDine 0.2 mg/24 hr Transd 0.2 mg/day, TOP- patch, qweek
fluconazole / NS: 200 mg, 100 mL, 100 mL/hr, IV, q24hr(interval)
furosemide 20mg/2mL Inj: 40 mg, IV, every 8 hours
heparin PF 1000 Unit/mL 2mL In 5,000 Unit, Subcut, q8hr
insulin GLARGINE 30unit/0.3mL 26 Unit, SUBCUT, qAM

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Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

insulin LISPRO: 0-16 units, Subcut, q4hr
iopamidol 61% 30mL Soln PO: 30 mL, PO (I/O), x1
ipratropium 0.02% 2.5mL Inh So 0.5 mg, 2.5 mL, INH, q8hr(interval)
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q8hr(interval)
linezolid / D5W: 600 mg, 300 mL, 300 mL/hr, IV, q12hr(interval)
meropenem + NS for Premix: 1,000 mg, 100 mL/hr, IV, q8hr(interval)
metoprolol 1 mg/mL 5mL Inj: 5 mg, IV Push, every 8 hours
metroNIDAZOLE / NS: 500 mg, 100 mL, 100 mL/hr, IV, q8hr(interval)
pantoprazole: 40 mg, IV, qDay
potassium chloride / SW: 40 mEq, 100 mL, 50 mL/hr, IV, BID
sodium biphos-sod phos 66 mL P 150 mL, PR, every 6 hours
PRN Meds
acetaminophen 325 mg Tab: 650 mg, PO, q4hr, PRN: Fever
dextrose 50% (25gm) 50mL inj P 25 gm, IV Push, q15min, PRN: Hypoglycemia
lucagon 1 mg Inj: 1 mg, IM, Per Parameter, PRN: Hypoglycemia
glucose 16 g Tab (4 x 4 g Tabs 16 gm, 1 Tab, PO, q15min, PRN: Hypoglycemia
hydrALAZINE 20 mg/mL 1mL Inj: 10 mg, IV, q4hr, PRN: Other (see Comments)
HYDROmorphone 1 mg/mL 1mL Inj: 1 mg, IV Push, q3hr, PRN: Pain
levalbuterol 0.63 mg/3 mL Inh 0.63 mg, NEB - inhalation, q2hr, PRN: Shortness of breath
LORazepam 2 mg/mL 1mL Inj: 1 mg, IV, q6hr, PRN: Anxiety
magnesium oxide 400 mg Tab: 400-800 mg, PO, Per Parameter, PRN: Other (see Comments)
magnesium sulfate / D5W: 1 gm, 100 mL, 100 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
ondansetron 2 mg/mL Inj 2mL: 4 mg, IV Push, q4hr, PRN: Nausea / Vomiting
potass phosp/sodium phosp pwd 1-2 Pkt, PO, Per Parameter, PRN: Other (see Comments)
potassium chloride / SW: 20-40 mEq, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
potassium chloride 10 mEq ER T 20-40 mEq, PO, Per Parameter, PRN: Other (see Comments)
promethazine 25 mg/mL 1mL Inj: 12.5 mg, IM, q15min, PRN: Nausea / Vomiting
sodium phosphate/NS: 20 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
sodium phosphate/NS: 10 mMOL, 100 mL, 50 mL/hr, IV, Per Parameter, PRN: Other (see Comments)
Unscheduled
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Electrolyte Replacement Protoc 1 Each, MISC, oncall
Pharmacy Communication: 1 Each, N/A, oncall
Pharmacy Communication: 1 Each, N/A, oncall
IV Medications
dexmedetomidine + NS for Premi 3.65 mL/hr, IV, Stop: 08/09/15 10:11:00
diltiazem + D5W for Premix: 5 mL/hr, IV, Stop: 08/09/15 11:36:00
fentaNYL + NS for Premix: 1 mL/hr, IV, Stop: 08/03/15 21:02:00
midazolam + NS for Premix: 0.5 mL/hr, IV, Stop: 08/09/15 12:25:00
niCARdipine + NS for Premix: 50 mL/hr, IV, Stop: 08/07/15 18:08:00
Sodium Chloride 0.9%: 20 mL/hr, IV, Stop: 07/14/15 0:33:00
TPN Central: See paper order for rate, IV, Stop: 08/08/15 20:59:00

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Admit Date: 7/5/2015
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Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

Impression and Plan

Diagnosis

Incarcerated incisional hernia (ICD9 552.21, Working, Medical).

Course: Progressing as expected.

Plan

pt with WBC trending down, improved abdominal exam, no response form suppository so will go ahead and get fleets enema times two to loosen up contrast and get that moving forward. Agree with ICU team after pt only lasted 4 min on CPAP that she will likely need tracheostomy they will consult CT surgery. Discussed all of the above with husband who seems encouraged..

Electronically Signed By:
Rives, Barry MD
On 07/13/15 13:15
Co Signature By:
Modified Signature By:

Dignity Health.
St Rose Dominican Hospital-San Martin Campus
8280 West Warm Springs Road
Las Vegas, NV. 89113
Facility Phone #: 702-492-8000

Name: **FARRIS, TITINA M**
MRN: 10016420; 9122218(AMB)
Acct #: 34342485
Pt loc: SRM IMC; 0223; P

DOB: 10/24/1962 Age: 52 years Sex:F
Admit Date: 7/5/2015
Disch Date: 8/11/2015
Physician: Akbar,Tanveer MD
PCP: SRDH,No PCP,Not given

Progress Notes

DOCUMENT NAME: Physician Note
RECEIVED DATE/TIME: 7/12/2015 12:22 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Ali,Nauroz MD (7/12/2015 12:24 PDT)
SIGN INFORMATION: Ali,Nauroz MD (7/12/2015 12:24 PDT)

Medical Progress Note - SOAP

Patient: **FARRIS, TITINA M** **MRN: 10016420** **FIN: 34342485**
Age: **52 years** Sex: **F** DOB: **10/24/1962**
Author: **Ali, Nauroz MD**

Basic Information
Date of Service:
07/12/2015 12:22multiple visits and evaluations and communications with RN over 6 hrs.
Admission Information: **Admit Days =** 8, **Patient Type =** Inpatient

Health Status
Intake and Output
24 hour I&O data

24 hour I&O

Yesterday: **Intake:** 2528.97 **Ouput:** 6700.00 **Balance:** -4171.03

Today: **Intake:** 847.35 **Ouput:** 1500.00 **Balance:** -652.65

Allergies:
Allergic Reactions (Selected)
Severe
Aspirin- Abdominal discomfort, itching.
Current medications: Antibiotic Info
Ordered

fluconazole	200mg	IV	07/04/2015 19:00 - Active
meropenem	1,000mg	IV	07/05/2015 15:30 - Active
metroNIDAZOLE	500mg	IV	07/05/2015 15:30 - Active
vancomycin	1,250mg	IV	07/07/2015 21:00 - Active

Discontinued

cefepime	2,000mg	IV	07/04/2015 16:30 - 07/04/15 18:30
cefoxitin	1gm	IV	07/03/2015 18:00 - 07/04/15 15:51

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