

STG INIT BY				TRGT				COMP BY				INTERVENTIONS				INIT BY				COMP BY				DATE & TIME				DIRECTIONS				ST			
Health History assessment to obtain a comprehensive data base.																																			
* Pt. problems actual and potential will be identified																																			
D 04/02/14 JH																																			
* Historical patient data (Outpatients)																																			
04/02/14 JH																																			
04/03/14 KH																																			
* Current/EX Assessment (Outpatients)																																			
04/02/14 JH																																			
04/03/14 KH																																			
* Shift Assessment																																			
04/02/14 JH																																			
04/03/14 KH																																			
* Vaccination screen																																			
04/02/14 JH																																			
04/03/14 KH																																			
* Allergies																																			
04/02/14 JH																																			
04/03/14 KH																																			
* OPT Observation for																																			
04/02/14 JH																																			
04/03/14 KH																																			
* OPT Unit time																																			
04/02/14 JH																																			
04/03/14 KH																																			
* MRSA Screen																																			
04/02/14 JH																																			
04/03/14 KH																																			
* MUSE DO ON ADMISSION																																			
04/02/14 JH																																			
04/03/14 KH																																			
* Medication history																																			
04/02/14 JH																																			
04/03/14 KH																																			
*DON'T FORGET PREPARED PHARMACY**																																			
D 04/02/14 JH																																			
04/02/14 JH																																			
* Fall Risk																																			
D 04/02/14 JH																																			
* Patient is free from injury.																																			
D 04/02/14 JH																																			
Skin integrity impaired risk for																																			
D 04/02/14 JH																																			
* Pt. will be identified/scored for risk of developing pressure ulcers.																																			
D 04/02/14 JH																																			
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Printed
04/12/14

				SIS INIT BY	TRGT	COMP BY	INTERVENTIONS	INIT BY	COMP BY	DATE & TIME	DIRECTIONS	SIS SRC		
Alteration in health, wellness and comfort due to hospitalization.				D 04/02/14	JH		* Patient Belongings	04/02/14	JH	04/02/14	JH	04/02/14 0235 . On admission, transfer and discharge	C	
* Basic hospital standards of care will be provided.							* Unit Orientation * OPT Procedures FOR FOLEY, UA, DTP, UA HCG, ORTHO, GUINAC ECT. * OPT Outpatient Equipment used * Ticket to Ride, Print only	04/02/14	JH	04/02/14	JH	04/02/14 0235 . On Admission & Transfer	D	
Injury risk for r/t omission of potential interaction				D 04/02/14	JH									
* Accurately and completely reconcile medication across the continuum of care.				D 04/02/14	JH									
Anxiety/fear r/t discharge needs				D 04/02/14	JH		* Discharge Checklist SCREEN FOR VACCINES/Uncollected orders!! * OPT Case Management	04/02/14	JH	04/03/14	KH	04/02/14 0235 . Prior to discharge	D	
* To reduce stressors associated with the discharge by being actively involved in the discharge process.				D 04/02/14	JH								C	
Cardiac/respiratory and thermoregulation respiratory or thermoregulation status.				D 04/02/14	JH									
* Early detection and intervention				D 04/02/14	JH									
Nutrition alteration risk for r/t change in health status.				D 04/02/14	JH									
* Pt. will achieve optimal nutritional status.				D 04/02/14	JH		* Meal Percentages/Po Intake	04/02/14	JH				D	
Comfort/actual or potential alteration in r/t change in health status.				D 04/02/14	JH		* Pain Assessment	04/02/14	JH		04/02/14 0235 00, 04, 08, 12, 16, 20	D		
* Provide optimal pain control				D 04/02/14	JH									
Infection actual R/T an infectious process				C 04/02/14	JH	04/03/14	JN							
* Cause of infection is determined and appropriate treatment initiated.				C 04/02/14	JH	04/03/14	JN	* Isolation DO ONCE WHEN INITIATING ISOLATION	04/02/14	JH	04/03/14	JN	04/02/14 0244 024H	C
Skin integrity (wound, impaired (actual/potential))				D 04/02/14	JH									
R/T:				D 04/02/14	JH		* Skin: Non pressure - #01 Ulcer R posterior lower leg	04/02/14	JH			04/05/14 2200 BID	D	
* The patient's skin integrity will be maintained and/or appropriate healing will occur.				D 04/02/14	JH									
Fluid volume excess, potential for R/T:				D 04/02/14	JH									
As evidenced By: edema, taut, shiny skin intake greater than output, SOB, weight gain.				D 04/02/14	JH									
* Optimal fluid balance will be maintained				D 04/02/14	JH									
Altered glucose Metabolism: High Risk				D 04/02/14	JH									
* Glucose metabolism will be maintained within acceptable ranges for the patient.				D 04/02/14	JH		* FBSS Point of Care	04/02/14	JH			04/02/14 0730 ACHS	D	
ADDITIONAL INTERVENTIONS														
* SSI Patient Encounter				04/04/14	SC	04/01/14	JR	04/01/14	1606	024H		D CP		
* RC: BKG				04/01/14	DB			04/01/14				C OK		
* Telemetry/Cardiac Monitor				04/01/14	NK			04/01/14	2350	09,20		D OK		
* RC: Oxygen - SpO2 Oximetry				04/01/14	NK			04/08/14	2000	00,09,12,16,20		D OK		
* Vital Signs, Simple				L 04/01/14	JB							D AS		

Age/sex: 71 F
 Unit #: M053062
 Admitted: 04/03/14 at 1330
 Status: Dis IN

Attending: Kandkhorova, Nellya MD -HOSP
 Account #: V025643024
 Location: 38
 Room/Bed: 378-A

PARVIN, MARY JUAN
 Lodi Memorial Hospital NUR **LIVE**
 Patient's Plan of Care - OUTPATIENT MEDSURG ADULT POC

Status: Discharged
 Initiated: 04/02/14
 Completed:
 Protocol:

ADDITIONAL INTERVENTIONS

INIT BY	COMP BY	DATE & TIME	DIRECTIONS	STS SRC
* Medication History				
DON'T FORGET PREFERRED PHARMACY				D AS
* Patient Belongings	04/01/14 JB			D AS
* IV Management Site #01	04/01/14 IC 04/04/14 KV			C AS
LT ARM				D OE
* Protocol Reminder: Potassium	04/02/14 NK	04/02/14 0010	08,20	D OE
* NUR: Instructions (Not for Meds)	04/02/14 NK			D OE
keep legs elevated				C PS
* Skin: Pressure Ulcer #01	04/02/14 JH 04/02/14 JG	04/02/14 0356	08,20	C PS
LEFT BUTTOCKS				C PS
* Skin: Non Pressure - #02	04/02/14 JH 04/05/14 JN	04/02/14 0359	08,20	D PS
RIGHT TOE				D PS
* Skin: Non Pressure - #03	04/02/14 JH	04/06/14 2200	BID	D PS
LR				D PS
* Skin: Non Pressure - #04	04/02/14 JH	04/06/14 2200	BID	D PS
LEFT ABD FOLD				D PS
* Skin: Non Pressure - #05	04/02/14 JH	04/06/14 2200	BID	D PS
RIGHT ABD FOLD				D PS
* Skin: Non Pressure - #06	04/02/14 JH	04/06/14 2200	BID	D PS
RIGHT BREAST FOLD				C PS
* Skin: Non Pressure - #07	04/02/14 JH 04/05/14 JN	04/02/14 0359	08,20	C PS
RT ELBOW				D PS
* Skin: Non Pressure - #08	04/02/14 JH	04/06/14 2200	BID	D PS
LEFT BREAST FOLD				C OE
* RC: Echo	04/02/14 NNA 04/02/14 DAA			C PS
* OPT Discharge Checklist	04/02/14 SM 04/03/14 RH			D PS
* Skin: Non Pressure - #09	04/02/14 JG	04/06/14 2200	BID	D PS
Incontinence associated dermatitis				D OE
perianal area				D OE
* Wound Care	04/02/14 JG			D OE
-Cleanse with mild soap and water to				D PS
Incontinence associated dermatitis at				C PS
perianal area. Apply BAZA CREAM every				D AS
incontinent care and as needed.	04/03/14 KH			C PS
* Shift Assessment M/S Patient	04/04/14 KV 04/04/14 KH			D AS
* IV Management Site #02				C PS
LT AC				D OE
* DP: Discharge Plan	04/04/14 ALP			D OE
* IV Management Site #03	04/04/14 KH 04/06/14 TTT			D PS
RIGHT LOWER ARM				D PS
* PT: .Evaluation Order	04/06/14 NNA	04/06/14 1028	NOM	D PS
Add the appropriate evaluation based on				D PS
the patient's status.				D PS
* PT: Evaluation	04/06/14 JY	04/06/14 1434	NOM	D PS
* Skin: Pressure Ulcer #01	04/07/14 JN	04/07/14 0421	08,20	D OE
RISK COCCYX				D OE
Straight Catheter	04/07/14 LH			D PS
FOR UA				D PS
* PT: Daily Note	04/07/14 JY	04/08/14 0400	04H	D PS
* IV Management Site #04	04/08/14 TTT			D PS
RT HAND G 22				D OE
* Discharge Now Order	04/08/14 KKG			D PS
* Interfacility Transfer	04/08/14 JH*			D PS
* Discharge Skin Assessment	04/08/14			D PS
* DC Core Measure Education Checklist	04/08/14			D PS
* DP: Case Management Complete	04/08/14			D PS

Monogram	Initials	Name	Nurse Type
0	D01	None	None

Age/Sex: 71 F
Unit #: N053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandhorova, Nellya MD -HOSP
Account #: V025643024
Location: 3S
Room/Bed: 378-A

PARYIN, MARY JEAN

Today Memorial Hospital NUR **LIVE**
Patient's Plan of Care - OUTPATIENT MEDSURG ADULT POC

Status: Discharged
Initiated: 04/02/14
Completed:
Protocol:

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Printed
04/12/14
at 0037

Monogram	Initials	Name	Nurse Type
ALP	PHILAL	PHILIPS, ALEXIS L	UC
DAA	AMIGDA	AMIGABLE, DANETTE	UC
DB	BRAZDA	BRAZELT, DAVID MD	Evidar
IC	CONCIM	CONCEPCION, IMACULAD	RN
JB	BYARJA	BYARD, JACQUELINE	RN
JG	GUTUDE	GUTIERREZ, JEFFREY	RN
JH	HICKJE	NASELLO, JESSICA	RN
JH*	HALLJE	HALL, JEFFREY	RN
JN	NGUJA	NGUYEN, JANET	RN
JR	RONNJA	RONNEBERG, JAMIE	EKG
JY	YOSTJE	YOST, JENNINE	FT
KH	HOUSKE	THOMPSON, KELSEY	RN
KKG	GHOTKU	MULTANI, KULJEET MD	MD
KV	VTEPRR	VTEPRA, KRISTINE	RN
LH	HUYNIX	HUYNH, LYANNE L MD	Evidar
NK	KANINE	KANDHOROVA, NELLYA	Evidar
NNA	ALINAZ	ALI, NAZISH MD	Evidar
SG	GRAFSH	GRAEFIGNA, SHARON	SM
SM	MOISSA	MOIS, SARAH	RN
TTT	TOUMTI	TRIENPOTRONG, TTP	RN

Age/sex: 71 F
Unit #: M053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandhorova, Nellya MD -HOSP
Account #: V025643024
Location: 3S
Room/Bed: 378-A

DAVIN, MARY JEAN
Lodi Memorial Hospital NUR **LIVE**
Patient Profile
Page: 5 of 10
Printed 04/12/14 at 0037
Date Range: Beginning to End

Notes: All Categories				Notes: All Categories			
Occured	Time by	Author	Recorded	Date	Time by	Author	Date
04/03/14 0046	JM NGUYEN, JANET	04/03/14 0046	JM	04/03/14 1159	KE THOMPSON, KEISEY	04/03/14 1159	KE
Abnormal? N	Confidential? N		Observation Nursing	IV INSERTION PATIENT. WILL MONITOR.			(continued)
PT RESTING COMFORTABLY IN BED, REPORTS NO PAIN OR DISTRESS, OBEYS COMMANDS AND VITAL SIGNS STABLE.				04/03/14 1210	KE THOMPSON, KEISEY	04/03/14 1219	KE
04/03/14 0154	JM NGUYEN, JANET	04/03/14 0154	JM	Abnormal? N	Confidential? N		Observation Nursing
Abnormal? N	Confidential? N		Observation Nursing	Patient d/c'd from observation. MADE INPATIENT.			
PT SLEEPING PAINLESSLY, NO S/S OF DISTRESS NOTED AT THIS TIME				04/03/14 1920	KV VIERRA, KRISTINE	04/03/14 2216	KV
04/03/14 0335	JM NGUYEN, JANET	04/03/14 0336	JM	Abnormal? N	Confidential? N		Nursing
Abnormal? N	Confidential? N		Observation Nursing	Report received in SBAR format from Keisey Houston, RN.			
PT RESPONDS TO VOICE AND OBEYS COMMANDS, NO S/S OF DISTRESS NOTED AT THIS TIME				Chart and room safety check completed. Labs discussed. Assumed care of pt.			
AND PT REPORTS NO PAIN.				04/03/14 2042	KV VIERRA, KRISTINE	04/03/14 2217	KV
04/03/14 0636	JM NGUYEN, JANET	04/03/14 0637	JM	Abnormal? N	Confidential? N		Nursing
Abnormal? N	Confidential? N		Observation Nursing	PT awake in bed, denies any pain or SOB. No S/S of distress noted. In place. No S/S of			
PT AWAKE AND RESPONDS TO VOICE, OBEYS COMMAND, NO COMPLAINS OF PAIN AND NO S/S OF DISTRESS NOTED AT THIS TIME				04/03/14 2359	KV VIERRA, KRISTINE	04/04/14 0000	KV
04/03/14 0706	KE THOMPSON, KEISEY	04/03/14 0707	KE	Abnormal? N	Confidential? N		Nursing
Abnormal? N	Confidential? N		Observation Nursing	PT cont to rest comfortably in bed with eyes closed, easily aroused to verbal stimuli. Denies any pain or SOB. No S/S of distress noted. Cont to monitor.			
Report received in SBAR format from KRISTINE VIERRA RN AND JANET NGUYEN RN.				04/04/14 0146	KV VIERRA, KRISTINE	04/04/14 0147	KV
Chart and room safety check completed. Labs discussed. Assumed care of pt.				Abnormal? N	Confidential? N		Nursing
04/03/14 0730	KV VIERRA, KRISTINE	04/03/14 0730	KV	Tele tech called, pt had a run of VTACH. Checked on pt, sleeping and			
Abnormal? N	Confidential? N		Observation Nursing	assessable to verbal stimuli. Denies chest pain or SOB. VSS. Afe monitor			
remains in place. Cont to monitor.				04/04/14 0709	KE THOMPSON, KEISEY	04/04/14 0709	KE
04/03/14 0730	KV VIERRA, KRISTINE	04/03/14 0730	KV	Abnormal? N	Confidential? N		Nursing
Abnormal? N	Confidential? N		Observation Nursing	Report received in SBAR format from KRISTIN VIERRA RN. Chart and room safety			
PATIENT SITTING UP IN CHAIR NO DISTRESS NOTED. IV SALINE LOCKED. TELE MONITOR IN PLACE. DRESSING TO RIGHT LOWER LEG C/D/I. WILL MONITOR. CALL LIGHT IN				04/04/14 0709	KE THOMPSON, KEISEY	04/04/14 0709	KE
REACH.				Abnormal? N	Confidential? N		(continued)
04/03/14 0818	KE THOMPSON, KEISEY	04/03/14 0819	KE	Check completed. Labs discussed. Assumed care of pt.			
Abnormal? N	Confidential? N		Nursing	04/04/14 0906	KE THOMPSON, KEISEY	04/04/14 0906	KE
PATIENT DR. N. ALL TO NOTIFY THAT PATIENT IS COMPLAINTING OF RIGHT ARM PAIN SINCE				Abnormal? N	Confidential? N		Nursing
HER FALL. PERAUMMISSION. REQUESTED XRAY. WILL MONITOR.				PATIENT UP TO EXHIBIT CHAIR FOR PREPAREAST. REQUIRED ONE PERSON ASSIST. NO			
04/03/14 1000	KE THOMPSON, KEISEY	04/03/14 1200	KE	DISTRESS NOTED. TELE MONITOR IN PLACE. BILATERAL LOWER LEGS ARE RED WITH 1+			
Abnormal? N	Confidential? N		Observation Nursing	EDDMA. DRESSING TO RIGHT LOWER LEG C/D/I. WILL MONITOR.			
No distress noted. IV SALINE LOCKED. TELE MONITOR IN PLACE. DRESSING TO LOWER				04/04/14 0907	ALP PHILIPS, ALEXIS L	04/04/14 0909	ALP
RIGHT LEG C/D/I.				Abnormal? N	Confidential? N		Discharge Planning
04/03/14 1038	KE THOMPSON, KEISEY	04/03/14 1038	KE	Spoke with patient at bedside. Patient confirmed that Tiffany is still her			
Abnormal? N	Confidential? N		Nursing	roommate/caregiver/POA and Patient still requires assistance sometimes.			
PATIENT DR. ALL TO REQUEST PATIENT PAIN IN RIGHT ARM AND TO REQUEST XRAY IN RIGHT				Patient confirmed PCP is Dr. Freund and Pharmacy is Walmart in Lodi. Patient			
ARM AS PATIENT REPORTS PAIN STARTED AFTER FALL BEFORE ADMISSION.				states she currently receives LUBRA for RN/PT/AIDE and would like to continue			
04/03/14 1038	KE THOMPSON, KEISEY	04/03/14 1038	KE	with that after she d/c home. ALP			
Abnormal? N	Confidential? N		Nursing	04/04/14 0943	KE THOMPSON, KEISEY	04/04/14 0943	KE
DR. ALL CALLED BACK. NEW ORLEANS RECEIVED.				Abnormal? N	Confidential? N		Nursing
04/03/14 1107	KE THOMPSON, KEISEY	04/03/14 1107	KE	DR. YAO AT BEDSIDE.			
Abnormal? N	Confidential? N		Nursing	04/04/14 0949	KE THOMPSON, KEISEY	04/04/14 0950	KE
PT OFF UNIT FOR XRAY.				Abnormal? N	Confidential? N		Nursing
04/03/14 1159	KE THOMPSON, KEISEY	04/03/14 1159	KE	SPOKE TO PATIENT'S COUSIN AND PRIMARY CARE TAKER TIFFANY ANDERSON OVER THE			
Abnormal? N	Confidential? N		Observation Nursing	PHONE. ANSWERED QUESTIONS AS APPROPRIATE. WILL MONITOR.			
PATIENT ASSISTED TO BEDSIDE CHAIR. MEDICATED WITH MORCO FOR PAIN IN RIGHT ARM.				04/04/14 1102	KE THOMPSON, KEISEY	04/04/14 1102	KE
				Abnormal? N	Confidential? N		Nursing
				SOCIAL WORKER SARGON AT BEDSIDE.			

Age/Sex: 71 F
Unit #: N053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandkhorova, Neilya MD - HOSP
Location: 3S
Room/Bed: 318-A

PATIENT: MARY JEAN
Lodi Memorial Hospital NUR **LIVE**
Patient Profile

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Occured Date	Time by	Author	Recorded Date	Time by	Notes: All Categories	Category
04/04/14	1201	KH THOMPSON, KELSEY	04/04/14	1202	KH	Nursing
Abnormal?	N	Confidential?	N			
DR. ALL AT BEDSIDE.						
04/04/14	1256	KH THOMPSON, KELSEY	04/04/14	1257	KH	Nursing
Abnormal?	N	Confidential?	N			
DR. ALL INFORMED THAT THE MCL GENERATED CANNOT BE DONE UNTIL MONDAY BECAUSE OF THE RESTRICTED OPEN HRT HOURS ON FRIDAY AND THAT THEY ARE CLOSED OVER THE WEEKEND. NO VERBALIZED UNDERSTANDING. WILL MONITOR.						
04/04/14	1847	KH THOMPSON, KELSEY	04/04/14	1848	KH	Nursing
Abnormal?	N	Confidential?	N			
PATIENT DENIES ANY FEELINGS OF DIZZINESS, VERTIGO, LIGHTHEADEDNESS, AND SOB.						
NO DISTRESS NOTED. WILL MONITOR. TUBE MONITOR IN PLACE.						
04/04/14	1904	KH WARREN, JATIE N	04/04/14	1904	KH	Nursing
Abnormal?	N	Confidential?	N			
Report received in SBAR format from K. Thompson, RN. Chart and room safety check completed. Labs discussed. Assumed care of pt.						
04/05/14	0402	KH WARREN, JATIE N	04/05/14	0403	KH	Nursing
Abnormal?	N	Confidential?	N			
PT SLEEPING. AWAKENS EASILY TO VOICE. VSS. PT DENIES PAIN. NO REQUESTS. MONITORING.						
04/05/14	0730	NVS SUSAN, NORIETA	04/05/14	0730	NVS	Nursing
Abnormal?	N	Confidential?	N			
Report received in SBAR format from K WARREN RN. Chart and room safety check completed. Labs discussed. Assumed care of pt.						
04/05/14	0833	NVS SUSAN, NORIETA	04/05/14	0839	NVS	Nursing
Abnormal?	N	Confidential?	N			
AWAKENED TO HAVE HER VITALS TAKEN, PT ALERT SLEEPY AROUSABLE, NO C/O OF PAIN, NO S/S OF RESP DISTRESS, RIGHT FOREARM IV #22 SALINE LOCK, RIGHT LOER LEG WITH DRESSING, KEPT ELEVATED ON A PILLOW, CVS INTACT, ALL SIDERAILS UP X4						
04/05/14	0941	NVS SUSAN, NORIETA	04/05/14	0943	NVS	Nursing
Abnormal?	N	Confidential?	N			
SLEEPY AROUSABLE, FEELING TIRED, NO C/O OF DIZZINESS, SEEN AND EXAMINED BY DR YAO						
04/05/14	1000	ML LEE, MAI	04/05/14	1021	ML	Nursing
Abnormal?	N	Confidential?	N			
Phone report obtained from N. Swanson RN. Waiting for pt to arrive on unit. Primary RN and CNA informed.						
04/05/14	1001	NVS SUSAN, NORIETA	04/05/14	1002	NVS	Nursing
Abnormal?	N	Confidential?	N			
Verbal report given in SBAR format to M LEE RN. Chart check and room safety check completed. Labs discussed. Care of pt turned over.						
04/05/14	1019	NVS SUSAN, NORIETA	04/05/14	1020	NVS	Nursing
Abnormal?	N	Confidential?	N			
TRANSFER PT TO ROOM 318, VIA BED ACCOMPANIED BY TRANSPORT, PT IN STABLE CONDITION.						
04/05/14	1035	SR KENT, SWANNE	04/05/14	1041	SR	Nursing
Abnormal?	N	Confidential?	N			
Report received in SBAR format from M. LEE RN. Chart and room safety check completed. Labs discussed. Assumed care of pt.						
04/05/14	1925	JN NGUYEN, JANET	04/06/14	0025	JN	Nursing
Abnormal?	N	Confidential?	N			
Report received in SBAR format from SAM KENT RN.						

Occured Date	Time by	Author	Recorded Date	Time by	Notes: All Categories	Category
04/05/14	1925	JN NGUYEN, JANET	04/06/14	0025	JN	(continued)
Abnormal?	N	Confidential?	N			
Chart and room safety check completed. Labs discussed. Assumed care of pt.						
04/05/14	1958	JN NGUYEN, JANET	04/06/14	0026	JN	Nursing
Abnormal?	N	Confidential?	N			
PT FOUND LYING IN BED, RESTING COMFORTABLE. ALERT, ORIENTED, RESPONDING APPROPRIATELY AND FOLLOWING COMMANDS. NO COMPLAINS OF PAIN, NO S/S OF DISTRESS NOTED AT THIS TIME. V/S STABLE.						
04/06/14	0525	JLM WILLIAMS, JENNIFER L	04/06/14	0525	JLM	Nursing
Abnormal?	N	Confidential?	N			
Cosign documentation Note						
Date and Time: 04/06/14 / 0525 by: WEISJE						
Acceptable.						
04/06/14	0715	SR KENT, SWANNE	04/06/14	0740	SR	Nursing
Abnormal?	N	Confidential?	N			
Report received in SBAR format from J. NGUYEN RN. Chart and room safety check completed. Labs discussed. Assumed care of pt.						
04/06/14	0739	SR KENT, SWANNE	04/06/14	0739	SR	Nursing
Abnormal?	N	Confidential?	N			
PT IS SLEEPY BUT AROUSABLE, DENIES ANY PAIN OR SOB AT THIS TIME, WILL CONTINUE TO MONITOR.						
04/06/14	1008	SR KENT, SWANNE	04/06/14	1010	SR	Nursing
Abnormal?	N	Confidential?	N			
PT SEEMS LETHARGIC BUT AROUSABLE. SHE IS ASLEEP WITH BREAKFAST TRAY IN FRONT OF HER AND TOAST ON HER CHEST. WRITER WAKES HER UP AND ASKED IF SHE WAS DONE WITH BREAKFAST. PT STATES NO, I'M STILL EATING. WRITER TOLD PT THAT SHE HAVE TO OPEN BOTH EYES TO EAT BUT PT STATED "WELL IT FEELS GOOD TO SLEEP". OFFERED COOL WASH CLOTHS BUT PT REFUSED AND STATES THAT SHE WILL TRY TO EAT AGAIN. WILL CONTINUE TO MONITOR.						
04/06/14	1130	SR KENT, SWANNE	04/06/14	1207	SR	Nursing
Abnormal?	N	Confidential?	N			
ATTEMPTED TO CHANGE DRESSING TO RIGHT LOER EXTREMITY DUE DRAINAGE SHADOWING. PT UNABLE TO TOLERATE WRITER REMOVING OLD DRESSING EVEN THOUGH I HAD SORED IT WITH NS FOR 10 MINUTES. NOTED ONLY MEDICINE DRESSING AROUND THE EDGES OF THE WOUND UNDER DRY GAUZE. PT REFUSED TO HAVE WRITER FINISHED REMOVING OLD GAUZE, I JUST APPLIED CLEAN DRY GAUZE AND DRESSED WITH GAUZE WRAP. REMOVED OLD BANDAID TO RIGHT LOER ARM SKIN TEAR. CLEANSW WITH NS. NO DRAINAGE NOTED. WOUND IS RED WITH SKIN FLAP COVERING AROUND HALF WAY. TELFA DRESSING APPLIED THEN COVERED WITH DRY GAUZE. PT TOLERATED WELL.						
04/06/14	1750	SR KENT, SWANNE	04/06/14	1813	SR	Nursing
Abnormal?	N	Confidential?	N			
WRITER AND S. FRANKLIN CNA ATTEMPTED TO GET PT OUT OF BED TO CHAIR USING GAIT BELT. PT DANGLED AT THE EDGE OF BED WITH NO C/O DIZZINESS, PAIN, OR SOB BUT SHE WAS NOT ABLE TO HOLD HERSELF UP STRAIGHT. ATTEMPTED TO STAND PT UP TO TRANSFER TO CHAIR BUT WAS ONLY ABLE TO STAND UP FOR A FEW SECONDS THEN WANTED TO GO BACK TO BED BECAUSE PT STATED "I'M TOO WEAK TO GET UP". ASSIS TO PT BACK TO BED AND CONTINUE TO MONITOR.						
04/06/14	1857	SR KENT, SWANNE	04/06/14	1958	SR	Nursing
Abnormal?	N	Confidential?	N			
PT IS MORE AWAKE NOW, SHE IS ASKING FOR LAVATIVE. PT STATES SHE MENTALLY USES SUPPOSITORY AT HOME. WILL TEXT PAGE DR ALL.						

Age/Sex: 71 F
Unit #: M053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandhorova, Neilya MD - HOSP
Location: 3S
Room/Bed: 319-A

PARVIM, MARY JEAN
Lodi Memorial Hospital NUR *LIVE**
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04/06/14 1320	JN NGUYEN, JANET		04/06/14 1330	JN	Nursing
Abnormal? N	Confidential? N				
Report received in SBAR format from SAM KHAT RN.					
Chart and room safety check completed. Labs discussed. Assumed care of pt.					
04/06/14 2030	JN NGUYEN, JANET		04/06/14 2248	JN	Nursing
Abnormal? N	Confidential? N				
DISCUSSED WITH PT THAT ER. NEEDS A U/A. EXPLAINED THAT PT NEEDS TO NOTIFY NURSING STAFF WHEN FEELING THE URGE TO VOID IN ORDER TO ASSIST WITH BEDPAN FOR URINE COLLECTION. FURTHER EXPLAINED THAT IF URINE CANNOT BE COLLECTED VIA BEDPAN, AN IN AND OUT CATH MAY BE NEEDED TO BE ORDERED IN ORDER TO OBTAIN SAMPLE. PT AGREES THAT SHE WILL CALL WHEN NEEDED TO VOID TO USE THE BEDPAN					
04/06/14 2334	JN NGUYEN, JANET		04/06/14 2335	JN	Nursing
Abnormal? N	Confidential? N				
PT HAD AN EPISODE OF URINE. WAS NOT ABLE TO CALL FOR BEDPAN ASSISTANCE IN TIME. PAGE ER. ROOM FOR IQ CATH FOR U/A SAMPLE.					
04/07/14 0225	JN NGUYEN, JANET		04/07/14 0228	JN	Nursing
Abnormal? N	Confidential? N				
CMA STATED SHE ASSISTED PT ONTO BEDPAN AT 0000 AND PT WAS UNABLE TO VOID. CHECKED ON PT NOW AND ASKED IF SHE WANTED TO TRY THE BEDPAN AGAIN AND PT STATES SHE DOES NOT NEED TO VOID. FLUIDS WERE ENCOURAGED AND DIRECTED PATIENT TO CALL WHEN FEELING URGE TO VOID. DIRECTED CMA TO CHECK AND ASSIST PT TO BEDPAN AGAIN AT 0400.					
04/07/14 0405	JN NGUYEN, JANET		04/07/14 0420	JN	Nursing
Abnormal? N	Confidential? N				
WENT IN WITH URINE AIDE TO ASSIST WITH PLACING BEDPAN. DISCOVERED PT HAD ALREADY SATURATED BRIE. CHANGED PT, REPOSITIONED. NOTICED TEE BLANCHETTE COUGH. PLACED COMEDEL TO PREVENT PRESSURE ULCER.					
04/07/14 0410	JN NGUYEN, JANET		04/07/14 0444	JN	Nursing
Abnormal? N	Confidential? N				
PT HAS NOTED INCREASED LETHARGY, WEARINESS, AND SLOW TO RESPOND WHEN SPOKE TO. UNABLE TO FULLY OBEY COMMANDS AND SIMPLE TASKS SUCH AS GRABBING THE GOWRAIL FOR REPOSITIONING. PT HAS NO COMPLAINTS OF CHEST PAIN, SOB, N/V. NO S/S OF DISTRESS NOTED AT THIS TIME. PAGED DR. HUYTH. WILL CONTINUE TO MONITOR					
04/07/14 0530	JN NGUYEN, JANET		04/07/14 0543	JN	Nursing
Abnormal? N	Confidential? N				
STRAIGHT CATH PERFORMED USING STERILE TECHNIQUE FOR U/A SAMPLE. PT TOLERATED WELL. PT HAS NOT HAD A BM FOR MORN SHIFT. MOM GIVEN EARLY IN SHIFT AND NOW A SUPPLEMENTARY GIVEN. PT TOLERATED WELL.					
04/07/14 0629	JIM WILLIAMS, JENNIFER L		04/07/14 0629	JIM	Nursing
Abnormal? N	Confidential? N				
Cosign Documentation Note Date and Time: 04/07/14 / 0629 by: WELSLUE					
All documentation for date entered by J. NGUYEN RN reviewed and deemed acceptable.					
04/07/14 0730	WM WILSON, MEGAN		04/07/14 0730	WM	Nursing
Abnormal? N	Confidential? N				
Report received in SBAR format from JANET NGUYEN, RN.					
Chart and room safety check completed. Labs discussed. Assumed care of pt.					
04/07/14 0734	WM WILSON, MEGAN		04/07/14 0734	WM	Nursing
Abnormal? N	Confidential? N				
Report received in SBAR format from JANET NGUYEN, RN.					
Chart and room safety check completed. Labs discussed. Assumed care of pt.					

Occured Date	Time by	Author	Recorded Date	Time by	Notes: All Categories Category
04/07/14 1539	KIM RODRIGUEZ, KIMBERLEY		04/07/14 1643	KDR	Discharge Planning
Abnormal? N	Confidential? N				
Country Home Care- HHA staff here today to follow up on the patient. This HHA currently open to the patient and recommending SNF placement since the patient does not have consistent help at home with care givers. Discussed with Sue Ann Meltinger, SW, who is familiar with the case, states an AHS worker will come tomorrow to talk with the patient about SNF placement. The patient has been able to make her own decisions and has always refused SNF in the past.					
04/07/14 1936	TTT THEENDORONG, TIT		04/07/14 1936	TTT	Nursing
Abnormal? N	Confidential? N				
Report received in SBAR format from MEGAN WILSON RN.					
04/08/14 1309	AS SCOTT, ALISON		04/08/14 1310	AS	Discharge Planning
Abnormal? N	Confidential? N				
Spoke with patient in room about discharge plan and patient is agreeable to go to Arbor SNF after 48. Patient states she has been there in the past before.					
04/08/14 1417	AS SCOTT, ALISON		04/08/14 1417	AS	Discharge Planning
Abnormal? N	Confidential? N				
Received a call back from Stephanie/Arbor and patient is accepted after discharge. AS					
04/08/14 1513	AS SCOTT, ALISON		04/08/14 1513	AS	Discharge Planning
Abnormal? N	Confidential? N				
Informed patient that she was accepted at Arbor SNF and she is agreeable to go to SNF. AS					
04/08/14 1530	JY YOST, JENNIE		04/08/14 1530	JY	Physical Therapy
Abnormal? N	Confidential? N				
Cosign Documentation Note Date and Time: 04/08/14 / 1530 by: YOSTJUE					
All documentation for date entered by Bob Moore, PTA reviewed and deemed acceptable.					
04/08/14 1554	AS SCOTT, ALISON		04/08/14 1556	AS	Discharge Planning
Abnormal? N	Confidential? N				
This PTA called cousin/Tiffany at 8:04-9095 but number is disconnected and then called 8425-8587 home number and the phone kept ringing but no answer or voicemail. PTA called again still no answer or voicemail. PTA informed patient that Tiffany did not answer and per patient we don't need to keep calling cousin/Tiffany patient states she can try and call her later. AS					
04/08/14 1617	AS SCOTT, ALISON		04/08/14 1619	AS	Discharge Planning
Abnormal? N	Confidential? N				
Arranged a transfer packet for patient to discharge to Arbor. Patient still needs interfacility and fax interfacility to Stephanie/Arbor. Called and arranged transport with AMR for a BUS transport for 1730. RN Jeff and CM Kim R. RN of the above. Kim R. RN will finish packet and fax orders. AS					
04/08/14 1830	JM HALL, JENNIFER		04/08/14 1911	JHR	Nursing
Abnormal? N	Confidential? N				
DISCHARGE NOTE: Patient/family given discharge instructions, verbalized understanding. Patient discharged to ARBOR left via AMR accompanied by ANG. PERSONAL with all personal belongings. No signs or symptoms of distress noted.					

Age/Sex: 71 F
Unit #: 0053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandhoroza, Nellya MD - HOSP
Account #: V025643024
Location: 3S
Room/Bed: 319-A

PARVIN, MARY JEAN
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04/08/14 1905 KDR RODGERS, KIMBERLEY 04/08/14 1909 KDR Discharge Planning

Abnormal? N Confidential? N
Patient agreeable to go to Arbor SNF. Spoke with Hazel, nurse at Arbor, confirmed receiving the faxed interfacility orders to 209-340-4830. Discussed security script. Hazel stated the staff can get one tomorrow for the Norco and they could provide the patient this medication tonight if needed. NDR

04/09/14 0936 SNW MORRIS, STEFFANI N 04/09/14 0937 SNW Discharge Planning

Abnormal? N Confidential? N
4/9 called Country Care Home Health R: 916-691-4100 to let them know patient discharged to Arbor SNF. SW
04/09/14 1914 TAR RUD, TERESE 04/09/14 1935 TAR Discharge Planning

Abnormal? N Confidential? N
Spoke with pt's POA Tiffany (her 2nd cousin). Pt is concerned because Mary is non-compliant to the point that Tiffany is concerned for her life. Mary is in denial regarding her health issues.

HISTORY:

Tiffany moved in with Mary about 4 years ago and was tenant but in 2012 she was unable to continue to pay for rent and now lives with Mary and helps when she can but she cannot provide 24 hour care for Mary. Tiffany believes Mary is hoarder and it has taken her 4 years to make the house livable. After last admit to hospital and then discharge to home with home health Mary was so non-compliant that Tiffany spoke with her about her concerns and Mary was agreeable to speaking with Hospice. Tiffany was in process of arranging to speak with Hospice with Mary when she was hospitalized. She is aware that Home Health RN filed ABS report regarding self neglect and was visited by ABS worker. Tiffany feels she is emotionally and mentally exhausted by Mary and can do some of her care but not all of her care. When pt was at Delta Convalescent Hospital she met with Pt and SW and staff was very accusatory and advised her to move out into homeless shelter so that Mary could go home and fall. In this way Mary would realize that she could not care for herself at home. Tiffany said that that would be unacceptable to her.

PLAN:

- 1) Tiffany would like to know Mary's level of care needs before she is discharged from Arbor. I encouraged her to meet with Arbor staff and SW and bring list of care that she can provide.
- 2) I will let Palliative Care Team know that Pt was agreeable to Hospice before hospitalization and they can meet with Pt and Tiffany at Arbor.
- 3) Tiffany is going away this weekend for first time in long time and would prefer to do this Monday 4/14/14.
- 4) Tiffany believes that Pt needs longterm SNF and would like Dr Freund and her pastor present at meetings with Mary. I informed her that that would be Mary's decision.
- 5) Will speak with Sue Ann Martinez SW tomorrow and follow up with Arbor staff tomorrow regarding plan for this Pt.

Nursing Interventions	Adm'l	Last Performed	Current Directions	Sts/
Intervention	Directions*			from

-----PROTOCOLS-----
Protocol: Fentanyl: bolusium 04/08/14 0827 JH*08.20 D:OE

-----OUTPATIENT-----
Current/PR Assessment (outpatient) 04/02/14 0235 JH C:CP

-Shift Assessment (outpatient) 04/02/14 2210 JN C:CP

-OPT IV Summary 04/03/14 1219 KH C:CP

-OPT Procedures FOR FOLEY, UA DIP, UA HCG, ORTHO, GUIDC ECT. C:CP

-OPT Off Unit Time 04/03/14 1155 KH, Complete anytime patie... C:CP

-OPT Outpatient Equipment Used C:CP

-OPT Case Management 04/03/14 1158 KH Q2H C:CP

-OPT Observation for C:CP

-OPT Discharge Checklist C:PS

-----NURSING COMMUNICATION-----
Straight Catheter R/R: UA D:OE

-NUR: Instructions (not for Meds) D:OE

Keep legs elevated D:OE

-----ADMISSION-----
Allergy: 04/02/14 2131 KY Q24K1 D:CP

-Historical Patient Data 04/02/14 0246 JH .on admission D:CP

-Medication History 04/01/14 1521 JB D:AS

DON'T FORGET PREFERRED PHARMACY C:CP

-Medication History **DON'T FORGET PREFERRED PHARMACY** C:CP

-MRSA Screen 04/02/14 0248 JH Q24K1 D:CP

-Unit Orientation 04/04/14 0940 KH .on Admission & Transfer D:CP

-Skin: Admission Screen 04/02/14 2131 KY D:CP

-DC Core Measure Education Checklist 04/03/14 1026 KH D:PS

-Vaccination Screen 04/03/14 1026 KH D:CP

----- EDUCATION -----
Education 04/03/14 2042 KY D:CP

-----ASSESSMENTS-----
-Rabin Assessment 04/08/14 1641 JH*00.04.08.12.16.20 D:CP

-Shift Assessment M/S Patient 04/08/14 0835 JH* D:PS

-Skin: Skin Integrity/Briden Scale 04/08/14 0827 JH*08.20 D:CP

Age/Sex: 71 F
Unit #: 0053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: KANDHOCOVA, Nellya MD -HOSP
Account #: V025643024
Location: 38
Room/Bed: 379-A

PARVIL, MARY JEAN
Lodi Memorial Hospital NMR **LIVE**
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Nursing Interventions Intervention	Last Performed Add'l Directions*	Current Directions	Sta/ From
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ASSESSMENTS

-Skin: Skin Integrity/Breiden Scale (continued)

CLINICAL MEASUREMENTS

-Vital Signs, Simple

04/08/14 1211 JH*08/12/14/20
D AS

-Intake, Simple

04/08/14 0600 TTT Q Shift
D CP

-Output, Simple

04/08/14 0600 TTT
D CP

-Weight

04/08/14 0600 TTT On admission and as or... D CP

-P-R-S-Point of Care

04/08/14 1130 JH*ACHS
D CP

HOSPITALIZATION

-Patient Belongings

04/10/14 1519 MT
D AS
On admission, transfer ... C CP

-Patient Belongings

04/10/14 1519 MT
D AS
On admission, transfer ... C CP

-Ticket to Ride, Print Only

04/08/14 0827 JH*08/20
D CP

-Telemetry/Caloric Monitor

04/08/14 0827 JH*08/20
D CP

-IV MEDS

-IV Management Site #01

04/04/14 0458 RV
D AS

-IV Management Site #01

04/04/14 1421 RM
D CP

-IV Management Site #02

04/08/14 0422 TTT
D PS

-IV Management Site #03

04/08/14 1640 JH*04H
D PS

-IV Management Site #04

04/08/14 1641 JH*02H
D CP

-Activity/Ambulation

04/08/14 1641 JH*02H
D CP

-RN to evaluate progressive mobility at the end of every shift

Nursing Interventions Intervention	Last Performed Add'l Directions*	Current Directions	Sta/ From
---------------------------------------	-------------------------------------	--------------------	--------------

ADULTS

-Activity/Ambulation (continued)

04/04/14 0600 06,18

SKIN/WOUND

-Skin: Pressure Ulcer #01

04/02/14 1330 JG 08/20
D PS

-Skin: Pressure Ulcer #01

04/08/14 0827 JH*08/20
D PS

-Skin: Pressure Ulcer #01

04/08/14 0827 JH*08/20
D PS

-Skin: Pressure Ulcer #01

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04/08/14 0827 JH*08/20
D PS

Age/Sex: 71 F
Unit #: M053082
Admitted: 04/03/14 at 1330
Status: DIS IN

Attending: Kandhooova, Nellya MD -HOSP
Account #: V025643024
Location: 38
Room/Bed: 378-A

PARVIN, MARY JEAN
Lodi Memorial Hospital NUR **LIVE**
Patient Profile

Nursing	Last Performed	Current	Site/From	Monogram Initials	Name	Nurse Type
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Discharge Checklist
SCREEN FOR VACCINES/Uncollected orders!!
04/08/14 1830 JH* Prior to discharge
D CP

Discharge Plan
DP: Case Management Complete
04/08/14 1743 KIR
04/08/14 1722 KIR
D AS
D PS

CARDIOPULMONARY
-PC: Oxygen : SpO2 Oximetry : 04/08/14 0800 RJ
Per oxygen delivery protocol? (includes oximetry per protocol)
Continuous O2 saturation monitor?
Comments:
C OE

*** Consent must be signed for Stress Echo or TEE ***
Type of procedure ordered: Echocardiogram
To Be Read by Doctor: LAVIST LAViola, Steven MD
Reason for Exam Syncope
When ordering on holidays, call the Nursing Supervisor
and leave the patient's name and room number.
<<<< TEE >>>>
A TEE (Trans Esoph Echo) requires conscious sedation and the
Hospital Supervisor (after hours) must be notified to sched. a
nurse to be present during the procedure.
-PC: EKG
Order requested: STAT
04/08/14 1623 JH G24H
Comments: (STAT, with enzymes, in AM, R)outine
Notify unit clerk to page for stat EKGs

REHAB SERVICES
-PT: Evaluation Order
Evaluation and treatment? Y
Reason Gait Training
Evaluate for placement recommendation?
Add the appropriate evaluation based on
the patient's status.
-PT: Evaluation
In APR 04/06/14 1434 JY NOM
D PS

-PT: Daily Wte
In APR 04/08/14 1300 KIR
D PS

SOCIAL SERVICES
-SS: Patient Encounter
04/11/14 0825 SM*
D CE

ALP	PHILAL	PHILLIPS, ALEXIS L	DE
AS	SCOTL	SCOTT, ALISON	DE
BE	HOANER	HOANG, BRIAN	PER
IC	CONCIN	CONCEPCION, IMMACULAD	RN
JB	BYARJA	BYARD, JACQUELINE	RN
JG	GUTTJE	GUTIERREZ, JEFFREY	RN
JH	HICKJE	MASELLO, JESSICA	RN
JH*	HALLJE	HALL, JEFFREY	RN
JHM	WELISJE	WILLIAMS, JENNIFER L	RN
JN	NGUYEN, JANET	NGUYEN, JANET	RN
JR	ROMMJA	ROMBERG, JAMIE	EKG
JW	WILLJEL	WILLIAMS, JENNIFER	RN
JY	YOSTJE	YOST, JENNINE	PT
KDR	RODKERI	RODGERS, KIMBERLEY	DE
KH	HOUSKE	THOMPSON, KELSEY	RN
KJ	JESSKA	JESSUP, KATHERINE	RN
KM	MORREJA	MORRISON, KARI	CNA
KV	VIERERA	VIERERA, KRISTINE	RN
KW	MARREJA	WARREN, KATIE N	RN
ML	LEPMAL	LEE, MAI	RN
MM	WILSME	WILSON, MEGAN	RN
NVS	SUASMO	SUASIN, MORLETA	RN
RM	MOOREO	MOORE, ROBERT	PTD
SK	KHATSA	KHAT, SAMRANG	RN
SM	MOISSA	MOIS, SARAH	RN
SM*	MARTSU	MARTINEZ, SUE A	RN
SNW	WOKRST	WORMAN, STEFFANI N	SW
TAR	RUDOTH	RUDD, TERESE	DE
TTT	TOUMTI	THIENPOHONG, TIE	DE