

PATIENT'S NAME: elt, Danes  
 \* DEFER IF CLINICAL R AE ATTACHED

DOUGLAS COUNTY HOSPITAL

PHYSICIAN'S IDERS

PRIMARY DIAGNOSIS: C HF  
with

SECONDARY DIAGNOSIS: 50 old CVD  
ASHD 50 m.p.  
C.R.D.

RESIDENT AWARE OF DIAGNOSIS: YES  NO  HISTORY OF:  MRSA  VRE

HEALTH CARE DIRECTIVES:  
 FULL EMERGENCY SERVICES  
 LIVING WILL to my family  
 DO NOT RESUSCITATE  
 DO NOT INTUBATE  
 OTHER SPECIFIC REQUESTS

ACTIVITY LEVEL:  
 UP AS TOLERATED   
 OTHER with wither initially  
admission & tolerated

ADMISSION H & P REMAINS VALID AND UP-TO-DATE:  
 YES  
 NO  
 IF NO, PLEASE UPDATE H & P

OVERALL STATUS:  
 STABLE  
 IMPROVING  
 DETIORATING  
 TERMINAL

DISCHARGE POTENTIAL:  
 30 DAYS OR LESS  
 31 DAYS OR MORE  
 POOR  
 TERMINAL

REHAB POTENTIAL:  
 GOOD  
 FAIR  
 POOR  
 MAINTENANCE

LEVEL OF CARE:  
 SKILLED  
 ADMITTED TO NURSING FACILITY FOR SAME CONDITION FOR WHICH PATIENT RECEIVED CARE IN THE HOSPITAL:  
 YES  NO

THERAPY (CIRCLE):  
 PT  ST  SPEECH  
 EVALUATION/TREATMENT  
 YES  
 NO  
Improve strength  
independence, independence

MANTOUX CONTRAINDICATED:  
 YES  
 NO  
 IF YES, PLEASE EXPLAIN

ALLERGIES: DRUG: Singulair FOOD: eggs (wishes) antibiotics ACEI cough 2000 feeding

MEDICATIONS: MAY USE GENERIC EQUIVALENTS: YES  NO  magnesium Biscor (2 tablets)

NAME OF MEDICATION	DOSE	ROUTE	FREQUENCY	REASON / DIAGNOSIS	TIME OF LAST DOSE
<u>Advair</u>	<u>250/50</u>	<u>i puff</u>	<u>bid</u>	<u>asthma</u>	<u>11/24 9A</u>
<u>Plavix</u>	<u>75 mg</u>	<u>po</u>	<u>W.R. Sat</u>	<u>stroke</u>	<u>11/24 9A</u>
<u>Cizacur</u>	<u>50 mg</u>	<u>po</u>	<u>q Am</u>	<u>C HF</u>	<u>11/24 9A</u>
<u>Lasix</u>	<u>80 mg</u>	<u>po</u>	<u>q Am</u>	<u>C HF</u>	<u>11/24 9A</u>
<u>Magnesium</u>	<u>400 mg</u>	<u>po</u>	<u>bid</u>	<u>C HF, leg cramps</u>	<u>11/24 9A</u>
<u>metoprolol succinate</u>	<u>50 mg</u>	<u>po</u>	<u>q Am</u>	<u>C HF</u>	<u>11/24 9A</u>
<u>aspirin</u>	<u>81 mg</u>	<u>po</u>	<u>daily</u>	<u>ASHD</u>	<u>11/24 9A</u>
<u>amlodipine</u>	<u>5 mg</u>	<u>po</u>	<u>q Am</u>	<u>HTN</u>	<u>11/24 9A</u>
<u>coumadin</u>	<u>30 mg</u>	<u>po</u>	<u>daily</u>	<u>DVT prophylaxis</u>	<u>11/24 9A</u>
<u>KCL</u>	<u>800 mg</u>	<u>tablets</u>	<u>q po bid</u>	<u>C HF</u>	<u>11/24 9A</u>
<u>albuterol</u>	<u>HFA</u>	<u>2 puffs</u>	<u>q 4 hrs</u>	<u>when wheezing</u>	<u>asthma</u>
<u>Amiodarone</u>	<u>100 mg</u>	<u>po</u>	<u>daily</u>	<u>(1/2 200mg tablet)</u>	<u>hepatic</u>
<u>No Metformin</u>					
<u>ntrostat</u>	<u>0.4 mg</u>	<u>po</u>	<u>bid</u>	<u>pain</u>	<u>may repeat x1 500mg</u>

MISCELLANEOUS ORDERS:  
aspirin 300 mg Monday and Friday call 7300  
or 2L per dyspnea, or sat < 90% → C HF, asthma  
tylenol 1000 mg q 8 hrs per pain  
steering pad & rest neck and D amp pain pan.

WHEN OUT OF FACILITY, MAY TAKE MEDS:  
 INDEPENDENT  
 SUPERVISED  N/A

NURSING HOME STANDING ORDERS:  
 YES  
 NO

DIET:  
 REGULAR  
 MILD NA (3-4 gm)  
 DIABETIC / WEIGHT CONTROL

TEXTURE:  
 MECHANICAL SOFT  
 PUREED  
 OTHER:

TRANSFERRING PHYSICIAN SIGNATURE: [Signature] DATE: 11/23/20

PHYSICIAN TO FOLLOW: [Signature]

COPIES INCLUDED WITH TRANSFER: H&P \_\_\_\_\_ CLINICAL RESUME/DISCHARGE SUMMARY \_\_\_\_\_

LAB \_\_\_\_\_ HEALTH CARE DIRECTIVES / LIVING WILL \_\_\_\_\_