

02-1857-CD  
HELEN FLETCHER vs. CLEARFIELD YMCA SCHLFD. HOSPITAL

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER,  
Plaintiff

VS.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

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NO. 02-1857 -CD

CASE NUMBER: 02- -CD

TYPE OF CASE: Civil

TYPE OF PLEADING: COMPLAINT

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE  
Supreme Court I.D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

NOV 25 2002

0/355/wj

William A. Shaw

Prothonotary/Clerk of Courts

3 Clerk to Court

PO 85.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER,  
Plaintiff

VS.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

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NO. 01- -CD

**NOTICE TO DEFEND**

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator's Office  
Clearfield County Courthouse  
Clearfield, PA 16830  
814-765-2641 Ext. 5982

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER,  
Plaintiff

VS.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

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NO. 02- -CD

**COMPLAINT**

**AND NOW**, comes HELEN FLETCHER, by and through her Attorney, R. DENNING GEARHART, who files this complaint and in support thereof aver as follows:

**COUNT I**

1. The Plaintiff, HELEN FLETCHER (henceforth: Plaintiff), is an adult individual who at all times relevant to this complaint resided at 715 Nichols Street, Clearfield, PA 16830.

2a. The Defendant, CLEARFIELD YMCA, is a corporation, (henceforth: Defendant, Clearfield YMCA), with its principal place of business located at 21 N. Second Street, Clearfield, Pennsylvania 16830, and owns a parcel of property situate in the Borough of Clearfield, Clearfield County, Pennsylvania, and more particularly described in the deed evidencing their ownership of said building, attached hereto as exhibit "A," said property being the premises which are the subject of this legal action.

2b. The Defendant Clearfield Hospital (henceforth, Defendant, Clearfield Hospital), is a corporation, which at all times relevant to this complaint had a principal place of business at 809 Turnpike Avenue, Clearfield, Clearfield County, Pennsylvania 16830,

which at all times relevant to this complaint was the possessor of the subject premises which were leased from Defendant, Clearfield YMCA.

3. At all times material hereto the Defendants, and each of them, acted by and through their duly authorized agents, servants, workmen and/or employees acting within the course and scope of their authority.

4. The facts and occurrences hereinafter stated took place on the 12th day of March, 2001 at 21 N. Second Street, Clearfield, in the Borough of Clearfield, County of Clearfield, Commonwealth of Pennsylvania 16830.

5. On or about March 12, 2001, at approximately 10:00 a.m., the Plaintiff was a business invitee or was otherwise lawfully at 21 N. Second Street, Clearfield, PA 16830, attending treatment to occur at a clinic operated by the Defendant, Clearfield Hospital, located in the building owned and operated by the Defendant YMCA. When she attempted to enter said premises, she tripped and fell due to a dangerous and/or defective condition of the sidewalk/entryway at the above location. Specifically, the concrete slab in front of the entrance doors to the premises, was inconspicuously and deceptively higher (by approximately one inch) higher than the sidewalk which ran along N. Second Street in the Borough of Clearfield and pass the premises in question. This difference in height created a "lip" which was not reasonably noticeable.

6. The Defendants, and each of them, acting as aforesaid, knew or should have known of the aforesaid dangerous and/or defective condition existing in the area.

7. The aforesaid incident was caused by the negligence and/or carelessness and/or recklessness of the Defendants, and each of them, acting as aforesaid and consisted of any or all of the following:

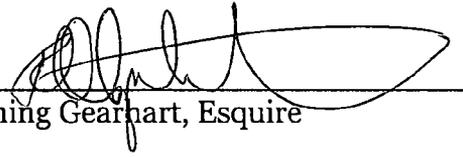
- a. Failing to properly construct said premises;
- b. Failing to properly maintain said premises;
- c. Failing to make adequate and proper inspection of the subject premises;
- d. Permitting the subject premises to be and remain in an unsafe and/or dangerous condition, all of which the Defendants, its agents, servants, workmen and/or employees in the exercise of reasonable care and prudence, know or should have known;
- e. Failing to warn Plaintiff of the danger;
- f. Negligence at law;
- g. Violation of the applicable sections of the Restatement of Torts 2nd;
- h. Violation of the applicable laws of the Commonwealth of Pennsylvania and the ordinances of the Borough of Clearfield, County of Clearfield, Commonwealth of Pennsylvania.

8. Solely and exclusively as a result of the negligence and/or carelessness and/or recklessness of the Defendant(s), and each of them, Plaintiff was caused to suffer serious physical injuries to her person, including but not limited to bodily injuries, outlined below, and other injuries to the full extent of which are still unknown; Plaintiff had and may be caused to suffer injury to her nerves and nervous system and mental and psychological trauma; she will be caused to endure pain and suffering and loss of life's pleasures, and will be caused to expend sums of money for medical care and treatment; and she may in the future be prevented from attending to her usual duties and occupation to her great financial loss. The known bodily injuries suffered by the Plaintiff include, but are not limited to, the following:

a. Trimalleolar fracture of the distal fibula and tibia of the right ankle

**WHEREFORE**, Plaintiff hereby demands judgment against Defendants, and each of them, in an amount in excess of Twenty Thousand Dollars (\$20,000.00), plus interest, costs and damages for delay.

Respectfully submitted,

  
\_\_\_\_\_  
R. Denning Gearhart, Esquire

COMMONWEALTH OF PENNSYLVANIA :  
: SS:  
COUNTY OF CLEARFIELD :

AFFIDAVIT

Before me, the undersigned officer, personally appeared, HELEN FLETCHER who being duly sworn according to law deposes and says that the facts set forth in the foregoing Complaint are true and correct to the best of her knowledge, information, and belief.

  
HELEN FLETCHER

Sworn to and subscribed  
before me this 25<sup>th</sup> day  
of November, 2002.

  
Notary Public

NOTARIAL SEAL  
JENNIFER A. MICHAELS, NOTARY PUBLIC  
CLEARFIELD BORO, CLEARFIELD CO.  
MY COMMISSION EXPIRES JUNE 17, 2003

William A. Shaw  
Prothonotary/Clerk of Courts

NOV 25 2002

FILED

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|--|--|--|--|--|
|  |  |  |  | <p>R. DENNING GEARHART<br/>ATTORNEY AT LAW<br/>CLEARFIELD, PA. 16830</p> |
|--|--|--|--|--|

COMMERCIAL PRINTING CO., CLEARFIELD, PA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,

Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,

Defendants

No. 02 – 1857 CD

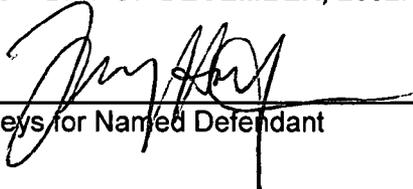
**ISSUE:**  
PRAECIPE FOR APPEARANCE

Filed on behalf of Defendant,  
CLEARFIELD HOSPITAL

Counsel of Record:

Frank J. Hartye, Esquire  
PA I.D. #25568  
McINTYRE, DUGAS, HARTYE &  
& SCHMITT  
P.O. Box 533  
Hollidaysburg, PA 16648  
(814) 696-3581

I HEREBY CERTIFY THAT A TRUE AND  
CORRECT COPY OF THE WITHIN WAS  
MAILED TO ALL COUNSEL OF RECORD  
THIS 9<sup>TH</sup> DAY OF DECEMBER, 2002.

  
Attorneys for Named Defendant

**FILED**

DEC 11 2002

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,

Plaintiff

vs.

CLEARFIELD YMCA and  
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Defendants

No. 02 – 1857 CD

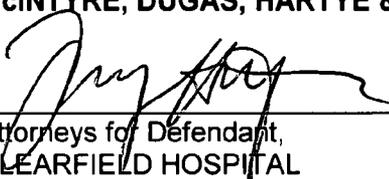
JURY TRIAL DEMANDED

**PRAECIPE FOR APPEARANCE**

TO: PROTHONOTARY

Kindly enter my appearance as counsel of record for the Defendant,  
CLEARFIELD HOSPITAL, in the above-captioned action.

**McINTYRE, DUGAS, HARTYE & SCHMITT**

  
Attorneys for Defendant,  
CLEARFIELD HOSPITAL

Frank H. Hartye, Esquire  
PA I.D. #25568  
P.O. Box 533  
Hollidaysburg, PA 16648-0533  
(814) 696-3581

03155-00367/DFW

HELEN FLETCHER,  
Plaintiff

v.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

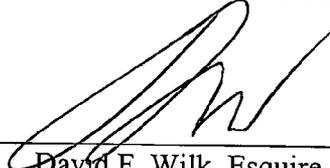
: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION - LAW  
:  
: NO. 02-1857-CD  
:  
: JURY TRIAL DEMANDED

### ENTRY OF APPEARANCE

TO THE PROTHONOTARY:

Kindly enter my appearance for Defendant, Clearfield YMCA, in the above-captioned matter.

MARSHALL, DENNEHEY, WARNER,  
COLEMAN & GOGGIN

BY: 

David F. Wilk, Esquire

I.D. No. 65992

Attorney for Defendant Clearfield YMCA

33 West Third Street, Suite 200

Williamsport, PA 17701

Telephone No. (570)326-9069

DATE: December 16, 2002

**FILED**

DEC 17 2002

William A. Shaw  
Prothonotary

**FILED**

*NO*

*m 11:37 AM*

*cc*

DEC 17 2002

*PKK*

William A. Shaw  
Prothonotary

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*[Faint mirrored text]*

03155-00367/DFW

HELEN FLETCHER,  
Plaintiff

v.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
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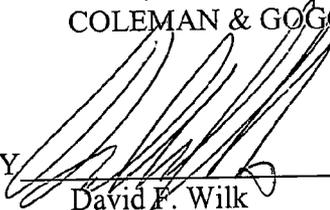
**NOTICE OF SERVING DISCOVERY**

TO THE PROTHONOTARY:

Please take notice that Defendant Clearfield YMCA has served **Personal Injury Interrogatories, Premise Liability Interrogatories, Expert Interrogatories and Request for Production of Documents Directed to Plaintiff** pursuant to the Pennsylvania Rules of Civil Procedure, by mail, postage prepaid, this 19<sup>th</sup> day of December, 2002.

MARSHALL, DENNEHEY, WARNER,  
COLEMAN & GOGGIN

BY



David F. Wilk  
Attorney for Defendant YMCA  
I.D. #65992  
33 W. Third Street, Suite 200  
Williamsport, PA 17701  
(570)326-9069

**FILED**

DEC 20 2002

m la 201 no cc  
William A. Shaw  
Prothonotary *E KPA*

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,

Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,

Defendants

: No. 02 – 1857 CD

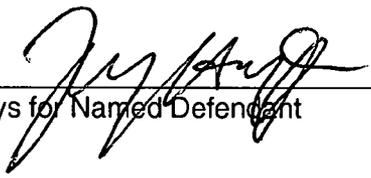
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: **ISSUE:**  
: **ANSWER AND NEW MATTER TO**  
: **PLAINTIFF'S COMPLAINT**

:  
: Filed on behalf of Defendant,  
: CLEARFIELD HOSPITAL

:  
: Counsel of Record:

:  
: Frank J. Hartye, Esquire  
: PA I.D. #25568  
: McINTYRE, DUGAS, HARTYE &  
: & SCHMITT  
: P.O. Box 533  
: Hollidaysburg, PA 16648  
: (814) 696-3581

I HEREBY CERTIFY THAT A TRUE AND  
CORRECT COPY OF THE WITHIN WAS  
MAILED TO ALL COUNSEL OF RECORD  
THIS 26<sup>th</sup> DAY OF December, 2002.

  
\_\_\_\_\_  
Attorneys for Named Defendant

**FILED**

DEC 30 2002

William A. Shaw  
Prothonotary

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

|                      |   |                     |
|----------------------|---|---------------------|
| HELEN FLETCHER,      | : | No. 02 – 1857 CD    |
|                      | : |                     |
| Plaintiff            | : |                     |
|                      | : |                     |
| vs.                  | : |                     |
|                      | : |                     |
| CLEARFIELD YMCA and  | : |                     |
| CLEARFIELD HOSPITAL, | : |                     |
|                      | : |                     |
| Defendants           | : | JURY TRIAL DEMANDED |

**ANSWER AND NEW MATTER TO PLAINTIFF'S COMPLAINT**

AND NOW, comes the defendant, CLEARFIELD HOSPITAL, by and through its attorneys, McINTYRE, DUGAS, HARTYE & SCHMITT and files the following Answer and New Matter to Plaintiff's Complaint.

1. The allegations contained in Paragraph 1 are true to the best of defendant's knowledge.

2. (a.) The allegations contained in Paragraph 2 (a) are not directed to answering defendants.

(b.) It is admitted that Clearfield Hospital is a corporation with its principal place of business at 809 Turnpike Avenue, Clearfield, PA. The remaining allegations are denied. It is denied that Defendant, Clearfield Hospital possessed the subject premise where plaintiff fell. To the contrary, defendant hospital only made arrangements to use the gymnasium at the YMCA building.

3. The allegations contained in Paragraph 3 are overly broad and therefore they are denied as stated.

4. After reasonable investigation defendant is without sufficient knowledge or information as to the truth of the averments and therefore they are denied as stated.

5. The allegations contained in Paragraph 5 are denied as stated. It is denied that the plaintiff tripped and fell due to a dangerous and/or defective condition of the sidewalk/entry way. It is denied that defendant, Clearfield Hospital had possession or control of this area of the YMCA building and therefore all of the allegations contained in Paragraph 5 are denied.

6. Denied. It is denied that there was a dangerous or defective condition and therefore all of the allegations in this paragraph are denied.

7. Denied. It is denied that Clearfield Hospital or any of its agents, servants or employees were negligent, careless or reckless in any manner. It is further denied that any action or inaction on the part of Clearfield Hospital or any of its agents, servants or employees either caused or contributed to the injuries and damages alleged in plaintiff's Complaint and therefore all of the allegations contained in Paragraph 7 and the subparagraphs thereof are denied and strict proof thereof is demanded.

8. Denied. It is denied that Clearfield Hospital or any of its agents, servants or employees were negligent, careless or reckless in any manner. It is further denied that any action or inaction of the part of Clearfield Hospital or any of its agents, servants or employees either caused or contributed to the alleged injuries and damages set forth and therefore all of the allegations contained in Paragraph 8 are denied.

WHEREFORE, defendant, CLEARFIELD HOSPITAL demands judgment in its favor with cost of suit awarded to defendant.

**NEW MATTER**

By way of further and more complete Answer defendant avers the following New Matter:

9. Defendant Clearfield Hospital did not own or operate the YMCA building at issue. While defendant hospital made arrangements for use of a portion of the interior of the YMCA

building, this defendant did not have possession or control of the area of the building where plaintiff is alleged to have fallen.

10. Paragraphs 7 (f), (g) and (h) of plaintiff's Complaint should be stricken as contrary to Rule 1019 and applicable case law.

11. If plaintiff suffered injuries and damages as a result of actions or inactions of individuals as alleged in plaintiff's Complaint, such actions or inactions were of individuals or entities other than Clearfield Hospital, its agents, servants or employees and over whom Clearfield Hospital neither exercised nor had the right or duty to exercise control, and for whose actions or inactions Clearfield Hospital is not responsible or otherwise legally liable.

WHEREFORE, Clearfield Hospital demands judgment in its favor with cost of suit awarded to Clearfield Hospital.

McINTYRE, DUGAS, HARTYE & SCHMITT

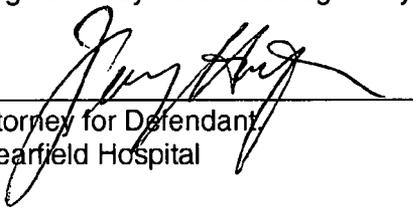


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Attorney for Defendant,  
Clearfield Hospital  
**Frank J. Hartye, Esquire**  
**PA I.D. #25568**  
P.O. Box 533  
Hollidaysburg, PA 16648  
(814) 696-3581  
(814) 696-9399 – Fax

To: Helen Fletcher, plaintiff

You are hereby notified to file a written response to the enclosed **New Matter** within **twenty (20) days** from service hereof or a judgment may be entered against you.



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Attorney for Defendant  
Clearfield Hospital

VERIFICATION

I, Thomas J Conkin JR, of CLEARFIELD HOSPITAL do hereby verify that I have read the foregoing **ANSWER AND NEW MATTER TO PLAINTIFF'S COMPLAINT**. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn fabrication to authorities, which provides that if I make knowingly false averments I may be subject to criminal penalties.

CLEARFIELD HOSPITAL

A handwritten signature in cursive script, appearing to read "Thomas J Conkin JR", is written over a horizontal line.

Date: 12/20/02

**FILED**

m 11:16 ~~84~~  
DEC 30 2002

*[Handwritten signature]*

William A. Shaw  
Prothonotary

In The Court of Common Pleas of Clearfield County, Pennsylvania

Sheriff Docket # 13361

FLETCHER, HELEN

02-1857-CD

VS.

CLEARFIELD YMCA and CLEARFIELD HOSPITAL

COMPLAINT

SHERIFF RETURNS

NOW NOVEMBER 27, 2002 AT 1:35 PM EST SERVED THE WITHIN COMPLAINT ON CLEARFIELD HOSPITAL, DEFENDANT AT EMPLOYMENT, 809 TURNPIKE AVE, CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO THERESA POLOCHICK, P.I.C., A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF. SERVED BY: DAVIS/MORGILLO

NOW NOVEMBER 27, 2002 AT 1:49 PM EST SERVED THE WITHIN COMPLAINT ON CLEARFIELD YMCA, DEFENDANT AT EMPLOYMENT, 21 N. SECOND STREET, CLEARFIELD, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JOHN MCCAULLEY, PROGRAM DIRECTOR, A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HIM THE CONTENTS THEREOF. SERVED BY: DAVIS/MORGILLO

Return Costs

| Cost  | Description                 |
|-------|-----------------------------|
| 26.37 | SHFF. HAWKINS PD. BY: ATTY. |
| 20.00 | SURCHARGE PAID BY: ATTY.    |

Sworn to Before Me This

29<sup>th</sup> Day Of Jan 2003

*William A. Shaw*  
**FILED**

JAN 29 2003

012:08 p.m.

William A. Shaw  
Prothonotary

So Answers,

*Chester A. Hawkins*  
*by Marty Hamr*  
Chester A. Hawkins  
Sheriff

03155-00367/DFW

HELEN FLETCHER,  
Plaintiff

v.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

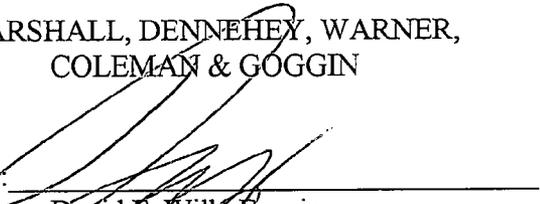
: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION - LAW  
:  
: NO. 02-1857-CD  
:  
: JURY TRIAL DEMANDED

**NOTICE OF SERVING DISCOVERY**

TO THE PROTHONOTARY:

Please take notice that Defendant, Clearfield YMCA, has served **Request for Production of Documents on Co-Defendant Clearfield Hospital** pursuant to the Pennsylvania Rules of Civil Procedure, addressed to Frank Hartye, Esquire, , P. O. Box 533, Hollidaysburg, PA, by mail, postage prepaid, this 7<sup>th</sup> day of February, 2003

MARSHALL, DENNEHEX, WARNER,  
COLEMAN & GOGGIN

BY: 

David F. Wilk, Esquire  
Attorney for Defendant, Clearfield YMCA  
33 West Third Street, Suite 200  
Williamsport, PA 17701  
Telephone (570) 326-9069

cc: R. Denning Gearhart, Esquire

**FILED**

FEB 10 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,

Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,

Defendants

: No. 02 – 1857 CD  
:  
:  
: **ISSUE:**  
: **NOTICE OF SERVICE OF**  
: **INTERROGATORIES AND REQUEST FOR**  
: **PRODUCTION OF DOCUMENTS DIRECTED**  
: **TO PLAINTIFF DATED - 2/13/03**  
:  
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: Filed on behalf of Defendant,  
: CLEARFIELD HOSPITAL  
:  
: Counsel of Record:  
:  
: Frank J. Hartye, Esquire  
: PA I.D. #25568  
: McINTYRE, DUGAS, HARTYE &  
: & SCHMITT  
: P.O. Box 533  
: Hollidaysburg, PA 16648  
: (814) 696-3581

I HEREBY CERTIFY THAT A TRUE AND  
CORRECT COPY OF THE WITHIN WAS  
MAILED TO ALL COUNSEL OF RECORD  
THIS 13th DAY OF FEBRUARY, 2002.

  
\_\_\_\_\_  
Attorneys for Named Defendant

**FILED**

FEB 14 2003

William A. Shaw  
Prothenotary



**FILED**

M 12:50 PM  
FEB 14 2003

William A. Shaw  
Prothonotary

NO  
CC  
*[Handwritten initials]*

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IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
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HELEN FLETCHER,

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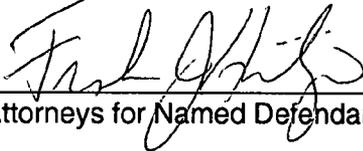
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: **ISSUE:**  
: **NOTICE OF SERVICE OF**  
: **RESPONSE TO DEFENDANT REQUEST FOR**  
: **PRODUCTION OF DOCUMENTS**

:  
: Filed on behalf of Defendant,  
: CLEARFIELD HOSPITAL

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: Counsel of Record:

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: Frank J. Hartye, Esquire  
: PA I.D. #25568  
: McINTYRE, DUGAS, HARTYE &  
: & SCHMITT  
: P.O. Box 533  
: Hollidaysburg, PA 16648  
: (814) 696-3581

I HEREBY CERTIFY THAT A TRUE AND  
CORRECT COPY OF THE WITHIN WAS  
MAILED TO ALL COUNSEL OF RECORD  
THIS 7<sup>th</sup> DAY OF MARCH, 2003.

  
\_\_\_\_\_  
Attorneys for Named Defendant

**FILED**

MAR 10 2003

William A. Shaw  
Prothonotary



**FILED**

*no  
cc*

*M 11/18 2011*  
MAR 10 2003

*WAS*  
**William A. Shaw**  
**Prothonotary**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
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HELEN FLETCHER,  
Plaintiff

vs.

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No. 02-1857-CD

CASE NUMBER: No. 02-1857-CD

TYPE OF CASE: Civil

TYPE OF PLEADING: CERTIFICATE OF SERVICE

FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE  
Supreme Court I. D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

JUN 04 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
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HELEN FLETCHER,  
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Defendants

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No.02-1857-CD

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a certified copy of Plaintiff's Answer to Interrogatories filed by Defendant Clearfield Hospital and Plaintiff's Answer to Interrogatories filed by Defendant YMCA filed in the above captioned matter on the Defendants through Defendants' attorneys by depositing such documents in the United States Mail postage pre-paid and addressed as follows:

David F. Wilk, Esq.  
33 W. Third Street, Suite 200  
Williamsport, PA 17701

Frank J. Hartye, Esq.  
McIntyre, Dugas, Hartye & Schmitt  
P. O. Box 533  
Hollidaysburg, PA 16648

By: 

R. Denning Gearhart, Esq.  
Attorney for Plaintiff

Dated: June 3, 2003

FILED

Ref. 10:47 34 Note  
JUN 04 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER, :  
Plaintiff :  
VS. :  
CLEARFIELD YMCA and :  
CLEARFIELD HOSPITAL, :  
Defendants :

CASE NUMBER: 02-1857-CD  
TYPE OF CASE: Civil  
TYPE OF PLEADING: Plaintiff's Answer to Interrogatories  
filed by Defendant YMCA  
FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART,  
ESQUIRE  
Supreme Court I.D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

JUN 03 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER, :  
Plaintiff :  
VS. :  
CLEARFIELD YMCA and :  
CLEARFIELD HOSPITAL, :  
Defendants :

**PLAINTIFF'S ANSWER TO INTERROGATORIES**  
**FILED BY DEFENDANT CLEARFIELD HOSPITAL**

COMES NOW, Plaintiff Helen Fletcher, by her Attorney, R. Denning Gearhart, and  
answers Defendant YMCA's Interrogatories as follows:

1. Helen Fletcher  
715 Nichols Street  
Clearfield, PA 16830  
  
10/4/23  
193-46-2305
2. Joy White, Jamie Birmingham and Mr. And Mrs. Dusty Fletcher stayed with the Plaintiff immediately following the accident for two weeks, two weeks and one week, respectively. They are her children, and it was necessary that someone be there to help her during her initial recovery.
3. High School Graduate.
4. Peoples Pharmacies, Plymouth Meeting, PA.  
Cosmetician from 1969-1983
5. Trimalleolar fracture of the distal fibula and tibia of the right ankle; broke an ankle.
6. Constant pain in ankle, hot sensation and swelling of ankle, arthritis.

7. This information is contained in the medical reports.
8. Scar on right ankle is approximately 4" long, white with red outline. It is still swollen and hot. Blood vessels are protruding that were not evident before the injury.
9. The Plaintiff had a cast covering her foot up to her knee from the date of the accident through May of 2001.

She also had to use a walker and still is required to do so on occasion.

10. EVERY DAY ACTIVITY WAS AFFECTED. She was unable to bathe herself, cook, clean, drive, do laundry, shop, etc. Going to the bathroom was difficult. Her sleep was affected severely. Her legs were always cold; she slept with a pillow under them. She had to learn to walk up and down her porch steps. Her house has extremely narrow hallways. It was very difficult to maneuver the walker through the hall. She had to turn sideways to enter the bedroom with her walker.

Her balance is still off.

She had to put off the program she intended to attend at the YMCA for an entire year.

11. Plaintiff is still taking darvocet and ultram for pain.
12. Plaintiff saw Dr. Davidson every three months and Dr. Cardamone yearly for heart problems.
13. Plaintiff is not seeking compensation for loss of earnings. Her children had lost wages - Daughter, Joy, missed 2 weeks work; Dusty and his wife both missed a week.
14. Blue Cross/Blue Shield is seeking subrogation as per the attached correspondence.
15. No.
16. September, 2002 - Broke left wrist - no suit initiated
17. N/A.
18. When Plaintiff fell, a man (name unknown) came up to her, asked her if she was all right, and went to get a chair. Shelly Spiker of the YMCA brought her a chair to sit on and called the ambulance.

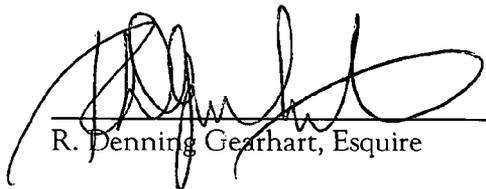
Plaintiff, her attorney, family members and friends, EMT's, doctors, specialists, x-ray technicians, etc. have knowledge of the accident and her injuries.

19. Blue Cross/Blue Shield  
Camp Hill, PA 17089  
ID #19141475; Group #06605200  
Bc/BS paid \$872.12

Medicare Card

20. Yes - enclosed.

Respectfully submitted,



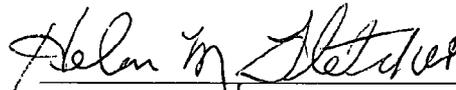
R. Denning Gearhart, Esquire

COMMONWEALTH OF PENNSYLVANIA :

: SS.

COUNTY OF CLEARFIELD :

Before me, the undersigned officer, a Notary Public in and for the above named State and County, personally appeared HELEN FLETCHER who being duly sworn according to law deposes and says that the facts set forth in the foregoing Answer to Interrogatories are true and correct to the best of her knowledge, information and belief.

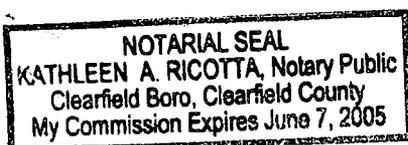
  
HELEN FLETCHER

Sworn to and subscribed

before me, this 3

day of June, 2003.

  
Notary Public



**AINSMAN & LEVINE, P.C.** 330 Grant Street, Suite 2201. Pittsburgh, PA 15219  
ATTORNEYS AT LAW

TELEPHONE: (412) 338-9030  
FAX NO.: (412) 338-9167

August 29, 2002

R. Denning Gearheart, Esquire  
215 E. Locust Street  
Clearfield, PA 16830

RE: Patient: Helen Fletcher  
Agreement No.: 195-14-1475B  
Accident Date: 3/12/01

Dear Mr. Gearheart:

Highmark Blue Cross and Highmark Blue Shield's current lien amount in the above captioned matter is \$1,093.76. This amount is comprised of \$872.12 paid by Blue Cross and \$221.64 paid by Blue Shield. Please note that you should be in touch with this office prior to settlement and/or distribution of funds in this case to confirm the final lien amount.

Please bring us up to date on the status of this case by indicating the appropriate response(s) below.

Sincerely yours,

AINSMAN & LEVINE, P.C.

*Traci Varrati*  
Traci Varrati  
Subrogation Specialist

Case Pending

Diary your file ahead to \_\_\_\_\_, 2002

Trial date set for \_\_\_\_\_

Settlement completed. Ainsman & Levine can expect reimbursement by \_\_\_\_\_

Other \_\_\_\_\_

Please send current statement of payments.

IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION No. 02-1857+CD

HELEN FLETCHER,  
Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

PLAINTIFF'S ANSWER TO INTERROGATORIES  
FILED BY DEFENDANT YMCA

**FILED**

3:30 PM  
JUN 03 2003  
EPA

William A. Shaw  
Prothonotary

R. DENNING GEARHART  
ATTORNEY AT LAW  
CLEARFIELD, PA. 16830

COMMERCIAL PRINTING CO., CLEARFIELD, PA.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER, :  
Plaintiff :  
VS. :  
CLEARFIELD YMCA and :  
CLEARFIELD HOSPITAL, :  
Defendants :

CASE NUMBER: 02-1857-CD  
TYPE OF CASE: Civil  
TYPE OF PLEADING: Plaintiff's Answer to Interrogatories  
filed by Defendant Clearfield Hospital  
FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART,  
ESQUIRE  
Supreme Court I.D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

JUN 03 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
(CIVIL DIVISION)

HELEN FLETCHER, :  
Plaintiff :  
VS. :  
CLEARFIELD YMCA and :  
CLEARFIELD HOSPITAL, :  
Defendants :

**PLAINTIFF'S ANSWER TO INTERROGATORIES**  
**FILED BY DEFENDANT CLEARFIELD HOSPITAL**

COMES NOW, Plaintiff Helen Fletcher, by her Attorney, R. Denning Gearhart, and  
answers Defendant Clearfield Hospital's Interrogatories as follows:

1.
  - (a) Helen Fletcher
  - (b) 715 Nichols Street  
Clearfield, PA 16830
  - (c) 715 Nichols Street, Clearfield, PA 16830
  - (d) 10/4/23
  - (e) 193-46-2305
  - (f) High School Graduate
  - (g) Maiden Name: Mann
  - (h) 10/4/23 - Clearfield, PA
  - (ii) Widow
  - (j) No
  - (k) N/A
  - (l) No.
  - (m) N/A
2. Sherry Greenland, Assistant to R. Denning Gearhart, Esq.
3. Plaintiff's family members and friends, EMTs, doctors, specialists, x-ray technicians, etc.
4. Plaintiff has no knowledge of any statements made.

5. Plaintiff has not been a party to any other litigation.
6. Plaintiff has never made any other claims for injury.
7. Plaintiff has no knowledge of any investigations concerning this case.
8. Plaintiff lacks sufficient knowledge to answer this interrogatory.
9. 9:45 AM.
10. It was a sunny day, but it was cold, and there was ice on the ground.
11. Plaintiff lacks sufficient knowledge to answer this interrogatory.
12. Plaintiff lacks sufficient knowledge to answer this interrogatory.
13. N/A.
14. Yes.
15. Plaintiff suffered a trimalleolar fracture of the distal fibula and tibia of the right ankle on March 12, 2001 at approximately 9:45 AM when she fell at the YMCA.
16. Plaintiff parked her vehicle and was walking into the YMCA building when she tripped and fell due to the dangerous and/or defective condition of the sidewalk. She was taken by ambulance to the Clearfield Hospital.
17. No, the Plaintiff has not recovered from the injuries giving rise to her Complaint.
18. Plaintiff developed arthritis as a result of this injury, still has pain and swelling in her ankle and continues to use her walker on occasion. Plaintiff receives treatment from Dr. Rudolpho Polintan, 807 Turnpike Avenue, Clearfield, Pa., 16830, and Dr. James Davidson, 502 Park Avenue, Clearfield, Pa., 16830. The nature of her treatment can be further determined by a review of the medical records.
19. Please refer to the answers in the foregoing Interrogatory and the medical records.
20. Please refer to the medical records.
21. Please refer to the medical records.
22. No.
23. N/A.

24. Yes.
25. Plaintiff broke her left wrist on September 30, 2002 when she fell in the kitchen of her residence. She was seen by Dr. Rudolpho Polintan and was admitted to the Clearfield Hospital overnight. No claim was made or lawsuit filed
26. N/A
27. In addition to Dr. James Davidson, Plaintiff has also been treated by Dr. Ralph Cardamone, 807 Turnpike Avenue, Clearfield, Pa.
28. Plaintiff was seen by Drs. Benwa and Ellen Smith at Geisinger Hospital in Danville, Pa., in addition to the doctors listed in the foregoing interrogatories.
29. Please see the answers to the foregoing Interrogatories.
30. If the bills are not in the Medical records which have been provided to counsel, Plaintiff will provide the same at a later date.
31. No.
32. Plaintiff resides alone.
33. Jay White, Jamie Birmingham and Mr. & Mrs. Dusty Fletcher stayed with the Plaintiff immediately following the accident for two weeks, two weeks and one week, respectively. They are her children, and it was necessary that someone be there to help her during her initial recovery.
34. N/A
35. Plaintiff wears a pacemaker for a heart attack suffered in 1985.
36. Plaintiff had a heart attack in 1985.
37. No.
38. N/A
39. N/A
40. N/A
41. Please refer to the medical records.
42. Please refer to the medical records.

43. X-rays would have been taken when Plaintiff broke her wrist.
44. Plaintiff broke her wrist in September of 2002. She was seen by Dr. Polintan at the Clearfield Hospital.
45. Please refer to interrogatories previously answered.
46. Please refer to interrogatories previously answered.
47. Plaintiff is without sufficient knowledge to answer this interrogatory.
48. Plaintiff has made no claim for loss of earnings.
49. Yes. Plaintiff does not file federal returns, but she does file state returns.
50. Only income Plaintiff receives in her Social Security benefits and a small pension
51. Plaintiff has insurance under Medicare and Highmark Blue Cross/Blue Shield/65 Special. Unknown if covered fully for incident.
52. Addresses are readily available.
53. Plaintiff wears glasses, and she was wearing them at the time of the injury.
54. No.
55. No.
56. No.
57. No.
58. N/A
59. No.
60. N/A
61. No.
62. No.
63. No.
64. Plaintiff has not been employed since 1983.

65. No.
66. No.
67. No.
68. Plaintiff suffered a heart attack in 1985. She had surgery for a blood clot in her heart in 1988, and a pacemaker was installed. These procedures were performed at Geisinger Hospital in Danville, Pa.
69. Plaintiff recalls taking lasix, zocar and potassium. Dr. Cardamon and/or Dr. Davidson could answer this interrogatory more specifically.
70. Out of pocket expenses such as pharmaceutical, co-pay or deductible all of which will be provided at a later date.
71. Did not affect income.
72. Did not affect income.
73. N/A.
74. Plaintiff sees Dr. Polintan yearly, and she is still a patient of Dr. Davidson.
75. This Interrogatory has been answered previously and/or information can be found in the medical records.
76. Plaintiff is a patient of Dr. Polintan, Dr. Cardamone and Dr. Davidson.
77. This Interrogatory has been answered previously and/or information can be found in the medical records
78. Yes. Plaintiff continues to have pain and swelling in her ankle. She is still off-balance at times.
79. Please see the answer to 78. Due to the pain and swelling in Plaintiff's ankle, daily activities are still affected and will continue to be. Plaintiff continues to see physicians for her ankle.
80. Plaintiff was seen by Dr. Polintan in March of 2002.
81. Plaintiff is still having difficulty with her ankle, and it definitely interferes with her normal activities.
82. No.

83. Dr. Rodolfo S. Polintan  
807 Turnpike Avenue  
Clearfield, PA 16830

Plaintiff reserves the right to add to this list and will give Defendants notice.

84. Medical treatment.

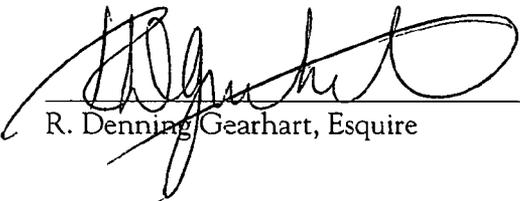
85. It was a sunny day.

86. Plaintiff was entering the YMCA when she tripped and fell due to the defective sidewalk.

87. Yes, but Plaintiff does not recall how many times.

88. Defendant should be aware of the condition of its' property.

Respectfully submitted,



R. Denning Gearhart, Esquire

COMMONWEALTH OF PENNSYLVANIA :

: SS.

COUNTY OF CLEARFIELD :

Before me, the undersigned officer, a Notary Public in and for the above named State and County, personally appeared HELEN FLETCHER who being duly sworn according to law deposes and says that the facts set forth in the foregoing Answer to Interrogatories are true and correct to the best of her knowledge, information and belief.

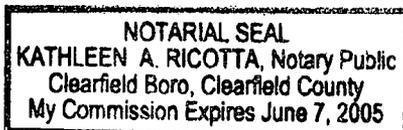
  
HELEN FLETCHER

Sworn to and subscribed

before me, this 3

day of June, 2003.

  
Notary Public



NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                 | 1501-2300  | 2301-0700 |
|---|---------------------------|------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN              | 1800<br>DA |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br>RUPN<br>RUPN |            |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br>RUPN              |            |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                           | 1800<br>DA |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE         | INITIALS | SIGNATURE      |
|----------|-------------------|----------|----------------|
| pe       | James Davidson MD | DA       | James Davidson |
| DA       | W. J. ...         |          |                |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300    | 2301-0700 |
|--|--------------|--------------|-----------|
| <p>ATORVASTATIN 40 MG/1 TAB<br/>LIPITOR TAB</p> <p>DOSE: 40 MG/1 TAB PO QD<br/>LOT:11580V EXP:03/2002<br/>START: 03/17/01 08:00 STOP: 04/15/01 08:00</p> | 0800<br>RUPN |              |           |
| <p>ENOXAPARIN 30 MG/.3 ML<br/>LOVENOX SYRING</p> <p>DOSE: 30 MG/0.3 ML SUB Q12H<br/>START: 03/16/01 22:00 STOP: 03/26/01 11:15</p>                       | 1000<br>RUPN | 2200<br>RUPN |           |
| <p>PROSOM 1 MG<br/>PROSOM TAB</p> <p>DOSE: 0.5 TAB/0.5 MG PO HS<br/>HOME MED<br/>START: 03/18/01 22:00 STOP: 03/27/01 22:00</p>                          |              | 2200<br>RUPN |           |
| <p>LEVOFLOXACIN 500 MG/1 TAB<br/>LEVAQUIN TAB</p> <p>DOSE: 500 MG/1 TAB PO QD<br/>X 10 DAYS<br/>START: 03/19/01 08:00 STOP: 03/28/01 08:00</p>           | 0800<br>RUPN |              |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE       | INITIALS | SIGNATURE      |
|----------|-----------------|----------|----------------|
| Re       | Summary from MM | JS       | James Davidson |
| OK       | K. K. K.        |          |                |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300:                 | 2301-0700 |
|--|--------------------|----------------------------|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>run</i> | 1800<br><i>[Signature]</i> |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |
|  |                    |                            |           |

<CONTINUED ON NEXT PAGE>

| INITIALS           | SIGNATURE               | INITIALS  | SIGNATURE               |
|--------------------|-------------------------|-----------|-------------------------|
| <i>ll</i>          | <i>James P Davidson</i> | <i>ll</i> | <i>James P Davidson</i> |
| <i>[Signature]</i> | <i>[Signature]</i>      |           |                         |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300            | 2301-0700 |
|--|-----------|----------------------|-----------|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCOCET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/22/01 11:08 |           | 17:15 DIST<br>OK PRN |           |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           |                      |           |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           |                      |           |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11           |           |                      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS | SIGNATURE               |
|-----------|-------------------------|----------|-------------------------|
| ee<br>PRN | [Handwritten Signature] | JS       | [Handwritten Signature] |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                                      | 1501-2300 | 2301-0700                 |
|---|--|-----------|---------------------------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 | <i>3/20/01 30<br/>           7 AM to 12 PM</i> |           | <i>2 AM T J. Davidson</i> |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |  |           |                           |
|   |  |           |                           |
|   |  |           |                           |
|   |  |           |                           |

| INITIALS  | SIGNATURE                | INITIALS  | SIGNATURE             |
|-----------|--------------------------|-----------|-----------------------|
| <i>RE</i> | <i>James Davidson MD</i> | <i>JD</i> | <i>James Davidson</i> |
| <i>WA</i> | <i>W. A. [Signature]</i> |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/19/01 07:01

TO: 03/20/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500  | 1501-2300   | 2301-0700 |
|--|------------|-------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br>90 |             |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>A  | 1800<br>Emy |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>A  | 1800<br>Emy |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>A  | 1800<br>Emy |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE         | INITIALS | SIGNATURE         |
|----------|-------------------|----------|-------------------|
| JW       | James P. Davidson | Emy      | Emily             |
|          |                   | JH       | James P. Davidson |

TRANSITIONING TO NEW UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/19/01 07:01

TO: 03/20/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500              | 1501-2300         | 2301-0700 |
|---|------------------------|-------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>JU</i>      | 1800<br><i>6m</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>JU</i> |                   |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>JU</i>      |                   |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                        | 1800<br><i>6m</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE            | INITIALS  | SIGNATURE            |
|-----------|----------------------|-----------|----------------------|
| <i>JU</i> | <i>J.P. Davidson</i> | <i>JU</i> | <i>J.P. Davidson</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/19/01 07:01 TO: 03/20/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500                                      | 1501-2300   | 2301-0700 |
|--|--|-------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br>9U                                     |             |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                      | 1000<br>9U                                     | 2200<br>6mg |           |
| PROSOM 1 MG<br>PROSOM TAB<br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |  | 2200<br>6mg |           |
| GUAFIFENESIN LA (HUMIBID LA, SAME AS)<br>DOSE 600 MG/1 SR TAB<br>TWICE A DAY<br>TIMES DUE:0800,1800<br>SCH<br>LOT 0098A EXP. 3/02          | ORD#19<br>SR TAB<br>PO<br>ROUTINE<br>9Am<br>9U | 1800<br>6mg |           |
| LEVOFLOXACIN (LEVAQUIN)<br>DOSE 500 MG/1 TAB<br>ONCE DAILY<br>TIMES DUE:0800<br>SCH<br>X 10 DAYS   | ORD#18<br>TAB<br>PO<br>ROUTINE<br>9Am<br>9U    |             |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE | INITIALS | SIGNATURE      |
|----------|-----------|----------|----------------|
|          |           | 6mg      | Colson         |
|          |           | 9U       | Judy Mansfield |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

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FROM: 03/19/01 07:01 TO: 03/20/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300:  | 2301-0700                        |
|--|-----------|---|----------------------------------|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCOCET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/19/01 11:08 |           | 6 <sup>30</sup> pm<br>6 <sup>00</sup> pm<br>10 <sup>30</sup> pm<br>6 <sup>00</sup> am | 5 <sup>20</sup> am<br>SAMI ALLEN |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           | 10pm<br>6 <sup>00</sup> am  |                                  |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           |   |                                  |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11           |           |   |                                  |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE | INITIALS           | SIGNATURE          |
|----------|-----------|--------------------|--------------------|
| JL       | Jan White | 6 <sup>00</sup> pm | 6 <sup>00</sup> pm |
|          |           | JL                 | James Davidson     |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

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FROM: 03/19/01 07:01 TO: 03/20/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

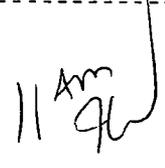
ROOM: 2340A- ALLERGIES: NONE (NKA)

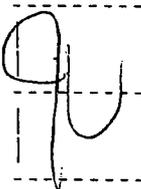
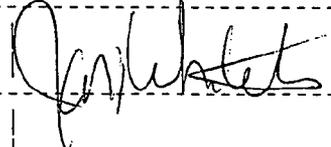
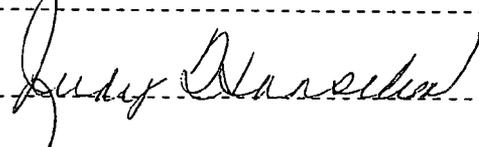
PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500  | 1501-2300: | 2301-0700 |
|---|--|------------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 |  |            |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |  |            |           |
|   |  |            |           |
|   |  |            |           |
|   |  |            |           |

| INITIALS  | SIGNATURE   | INITIALS   | SIGNATURE   |
|---|---|--|---|
|  |  |  |  |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/18/01 07:01

TO: 03/19/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300    | 2301-0700 |
|--|--------------|--------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br>RUPN |              |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>Klor-con TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | 1800<br>RUPN |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |              |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | 1800<br>RUPN |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE        | INITIALS | SIGNATURE |
|----------|------------------|----------|-----------|
| RE       | Pharmacy from PN | KSC      | KSC       |
| UNSC     | Melody S. Clark  |          |           |

NURSING UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/18/01 07:01

TO: 03/19/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500                   | 1501-2300          | 2301-0700 |
|---|-----------------------------|--------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i>          | 1800<br><i>run</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>run run</i> |                    |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>run</i>          |                    |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                             | 1800<br><i>run</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS   | SIGNATURE              | INITIALS   | SIGNATURE          |
|------------|------------------------|------------|--------------------|
| <i>ll</i>  | <i>Jimmy Brown JPN</i> | <i>JSC</i> | <i>J. S. Clark</i> |
| <i>MSC</i> | <i>Melody S. Clark</i> |            |                    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/18/01 07:01

TO: 03/19/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300          | 2301-0700 |
|--|--------------------|--------------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i> |                    |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                      | 1000<br><i>run</i> | 2200<br><i>*cl</i> |           |
| <i>Prosom 1mg 1/2 tab H.S</i><br><i>"Home med"</i>   |                    | 10p<br><i>*cl</i>  |           |
|  |                    |                    |           |
|  |                    |                    |           |

<CONTINUED ON NEXT PAGE>

| INITIALS   | SIGNATURE                  | INITIALS   | SIGNATURE  |
|------------|----------------------------|------------|------------|
| <i>RC</i>  | <i>James P Davidson MD</i> | <i>*cl</i> | <i>*cl</i> |
| <i>MSC</i> | <i>Melody S. Clark MD</i>  |            |            |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/18/01 07:01

TO: 03/19/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500                        | 1501-2300:                                 | 2301-0700                                 |
|--|----------------------------------|--|---|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCOCET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/19/01 11:08 | 7 <sup>00</sup> am<br>RW 3/18/01 | 100pm<br>JK 3/18/01<br>550pm<br>JK 3/18/01 | T 11:30/A<br>MSC LP<br>T 4:45/A<br>MSC LP |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |                                  |  |   |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |                                  |  |   |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11           |                                  |  |   |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE           | INITIALS | SIGNATURE          |
|----------|---------------------|----------|--------------------|
| RL       | James P Davidson MD | JK       | Judith Kephart, RN |
| MSC      | Melody S. Clark     | KSL      | KSL                |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/18/01 07:01

TO: 03/19/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500 | 1501-2300 | 2301-0700 |
|---|-----------|-----------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 |           |           |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br><br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |           |           |           |
|   |           |           |           |
|   |           |           |           |
|   |           |           |           |

| INITIALS | SIGNATURE               | INITIALS   | SIGNATURE               |
|----------|-------------------------|------------|-------------------------|
| RE       | <i>James P Davidson</i> | <i>JPD</i> | <i>James P Davidson</i> |
| LMS      | <i>Melody S. Clark</i>  |            |                         |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/17/01 07:01 TO: 03/18/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300      | 2301-0700 |
|--|--------------|----------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br>RUPN |                |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | ✓ 1800<br>RUPN |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |                |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | ✓ 1800<br>RUPN |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE         | INITIALS | SIGNATURE          |
|----------|-------------------|----------|--------------------|
| RL       | James Davidson MD | MS       | Melody S. Clark RN |
|          |                   | JM       | Janet Mansfield    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/17/01 07:01 TO: 03/18/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500                | 1501-2300             | 2301-0700 |
|---|--------------------------|-----------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>RUPN</i>      | ✓ 1800<br><i>Wsch</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>RUPN</i> |                       |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>RUPN</i>      |                       |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                          | ✓ 1800<br><i>Wsch</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS   | SIGNATURE                 |
|-----------|--------------------------|------------|---------------------------|
| <i>PL</i> | <i>James Davidson MD</i> | <i>msc</i> | <i>Melody S. Clark RN</i> |
|           |                          | <i>JL</i>  | <i>Judy Dunsford</i>      |

NURSING UNIT: 2TCU

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FROM: 03/17/01 07:01

TO: 03/18/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION  | 0701-1500           | 1501-2300                  | 2301-0700 |
|--|---------------------|----------------------------|-----------|
| <p>ATORVASTATIN 40 MG/1 TAB<br/>LIPITOR TAB</p> <p>DOSE: 40 MG/1 TAB PO QD<br/>LOT:11580V EXP:03/2002<br/>START: 03/17/01 08:00 STOP: 04/15/01 08:00</p> | 0800<br><i>REFN</i> |                            |           |
| <p>ENOXAPARIN 30 MG/.3 ML<br/>LOVENOX SYRING</p> <p>DOSE: 30 MG/0.3 ML SUB Q12H<br/>START: 03/16/01 22:00 STOP: 03/26/01 11:15</p>                       | 1000<br><i>REFN</i> | 2200<br><i>NOCK</i>        |           |
| <p><i>Prosom 1mg - 1/2 tab - H.S.<br/>Home Med.</i></p>  |                     | <i>(10pm)<br/>not here</i> |           |
|  |                     |                            |           |
|  |                     |                            |           |
|  |                     |                            |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS   | SIGNATURE              |
|-----------|--------------------------|------------|------------------------|
| <i>RL</i> | <i>James Davidson MD</i> | <i>MSC</i> | <i>Melody S. Clark</i> |
|           |                          | <i>JK</i>  | <i>Janet Hansel</i>    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/17/01 07:01

TO: 03/18/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500        | 1501-2300:                      | 2301-0700        |
|---|------------------|---------------------------------|------------------|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCO CET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/19/01 11:08 | 8:15 am i relief | 2 1/2 pm<br>JK ÷<br>1900 1/2 qd | 12:30 am<br>JK ÷ |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10      |                  | + 10:00/p                       |                  |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10      |                  |                                 |                  |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11            |                  |                                 |                  |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE           | INITIALS | SIGNATURE         |
|----------|---------------------|----------|-------------------|
| JK       | James P Davidson MD | JK       | J. Kephart RN     |
| JK       | James P Davidson    | msc      | Melody S Clark RN |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/17/01 07:01

TO: 03/18/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS: FX RIGHT ANKLE

| ORDER DESCRIPTION   | 0701-1500 | 1501-2300             | 2301-0700 |
|---|-----------|-----------------------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 |           |                       |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br><br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |           | <i>7/6/01<br/>MCL</i> |           |
|   |           |                       |           |
|   |           |                       |           |
|   |           |                       |           |
|   |           |                       |           |

| INITIALS  | SIGNATURE                  | INITIALS   | SIGNATURE                 |
|-----------|----------------------------|------------|---------------------------|
| <i>HL</i> | <i>James P Davidson MD</i> | <i>MSC</i> | <i>Melody S. Clark RN</i> |
|           |                            | <i>JS</i>  | <i>Judy Kinsler</i>       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/16/01 07:01 TO: 03/17/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT:

HEIGHT:

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500          | 1501-2300            | 2301-0700 |
|---|--------------------|----------------------|-----------|
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>Klor-Con TAB<br><br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00                                |                    | ✓ 1800<br><i>MSC</i> |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br><br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00  |                    | ✓ 1800<br><i>MSC</i> |           |
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 |                    | ✓ 1800<br><i>MSC</i> |           |
| ✓ ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00     | 1500<br><i>MSC</i> |                      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE | INITIALS   | SIGNATURE                 |
|----------|-----------|------------|---------------------------|
|          |           | <i>MSC</i> | <i>Melody S. Clark hp</i> |
|          |           | <i>JH</i>  | <i>Judy Hansel</i>        |

TRANSITIONAL CARE UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/16/01 07:01

TO: 03/17/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT:

HEIGHT:

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300          | 2301-0700 |
|--|-----------|--------------------|-----------|
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00 |           | 1800<br><i>MCC</i> |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br><br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15  |           | 2200<br><i>MCC</i> |           |
|  |           |                    |           |
|  |           |                    |           |
|  |           |                    |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE | INITIALS   | SIGNATURE                 |
|----------|-----------|------------|---------------------------|
|          |           | <i>MCC</i> | <i>Melody S. Clark hp</i> |
|          |           | <i>JH</i>  | <i>Justy Hansel</i>       |

TRANSITIONAL CARE UNIT



NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/16/01 07:01

TO: 03/17/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT:

HEIGHT:

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500 | 1501-2300             | 2301-0700              |
|---|-----------|-----------------------|------------------------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 |           |                       |                        |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br><br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |           | <i>7/4/01<br/>MCC</i> | <i>11:50<br/>pm TP</i> |
|   |           |                       |                        |
|   |           |                       |                        |
|   |           |                       |                        |
|   |           |                       |                        |

| INITIALS | SIGNATURE | INITIALS | SIGNATURE       |
|----------|-----------|----------|-----------------|
|          |           | MCC      | Melody S. Clark |
|          |           | JS       | James Davidson  |

Final  
**FLETCHER, HELEN IRENE**  
 Patient MRN: 102883                      Orgz: 2TCU  
 Patient ID: 2488062                      Loc:  
 Age: 77 Years                      Svc: TRANSITIONAL CARE UNIT  
 DAVIDSON, JAMES P  
 Diagnosis:  
 Report for: MR

**CLEARFIELD HOSPITAL**  
 809 Turnpike Ave  
 PO Box 992  
 Clearfield, Pa 16830  
 Michael F. Reed, M.D.  
 (814) 768-2280

**CHEMISTRY**  
**GENERAL CHEMISTRY**

| TESTS         | 03/20/2001<br>06:30 | REFERENCE<br>RANGES | UNITS OF<br>MEASURE |
|---------------|---------------------|---------------------|---------------------|
| SODIUM        | 140.0               | 133-143             | MMOL/L              |
| POTASSIUM     | 3.92                | 3.3-4.8             | MMOL/L              |
| CHLORIDE      | 102.6 L             | 103-112             | MMOL/L              |
| TOTAL CO2     | 28.1                | 22-35               | MMOL/L              |
| GLUCOSE       | 129 H               | 70-115              | MG/DL               |
| BUN           | 12                  | 5-25                | MG/DL               |
| CREATININE    | 1.0                 | 0.5-1.4             | MG/DL               |
| CALCIUM       | 8.5                 | 8.5-10.4            | MG/DL               |
| ANION GAP     | 9.3                 |                     |                     |
| BUN/CRE RATIO | 12.0                |                     |                     |
| OSMO (CALC)   | 281                 |                     |                     |

**HEMATOLOGY**  
**AUTOMATED HEMATOLOGY**

| TESTS           | 03/20/2001<br>06:30 | REFERENCE<br>RANGES | UNITS OF<br>MEASURE |
|-----------------|---------------------|---------------------|---------------------|
| WBC             | 5.05                | 4.80-10.80          | X 10E3/uL           |
| RBC             | 3.41 L              | 4.20-5.40           | X 10E6/uL           |
| HGB             | 10.1 L              | 12.0-16.0           | G/DL                |
| HCT             | 30.1 L              | 37.0-47.0           | %                   |
| MCV             | 88.3                | 81.0-99.0           | FL                  |
| MCH             | 29.5                | 27.0-31.0           | PG                  |
| MCHC            | 33.4                | 33.0-37.0           | %                   |
| RDW             | 14.0                | 11.5-14.5           | %                   |
| PLATELETS       | 269                 | 130-400             | X 10E3/uL           |
| SEG NEUTROPHILS | 64.9                | 40-74               | %                   |
| LYMPHOCYTES     | 15.2 L              | 19-48               | %                   |
| MONOCYTES       | 13.8 H              | 3.4-9.0             | %                   |
| EOSINOPHILS     | 3.98                | 0-7                 | %                   |
| BASOPHILS       | 2.09 H              | 0.0-1.5             | %                   |
| ABS NEUTROPHILS | 3.28                | 1.90-8.00           | X 10E3/uL           |
| ABS LYMPHOCYTES | .768 L              | 0.90-5.20           | X 10E3/uL           |
| ABS MONOCYTES   | .699                | 0.16-1.00           | X 10E3/uL           |
| ABS EOSINOPHILS | .201                | 0.00-0.80           | X 10E3/uL           |
| ABS BASOPHILS   | .105                | 0.00-0.20           | X 10E3/uL           |

**Key:** H: High L: Low AB: Abnormal UN: Unknown HA: AttnHigh LA: AttnLow A: Attn  
 UA: Unknown H\*: Critical High L\*: Critical Low \*: Critical UP: Unknown []: New Result

As of: 03/27/01 18:34

Discharged: 03/27/2001

Page: 1 of 1

CLEARFIE HOSPITAL  
IMAGING DEPARTMENT

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: |                    |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90034 |

**\*\*PRELIMINARY RESULTS\*\***

REFERRING DIAGNOSIS: FX R ANKLE HAVE RAD CALL RSP  
OFFICE W/RESULTS MAY REMOVE SPLINT WHEN DOING SCAN  
THEN REAPPLY

**HISTORY/ COMMENTS:**

NO. OF FILMS: 2

**ORDER #: 90034**

**03/16/2001 US EXTREMITY VEINS BILAT 93970**

PROCEDURE ENDED: 03/16/2001 09:25 Initials: MAL

Combining two dimensional imaging with pulsed doppler, audio, spectral and color flow analysis, the deep venous systems of the lower extremities were evaluated.

There is excellent compression of the deep venous structures. Normal venous waveforms are found. Normal response to digital augmentation is demonstrated.

IMPRESSION: Normal study. No evidence for deep vein thrombosis.

READING DOCTOR: ALFRED B. COREN, M.D.  
ELECTRONICALLY SIGNED: ,  
TRANSCRIBED BY: MAP 03/16/2001 10:15AM



**CLEARFIE. HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-             |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90030 |

---

REFERRING DIAGNOSIS: ORIF R ANKLE

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: ORIF 11 SEC

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: 2

FLUORO TIME: 11 SEC

ORDER #: 90030

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Internal fixation with two screws through the fracture of the medial malleolus are now seen.

**03/12/2001 FLUOROSCOPY TIME <1 HOUR 76000**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Eleven seconds of fluoroscopic time were utilized.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 04:11PM

TRANSFORMER UNIT

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-             |
| ORD DR:  | SHAW, MARK R                 | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90029 |

REFERRING DIAGNOSIS: PRE OP  
CR

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: NO CHEST COMPLAINTS, PRE OP @13:20

IS PATIENT PREGNANT? NO

LMP:

SHIELDED: N

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90029

**03/12/2001 CHEST TWO VIEW FRONTAL/LATERAL 71020**

PROCEDURE ENDED: 03/12/2001 13:14 Initials: ARW

Wire sternal sutures, clips, and pacemaker are seen. Heart is mildly enlarged but stable. No evidence of failure is seen. Vascular calcification is present in the aorta. Lungs are clear.

IMPRESSION: Stable mild cardiomegaly status post CABG and pacemaker placement.  
No acute change when compared to the previous study of 1/24/01.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 02:35PM

**CLEARFIE. HOSPITAL**  
**IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |               |                |
|----------|------------------------------|-----------|---------------|----------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b> |                |
| AGE:     | 77 SEX: F                    | ADM#:     | 48198758      | EMR            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-        |                |
| ORD DR:  | SHAW, MARK R                 | PT CLASS: | ED            |                |
| ATT DR:  | SHAW, MARK R                 | PT TYPE:  | E             | FC: I          |
| ALT DR:  | DAVIDSON, JAMES P            | HOSP SVC: | E/D           | ORDER #: 90028 |

REFERRING DIAGNOSIS: INJ FOOT  
T4

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: FELL. TWISTED ANKLE. C/O PAIN LATERAL MALLEOLUS WITH SWELLING.  
@1140

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: NO

NO. OF FILMS: 4

FLUORO TIME:

ORDER #: 90028

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

Trimalleolar fracture is seen involving the distal fibula and tibia. No significant displacement is noted.

**03/12/2001 HEEL CALCANEUS COMPLETE RIGHT 73650**

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

No fracture of the calcaneus is seen.

IMPRESSION: Trimalleolar fracture right ankle.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: PAR 03/12/2001 12:31PM

TRANSITIONAL CASE UNIT

**CLEARFIE HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-             |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90031 |

---

REFERRING DIAGNOSIS: ORIF RT ANKLE

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: POST ORIF @16:00

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: 3

FLUORO TIME:

ORDER #: 90031

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 15:51 Initials: JAP

Cast is now in place. Internal fixation has been obtained with two screws through the medial malleolar fracture.

25  
READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 04:20PM

TRANSITIONAL CARE UNIT

**CLEARFIE HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-             |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90033 |

---

REFERRING DIAGNOSIS: RX R ANKLE  
PLEASE DO TODAY

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: F/U @1000

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: N

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90033

**03/14/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/14/2001 09:50 Initials: CAW

Posterior splint is in place. Internal fixation with the two screws through the medial malleolus are seen. Fracture of the lateral malleolus remains unchanged in position.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MAP 03/14/2001 11:25AM

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
HISTORY AND PHYSICAL - PAGE 1

FLETCHER, HELEN IRENE  
Rodolfo S. Polintan, M.D.  
PATIENT NUMBER: 2487403

MR# 10-28-83  
ADM 03/12/01 LOCATION 202A

CHIEF COMPLAINT: Painful right ankle.

HISTORY OF PRESENT ILLNESS: The patient is an elderly Caucasian female. She states that this morning she tripped and twisted her right ankle on a rise at the YMCA. She developed a painful right ankle and also swelling of the right ankle. No other apparent injuries. She was brought to the emergency room and x-rays revealed a trimalleolar fracture of the right ankle. The patient was admitted from the emergency room for definitive management.

It was felt that improving the position of the fracture of the medial malleolus and stabilizing it would increase the chances of healing and a better result. The patient is agreeable.

PAST MEDICAL/SURGICAL HISTORY: Apparently she had peripheral vascular disease on the left leg and had two angioplasties with two stents on the left groin in February of this year. She has a history of hysterectomy and bladder tack-up. She has a history of pacemaker insertion. She has a history of coronary artery disease.

**MEDICATIONS:**

Plavix 25 mg OD  
Ismo 20 mg BID  
Prosom 1 mg one tablet HS  
Cardene SR 30 mg BID  
Prevacid 30 mg BID  
Lasix 40 mg 1 a.m. and 1/2 in the evening  
Darvocet-N PRN  
Atenolol 25 mg once a day  
Lipitor 30 mg once a day  
K-Dur 20 mEq BID  
Ultram 50 mg three times a day PRN  
Nitroglycerin spray

**ALLERGIES:** NKDA.

**PSYCHOSOCIAL/FAMILY HISTORY:** The patient is retired and she lives by herself.

**SYSTEM REVIEW:**

**HEENT:** No complaint of headache nor neck pain. No eye pain.

**CVS:** No chest pain. No respiratory difficulties.

**GI:** No abdominal pain.

TRANSITIONAL CARE UNIT

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
HISTORY AND PHYSICAL - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

GU: No complaints.

MUSCULOSKELETAL: Painful right ankle.

PHYSICAL EXAMINATION:

GENERAL: The patient is alert, conscious and coherent. Oriented times three. Not in acute distress.

VITALS: Temperature 95.8; pulse rate 76 per minute; respirations 16 per minute; BP 156/64. O<sub>2</sub> saturation 97%.

HEENT: Head normocephalic. No evidence of any head injuries. Eyes: PERRLA. Sclerae nonicteric. Ears, nose and throat unremarkable.

NECK: Supple, nontender.

CHEST: Symmetrical. Pacemaker battery right upper chest wall. No rib tenderness.

LUNGS: Clear to auscultation. No rales. No wheezing.

HEART: Regular rhythm.

ABDOMEN: Soft and nontender. No organomegaly detected. Scar on the hypogastric area.

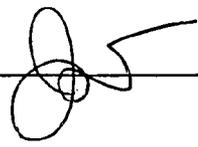
EXTREMITIES: Both feet are warm to touch. Dorsalis pedis pulses palpable bilaterally. No swelling or tenderness of the knees. Right ankle is swollen and tender. Instability cannot be tested because of the pain. Foot nontender.

IMPRESSIONS:

- 1. Trimalleolar fracture of the right ankle.

PLAN: As per orders.

DATE \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_



D: 03/12/01  
T: 03/13/01  
RSP/deb

REPORT OF CONSULTATION



CLEARFIELD HOSPITAL  
CLEARFIELD, PA

102883  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1

|   |  |                        |                         |
|---|--|------------------------|-------------------------|
| From: Attending Physician<br><i>Dr Davidson</i> | To: Consulting Physician<br><i>Dr Polintan</i> | Date<br><i>3/16/01</i> | Time<br><i>10:50 AM</i> |
| Report Requested Regarding <i>for PT</i>        |  | <i>5/16/01</i>         | <i>Notified office</i>  |

( ) Consult Only ( ) Consult and Write Appropriate Orders ( ) Consult, Write Appropriate Orders and Follow ( ) Consult and Accept in Transfer  
 Stat  Within 24 hours

ORTHO TCU CONSULT  
 patient is known to me  
 S/P ORIF FX @ ankle 3/12/01  
 w/ post op pain @ ankle + @ leg  
 venous Doppler exam today - no obvious  
 DVT. X-ray @ ankle recently was  
 satisfactory

Imp: S/P ORIF FX @ ankle, stable.

Plan: P.T. for ambulation with  
 walker post-op w/ PT  
 To follow with you.  
 P. Polintan

Date *3/16/01* Time *3 pm* Consultant *[Signature]*

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
REPORT OF OPERATION - PAGE 1

PATIENT: FLETCHER, HELEN IRENE MR# 10-28-83  
LOCATION: 202 A  
PROCEDURE DATE: 03/12/01  
SURGEON: Rodolfo S. Polintan, M.D.  
ASSISTANT: Eric Barr, MS III

PREOPERATIVE DIAGNOSIS: Trimalleolar fracture of the right ankle.

POSTOPERATIVE DIAGNOSIS: Same.

ANESTHESIA: Spinal.

OPERATIVE PROCEDURE:

Open reduction and internal fixation of the fractured medial malleolus, right ankle and application of short leg posterior splint.

HISTORY AND FINDINGS: Elderly Caucasian female who had a fall this morning sustaining a trimalleolar fracture of the right ankle. There is a slight displacement and separation of the medial malleolus fracture. It is felt that improving the alignment and compression of the fracture would increase the chance of healing. The patient is agreeable with the plan. Benefits, risks and most pertinent complications were discussed preoperatively. She understood and accepted.

Implants used: Two cannulated screws, size 4 mm.

PROCEDURE: With the patient properly identified, the Anesthesia Department gave her IV sedation and performed spinal anesthesia. After adequate spinal anesthesia had been obtained, the right leg was elevated and Esmarch was applied from the toes to the thigh and then the tourniquet on the right thigh was inflated to 350 mmHg. The operative area was then carefully prepped and draped in the usual sterile fashion.

An incision was made on the medial aspect of the right ankle around the medial malleolus area. The incision was deepened into the subcutaneous tissues. The periosteum was incised and then elevated from the fracture site. The fracture site was then identified, it was found to be slightly displaced. The fracture was reduced and held with a towel clamp and in this position two guidewires were inserted from the tip of the medial malleolus going obliquely through the metaphysis. The position of the guidewires were found to be satisfactory through the C-arm views.

The size of the screws were then selected and then a drill-hole made through the guidewire and then the screws were inserted through the guidewire. The guidewires were removed. The screws were tightened and the fracture was compressed. X-rays were through the C-arm showed satisfactory position of the screws, A/P and lateral view. The wound was then irrigated with antibiotic solution and then closed in the usual manner. The periosteum was closed with 2-0 Vicryl, subcutaneous tissue with the same suture material. The skin edges with continuous 4-0 nylon. Pressure dressing applied including Sof-Rol and then a short leg posterior splint, placing the ankle in 90 degrees of closed reflexion.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
REPORT OF OPERATION - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

The leg was elevated while the tourniquet was gradually deflated. Estimated blood loss: Negligible. The patient tolerated the procedure well with no apparent complications. She was sent to the recovery room in satisfactory condition.

DATE \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

D: 03/12/01  
T: 03/13/01  
RSP/cah

PATIENT: FLETCHER, HELEN IRENE MR# 10-28-83  
LOCATION: 202-A  
PATIENT NUMBER: 2487403  
CONSULTING PHYSICIAN: James P. Davidson, D.O.  
ATTENDING PHYSICIAN: Rodolfo S. Polintan, M.D.  
DATE OF CONSULTATION: 03/13/01

REASON FOR CONSULTATION: Medical evaluation and treatment.

HISTORY: This is a 77-year-old white female who tripped while going into the YMCA. She sustained a trimalleolar fracture of the right ankle.

PAST MEDICAL HISTORY: Significant for coronary artery disease, atherosclerotic vascular disease, history of congestive heart failure, hypertension, hypercholesterolemia and complications following a myocardial infarction, ventricular aneurysm and pulmonary embolism.

PAST SURGICAL HISTORY: Significant for coronary artery bypass graft surgery, pacemaker implantation, hysterectomy, tonsillectomy and ventricular aneurysm repair. She has recently had a repeat cardiac catheterization to clear her for an angioplasty of her left lower extremity for peripheral vascular disease. The patient tolerated this angioplasty quite well with good results.

REVIEW OF SYSTEMS:

CVS: The patient denies any chest pain at this time although she did have some discomfort last week.

RESPIRATORY: Denies wheezing, chronic cough.

GI: Denies nausea, vomiting or diarrhea.

GU: Denies frequency, urgency or dysuria.

PHYSICAL EXAMINATION:

VITALS: Blood pressure 130/68, pulse 72, respirations 20. She is afebrile.

GENERAL: This is a 77-year-old white female who is coherent, cooperative, well oriented and in some mild discomfort at this time.

HEAD/NECK: Normocephalic.

EYES: Pupils equal and reactive to light.

HEART: Regular rate and rhythm. There is a systolic ejection murmur Grade I/VI heard in the left sternal border.

LUNGS: Clear to auscultation. Negative rales, rhonchi, or rub.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
CONSULTATION - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 James P. Davidson, D.O.

ABDOMEN: Soft, nontender.

EXTREMITIES: Negative edema. Positive for the cast on the right lower extremity.

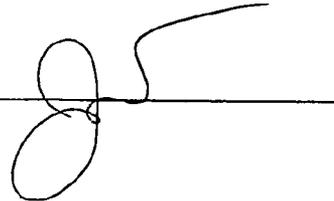
IMPRESSIONS:

1. Trimalleolar fracture of the right ankle.
2. Atherosclerotic heart-disease, stable.
3. Atherosclerotic vascular disease, stable.
4. History of hypertension.
5. Hyperlipidemia.
6. Gastroesophageal reflux disease.

PLAN: I would continue the present medications. I would place her on some Lovenox 30 mg q12h prophylactically and would recommend that we enroll her in a rehab, preferably in the Transitional Care Unit at our hospital. We will try to make appropriate referral at this time.

DATE \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

D: 03/13/01  
T: 03/13/01  
JPD/sg



cc: Rodolfo S. Polintan, M.D.

PLAN OF PROGRESS FOR REHABILITATION

(COMPLETE FOR INITIAL CLAIMS ONLY)

|  |  |   |                                   |                             |
|--|--|---|-----------------------------------|-----------------------------|
| 1. PATIENT'S LAST NAME<br><b>Fletcher</b>  | FIRST NAME<br><b>Helen</b>   | M.I.<br><b>I</b>  | 2. PROVIDER NO.<br><b>3A-6038</b> | 3. HICN<br><b>05141475A</b> |
| 4. PROVIDER NAME<br><b>Cifa Hosp TCU</b>   | 5. MEDICAL RECORD NO. (Optional)<br><b>102883</b>                  | 6. ONSET DATE<br><b>3/12/01</b>                           | 7. SOC. DATE<br><b>3/16/01</b>    |                             |
| 8. TYPE:<br><input type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR<br><input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | 9. PRIMARY DIAGNOSIS (Pertinent Medical D.X.)<br><b>Fx @ Ankle</b> | 10. TREATMENT DIAGNOSIS<br><b>↓ d Functional Activity</b> | 11. VISITS FROM SOC.<br><b>35</b> |                             |

12. PLAN OF TREATMENT FUNCTIONAL GOALS

GOALS (Short Term) \*1wk  
 Res is expected to complete ADLs @ CG @ while standing.  
 Res to tolerate 4-5 min standing activity following WB precaution during tasks.  
 Res to display good endurance for tasks.  
 Res to display fair understanding energy conservation strategies.  
 OUTCOME (Long Term) BY DC  
 Res to complete ADLs @ly  
 Res to complete functional activities/light IADLs (laundry, meal prep) @ly  
 Res to display good understanding energy conservation.  
 Res to complete functional mobility @ly as needed for tasks.

PLAN

ADL's  
 Functional Activities Ther 2x  
 Functional Mobility for tasks.  
 Energy Conservation  
 Light IADL's.

13. SIGNATURE (professional establishing POC including prof. designation)  
**Nicole J Johnson OTR**

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE

15. PHYSICIAN SIGNATURE  


16. DATE  
**3/14/01**

14. FREQ/DURATION (e.g., 3Wk x 4 Wk)  
**DD 1x wk x 3wks**

17. CERTIFICATION  
 FROM **3/16/01** THROUGH **4/16/01**  N/A

18. ON FILE (Print/type physician's name)  
 **DR. Davidson**

20. INITIAL ASSESSMENT (History, medical complications, level of function at start of care. Reason for referral)

Res is 77 yo. white female dx 2 trimalleolar fx of @ Ankle @ ORIF. She tripped & twisted her ankle on a rise @ the YMCA. PMH: PVD on @ LE @ 2 angioplasties @ 2 stents on @ groin Feb 2001, hx hysterectomy, pacemaker insertion, @ CAD. Res lives alone in a one story home @ 1+1 step to enter. She reports prior @ cooking, cleaning, laundry tasks. Also reports prior @ ADLs standing to shower @ non-slip surface @ grab bars in place. Reports - has no DME/AE @ home except old pair of crutches - 10 years old. Has a daughter who lives around Philadelphia area. Has friends who @ some. Evaluation findings: @ UE mobility: wfl @ UE strength: 4+15 Coordination: Intact @ multiple demonstrations. Sensation: Grossly intact for touch. Endurance: fair in seated position. Standing tolerance: 2-3 min during tasks/IADLs @ TTWB. @ LE transfers: from seated @ EOB min @ Bed Mobility: CG @ for safety, slid up head of bed @ly. Cognition: A+0x3. Answered questions appropriately @ followed most demonstrations correctly. Displays/verbalized good understanding @ safety awareness (knew TTWB @ proper sequence @ walker). ADLs: us @ @ to wash back. LB washed @ foot @ don sock @ly. min @ while standing to wash bottom.

Assessment: Rehab Potential: Fair Strengths: Adequate mobility, strength, coordination @ UE for tasks. A+0x3. Weaknesses: ↓ d @ ADLs, IADLs, functional activity @ functional mobility. ↓ d endurance and standing tolerance.

19. PRIOR HOSPITALIZATION  
 FROM **3/12/01** TO **3/16/01**  N/A

21. FUNCTIONAL LEVEL (End of billing period) PROGRESS REPORT  CONTINUE SERVICES OR  DC SERVICES

Res is d/c'd to home @ support of friend as needed. She completes ADLs @ly including set-up. She completed functional activities light IADLs @ly including light meal prep and laundry. She displayed good understanding of energy conservation strategies during tasks. She completed functional mobility @ly as needed for tasks. She has attained goals to maximal and is d/c'd from TCU OT @ this time. **Nicole J Johnson OTR**

22. SERVICE DATES  
 FROM **3/16/01** THROUGH **3/27/01**

# THERAPY TREATMENT RECORD

Document treatments daily. Use a separate form for each resident/patient and for each pay status.

Physical    
  Occupational    
  Speech    
  Routine

Month/Year March 2001

|   |                                   |                                     |  |
|---|-----------------------------------|-------------------------------------|--|
| Rehab Patient Name (Last, first, initial)<br><u>Fletcher, Helen I</u> | Birthdate<br><u>10-04-1923</u>    | Medical Record No.<br><u>102883</u> | Physician Name<br><u>Dr. Davidson</u>  |
| Facility Name<br><u>Cfld Hosp TCU</u>                                 | Provider Number<br><u>39-6038</u> | HIC Number<br><u>1A5141475A</u>     | Medicare Part <input checked="" type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> Other _____ |

|   |            |                           |  |            |
|---|------------|---------------------------|--|------------|
| Treatment Condition<br><u>Kid Functional Activity</u> | Onset Date | ICD-9 Code<br><u>7809</u> | Primary Diagnosis<br><u>Fx (R) Ankle</u> | ICD-9 Code |
|---|------------|---------------------------|--|------------|

Initial when treatment is given and indicate units provided (in .25-hour units). Must be cosigned by a licensed therapist.  
 KEY: R -- Refused treatment. Reason and consequence documented.    W -- Treatment withheld. Reason documented.    D -- Discharge

| Treatment           | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|---------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| OTErad              |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 3  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| ADL                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 5  | 30 | 30 | 40 | 10 | 20 |    |    |    |    |    |    |    |    |    |    |  |
| Functional Activity |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 15 | 50 | 30 | 40 | 40 | 30 | 65 | 45 | 45 | 45 | 45 | 45 |    |    |    |    |  |
| Ther Ex             |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 10 |    | 20 |    | 30 |    |    |    |    |    |    | 20 |    |    |    |    |  |
|                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

|                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |     |    |    |    |    |    |    |    |    |   |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|-----|----|----|----|----|----|----|----|----|---|--|--|--|--|
| Total Units Per Day                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 30 | 80 | 80  | 70 | 30 | 45 | 45 | 45 | 45 | 45 | 45 |   |  |  |  |  |
| Total Visits Per Day                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 4  | 3   | 3  | 3  | 3  | 4  | 3  | 3  | 3  | 2  | 3 |  |  |  |  |
| Cosignature (of licensed therapist) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | mt | fl | umk | fl |   |  |  |  |  |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Total units per month<br><u>690</u> | Total visits per month<br><u>35</u> |
|-------------------------------------|-------------------------------------|

| Initials | Therapist's Name | Title | Initials | Therapist's Name | Title |
|----------|------------------|-------|----------|------------------|-------|
| mt       | Mark J. White    | OTR   | fl       | James Callahan   | COTA  |
| um       | Ullian P. ...    | COTA  | fl       | Michelle ...     | COTA  |

**PLAN OF PROGRESS FOR REHABILITATION**

(COMPLETE FOR INITIAL CLAIMS ONLY)

|  |   |                  |   |                      |
|--|---|------------------|---|----------------------|
| 1. PATIENT'S LAST NAME<br><b>Fletcher</b>  | FIRST NAME<br><b>Helen</b>  | M.I.<br><b>I</b> | 2. PROVIDER NO.                                 | 3. HICN              |
| 4. PROVIDER NAME<br><b>CISA Hosp TCU</b>   | 5. MEDICAL RECORD NO. (Optional)<br><b>102883</b>                       | 6. ONSET DATE    | 7. SOC. DATE                                    |                      |
| 8. TYPE:<br><input checked="" type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR<br><input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW | 9. PRIMARY DIAGNOSIS (Pertinent Medical D.X.)<br><b>Trialleolar Frx</b> |                  | 10. TREATMENT DIAGNOSIS<br><b>↓ Functioning</b> | 11. VISITS FROM SOC. |

12. PLAN OF TREATMENT FUNCTIONAL GOALS  
GOALS (Short Term)

~~\_\_\_\_\_~~

OUTCOME (Long Term)  
 ① CE strength to 5/5  
 ② ambulator in walker TTWB x 100'  
 ③ ambulator on stairs (5 steps)

PLAN  
 GT TTWB, Ther Ex  
 Ther act

13. SIGNATURE (professional establishing POC including prof. designation)  
*Stephen [Signature]*

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE  N/A

15. PHYSICIAN SIGNATURE  
*[Signature]*

16. DATE  
**3/27/01**

14. FREQ/DURATION (e.g., 3/Wk x 4 Wk)  
**QD x 6 x WK x 3 wks**

17. CERTIFICATION  
 FROM **3/16/01** THROUGH **4/16/01**  N/A

18. ON FILE (Print type physician's name)

20. INITIAL ASSESSMENT (History, medical complications, level of function at start of care. Reason for referral)

77 yo Wf tripped while entering the YMCA and fell. She developed swelling and pain. She was brought to ER and found to have a trialleolar Frx of the Distal Radius. She is SP OK of the Distal Radius. PMH: DVT on the Rt & two angioplasties & two stents in the groin. Hysterectomy and bladder tuck-up. Prosthetic insertion. CAD. 1/2 CE strength and ROM in WF. ① CE strength and ROM in WF. ② CE strength and ROM in WF. ③ CE strength and ROM in WF. ④ CE strength and ROM in WF. ⑤ CE strength and ROM in WF. ⑥ CE strength and ROM in WF. ⑦ CE strength and ROM in WF. ⑧ CE strength and ROM in WF. ⑨ CE strength and ROM in WF. ⑩ CE strength and ROM in WF. ⑪ CE strength and ROM in WF. ⑫ CE strength and ROM in WF. ⑬ CE strength and ROM in WF. ⑭ CE strength and ROM in WF. ⑮ CE strength and ROM in WF. ⑯ CE strength and ROM in WF. ⑰ CE strength and ROM in WF. ⑱ CE strength and ROM in WF. ⑲ CE strength and ROM in WF. ⑳ CE strength and ROM in WF. ㉑ CE strength and ROM in WF. ㉒ CE strength and ROM in WF. ㉓ CE strength and ROM in WF. ㉔ CE strength and ROM in WF. ㉕ CE strength and ROM in WF. ㉖ CE strength and ROM in WF. ㉗ CE strength and ROM in WF. ㉘ CE strength and ROM in WF. ㉙ CE strength and ROM in WF. ㉚ CE strength and ROM in WF. ㉛ CE strength and ROM in WF. ㉜ CE strength and ROM in WF. ㉝ CE strength and ROM in WF. ㉞ CE strength and ROM in WF. ㉟ CE strength and ROM in WF. ㊱ CE strength and ROM in WF. ㊲ CE strength and ROM in WF. ㊳ CE strength and ROM in WF. ㊴ CE strength and ROM in WF. ㊵ CE strength and ROM in WF. ㊶ CE strength and ROM in WF. ㊷ CE strength and ROM in WF. ㊸ CE strength and ROM in WF. ㊹ CE strength and ROM in WF. ㊺ CE strength and ROM in WF. ㊻ CE strength and ROM in WF. ㊼ CE strength and ROM in WF. ㊽ CE strength and ROM in WF. ㊾ CE strength and ROM in WF. ㊿ CE strength and ROM in WF.

19. PRIOR HOSPITALIZATION  
 FROM \_\_\_\_\_ TO \_\_\_\_\_  N/A

21. FUNCTIONAL LEVEL (End of billing period) PROGRESS REPORT

CONTINUE SERVICES OR  DC SERVICES

O. per PTA, Ambulator in walker TTWB ① CE 100' level surfaces general supervision. Transfers supervision TTWB; (Independent bed mobility; 1 step in walker verbal cues and general supervision and TTWB ① CE. Joseph Angello

22. SERVICE DATES  
 FROM \_\_\_\_\_ THROUGH \_\_\_\_\_

# THERAPY TREATMENT RECORD

Document treatments daily. Use a separate form for each resident/patient and for each pay status.

Physical    
  Occupational    
  Speech    
  Routine

Month/Year March 2001

|  |                                   |                                     |  |
|--|-----------------------------------|-------------------------------------|--|
| Rehab Patient Name (Last, first, initial)<br><u>Fletcher Helen I</u> | Birthdate<br><u>10/04/1923</u>    | Medical Record No.<br><u>102883</u> | Physician Name<br><u>Dr Davidson</u>   |
| Facility Name<br><u>Clisd Hosp TCU</u>                               | Provider Number<br><u>39-6038</u> | HIC Number<br><u>195141475A</u>     | Medicare Part <input checked="" type="checkbox"/> A <input type="checkbox"/> B<br><input type="checkbox"/> Other |

|   |            |            |  |            |
|---|------------|------------|--|------------|
| Treatment Condition<br><u>l'd functional mobility</u> | Onset Date | ICD-9 Code | Primary Diagnosis<br><u>Trimalleolar Frx</u> | ICD-9 Code |
|---|------------|------------|--|------------|

Initial when treatment is given and indicate units provided (in .25-hour units). Must be cosigned by a licensed therapist.  
 KEY: R -- Refused treatment. Reason and consequence documented. W -- Treatment withheld. Reason documented. D -- Discharge

| Treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16   | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Eval      |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | (15) |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Ther Ex   |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 25   | 25 | 25 | 20 | 30 |    |    |    |    |    |    |    |    |    |    |    |  |
| GT        |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 20   | 30 | 30 | 40 | 30 |    |    |    |    |    |    |    |    |    |    |    |  |
| Ther Act  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    | 15   | 25 | 25 | 20 | 20 |    |    |    |    |    |    |    |    |    |    |    |  |
|           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
|           |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

|                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |    |    |    |    |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|----|----|----|----|--|--|--|--|--|--|--|--|--|--|--|
| Total Units Per Day                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 60 | 80 | 80 | 80 | 80 |  |  |  |  |  |  |  |  |  |  |  |
| Total Visits Per Day                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1  | 4  | 6  | 6  | 7  |  |  |  |  |  |  |  |  |  |  |  |
| Cosignature (of licensed therapist) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | SC | CH | SH | KL | SH |  |  |  |  |  |  |  |  |  |  |  |

|                       |                        |
|-----------------------|------------------------|
| Total units per month | Total visits per month |
|-----------------------|------------------------|

| Initials | Therapist's Name | Title | Initials | Therapist's Name | Title |
|----------|------------------|-------|----------|------------------|-------|
| SC       | Steve Civilis    | PT    |          |                  |       |
| CH       | Cheryl Henry     | PTA   |          |                  |       |
| SH       | Shirley H. Hips  | PTA   |          |                  |       |

**MINIMUM DATA SET (MDS) - VERSION 2.0**  
**FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING**  
**DISCHARGE TRACKING FORM [do not use for temporary visits home]**

**SECTION AA. IDENTIFICATION INFORMATION**

**SECTION AB. DEMOGRAPHIC INFORMATION**  
**[Complete only for stays less than 14 days] (AA8a = 8)**

|  |  |                    |          |           |
|--|--|--------------------|----------|-----------|
| 1. RESIDENT NAME   | <b>HELEN I FLETCHER</b>  |                    |          |           |
|  | a.(First)  | b.(Middle Initial) | c.(Last) | d.(Jr/Sr) |
| 2. GENDER  | 1. Male      2. Female   |                    |          | <b>2</b>  |
| 3. BIRTHDATE   | 10   | 04                 | 1923     |           |
|  | Month  | Day                | Year     |           |
| 4. RACE/ETHNICITY  | 1. American Indian/Alaskan Native    4. Hispanic<br>2. Asian/Pacific Islander                5. White, not of<br>3. Black, not of Hispanic origin        Hispanic origin   |                    |          | <b>5</b>  |
| 5. SOCIAL SECURITY AND MEDICARE NUMBERS  | a. Social Security Number  |                    |          |           |
|  | 195  | 14                 | 1475     |           |
|  | b. Medicare number (or comparable railroad insurance number)   |                    |          |           |
|  | 195141475A   |                    |          |           |
| 6. FACILITY PROVIDER NO.   | a. State No.   |                    |          |           |
|  | 0  |                    |          |           |
|  | b. Federal No.   |                    |          |           |
|  | 396038   |                    |          |           |
| 7. MEDICAID NO.  | [Note: "+" if pending, "N" if not a Medicaid recipient]  |                    |          |           |
|  |  |                    |          |           |
| 8. REASONS FOR ASSESSMENT  | [Note-Other codes do not apply to this form]   |                    |          |           |
|  | a. Primary reason for assessment   |                    |          | <b>6</b>  |
|  | 6. Discharged-return not anticipated   |                    |          |           |
|  | 7. Discharged-return anticipated   |                    |          |           |
|  | 8. Discharged prior to completing initial assessment   |                    |          |           |
| 9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form | I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. |                    |          |           |
|  | Signature and Title  | Sections           | Date     |           |
| a.   | <i>Rebecca Kelly R. Nix</i>  | AA&R               | 3/27/01  |           |
| b.   |  |                    |          |           |
| c.   |  |                    |          |           |

|                             |   |
|-----------------------------|---|
| 1. DATE OF ENTRY            | Date the stay began. Note - Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date  |
|                             | <input type="text"/> - <input type="text"/> - <input type="text"/><br>Month      Day      Year  |
| 2. ADMITTED FROM (AT ENTRY) | 1. Private home/apt. with no home health services<br>2. Private home/apt. with home health services<br>3. Board and care/assisted living/group home<br>4. Nursing home<br>5. Acute care hospital<br>6. Psychiatric hospital, MR/DD facility<br>7. Rehabilitation hospital<br>8. Other |

**SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION**

|                       |        |
|-----------------------|--------|
| 6. MEDICAL RECORD NO. | 102883 |
|-----------------------|--------|

**SECTION R. ASSESSMENT/DISCHARGE INFORMATION**

|                     |  |          |
|---------------------|--|----------|
| 3. DISCHARGE STATUS | a. Code for resident disposition upon discharge<br>1. Private home/apartment with no home health services<br>2. Private home/apartment with home health services<br>3. Board and care/assisted living<br>4. Another nursing facility<br>5. Acute care hospital<br>6. Psychiatric hospital, MR/DD facility<br>7. Rehabilitation hospital<br>8. Deceased<br>9. Other<br>b. Optional State Code | <b>2</b> |
| 4. DISCHARGE DATE   | Date of death or discharge   |          |
|                     | 03-27-2001   |          |
|                     | Month      Day      Year   |          |

⊗ = Key items for computerized resident tracking  
 = When box blank, must enter number or letter    a.  = When letter in box, check if condition applies



**MINIMUM DATA SET (MDS) - VERSION 2.0  
FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING  
BACKGROUND (FACE SHEET) INFORMATION AT ADMISSION**

**SECTION AB. DEMOGRAPHIC INFORMATION**

|   |   |  |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
|---|---|--|---|------|---|---|---|---|---|---|---|-------|--|-----|--|------|--|--|--|--|--|
| 1. DATE OF ENTRY  | Date the stay began. Note-Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date<br><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> </tr> <tr> <td align="center" colspan="2">Month</td> <td align="center" colspan="2">Day</td> <td align="center" colspan="5">Year</td> </tr> </table> </div> | 0  | 3 | -    | 1 | 6 | - | 2 | 0 | 0 | 1 | Month |  | Day |  | Year |  |  |  |  |  |
| 0   | 3   | -  | 1 | 6    | - | 2 | 0 | 0 | 1 |   |   |       |  |     |  |      |  |  |  |  |  |
| Month   |   | Day  |   | Year |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 2. ADMITTED FROM (AT ENTRY)                                 | 1. Private home/apt. with no home health services<br>2. Private home/apt. with home health services<br>3. Board and care/assisted living/group home<br>4. Nursing Home<br>5. Acute care hospital<br>6. Psychiatric hospital, MR/DD facility<br>7. Rehabilitation hospital<br>8. Other   | <b>5</b>   |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 3. LIVED ALONE (PRIOR TO ENTRY)                             | 0. No<br>1. Yes<br>2. In other facility   | <b>1</b>   |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 4. ZIP CODE OF PRIOR PRIMARY RESIDENCE                      | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> </tr> </table> </div>  | 1  | 6 | 8    | 3 | 0 |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 1   | 6   | 8  | 3 | 0    |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 5. RESIDENTIAL HISTORY 5 YEARS TO PRIOR TO ENTRY            | (Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above)<br><br>Prior stay at this nursing home<br>Stay in other nursing home<br><br>Other residential facility-board and care home, assisted living, group home<br>MH/psychiatric setting<br>MR/DD setting<br>NONE OF ABOVE  | a.<br>b.<br>c.<br>d.<br>e.<br>f. <input checked="" type="checkbox"/> |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 6. LIFETIME OCCUPATION(S) [Put "I" between two occupations] | <b>SALESPERSON</b>  |  |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 7. EDUCATION (Highest level Completed)                      | 1. No schooling<br>2. 8th grade/less<br>3. 9-11 grades<br>4. High school<br>5. Technical or trade school<br>6. Some college<br>7. Bachelor's degree<br>8. Graduate degree   | <b>4</b>   |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 8. LANGUAGE (Code for correct response)                     | a. Primary Language<br>0. English    1. Spanish    2. French    3. Other<br>b. If other, specify  | <b>0</b>   |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 9. MENTAL HEALTH HISTORY                                    | Does resident's RECORD indicate any history of mental retardation, mental illness, or developmental disability problem?<br>0. No    1. Yes  | <b>0</b>   |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 10. CONDITIONS RELATED TO MR/DD STATUS                      | (Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely)<br><br>Not applicable-no MR/DD (Skip to AB11)<br>MR/DD with organic condition<br>Down's syndrome<br>Autism<br>Epilepsy<br>Other organic condition related to MR/DD<br>MR/DD with no organic condition   | a. <input checked="" type="checkbox"/><br>b.<br>c.<br>d.<br>e.<br>f. |   |      |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |
| 11. DATE BACKGROUND INFORMATION COMPLETED                   | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> </tr> <tr> <td align="center" colspan="2">Month</td> <td align="center" colspan="2">Day</td> <td align="center" colspan="5">Year</td> </tr> </table> </div>   | 0  | 3 | -    | 2 | 0 | - | 2 | 0 | 0 | 1 | Month |  | Day |  | Year |  |  |  |  |  |
| 0   | 3   | -  | 2 | 0    | - | 2 | 0 | 0 | 1 |   |   |       |  |     |  |      |  |  |  |  |  |
| Month   |   | Day  |   | Year |   |   |   |   |   |   |   |       |  |     |  |      |  |  |  |  |  |

**SECTION AC. CUSTOMARY ROUTINE**

|  |  |  |
|--|--|--|
| 1. CUSTOMARY ROUTINE   | (Check all that apply. If all information UNKNOWN, check last box only.) |  |
| (In year prior to DATE OF ENTRY to this nursing home, or year last in community if now being admitted from another nursing home) | <b>CYCLE OF DAILY EVENTS</b>   |  |
|  | Stays up late at night (e.g., after 9 pm)                                | a. <input checked="" type="checkbox"/> |
|  | Naps regularly during day (at least 1 hour)                              | b. <input checked="" type="checkbox"/> |
|  | Goes out 1+ days a week  | c. <input checked="" type="checkbox"/> |
|  | Stays busy with hobbies, reading, or fixed daily routine                 | d. <input checked="" type="checkbox"/> |
|  | Spends most of time alone or watching TV                                 | e.                                     |
|  | Moves independently indoors (with appliances, if used)                   | f. <input checked="" type="checkbox"/> |
|  | Uses tobacco products at least daily                                     | g.                                     |
|  | NONE OF ABOVE  | h.                                     |
|  | <b>EATING PATTERNS</b>   |  |
|  | Distinct food preferences  | i.                                     |
|  | Eats between meals all or most days                                      | j. <input checked="" type="checkbox"/> |
|  | Use of alcoholic beverage(s) at least weekly                             | k.                                     |
|  | NONE OF ABOVE  | l.                                     |
|  | <b>ADL PATTERNS</b>  |  |
|  | In bedclothes much of day  | m.                                     |
|  | Wakens to toilet all or most nights                                      | n.                                     |
|  | Has irregular bowel movement pattern                                     | o.                                     |
|  | Showers for bathing  | p. <input checked="" type="checkbox"/> |
|  | Bathing in PM  | q.                                     |
| NONE OF ABOVE  | r.   |  |
| <b>INVOLVEMENT PATTERNS</b>  |  |  |
| Daily contact with relatives/close friends   | s. <input checked="" type="checkbox"/>                                   |  |
| Usually attends church, temple, synagogue (etc.)   | t. <input checked="" type="checkbox"/>                                   |  |
| Finds strength in faith  | u. <input checked="" type="checkbox"/>                                   |  |
| Daily animal companion/presence  | v.   |  |
| Involved in group activities   | w. <input checked="" type="checkbox"/>                                   |  |
| NONE OF ABOVE  | x.   |  |
| UNKNOWN-Resident/family unable to provide information  | y.   |  |

**SECTION AD. FACE SHEET SIGNATURES**

|  |          |         |
|--|----------|---------|
| SIGNATURES OF PERSONS COMPLETING FACE SHEET:   |          |         |
| a. Signature of RN Assessment Coordinator  | Date     |         |
| <i>(Rebecca) Kelly R. Mon</i>  | 3/20/01  |         |
| I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. |          |         |
| Signature and Title  | Sections | Date    |
| b. <i>Melissa Bloom unit secretary AB</i>  |          | 3/20/01 |
| c. <i>Lois Harris AD (U) 3-20-01</i>   |          |         |
| d. <i>Eileen M. Anthony ACSW AB, AC</i>  |          | 3/20/01 |
| e.   |          |         |
| f.   |          |         |
| g.   |          |         |

=When box blank, must enter number or letter     a. =When letter in box, check if condition applies



Resident **HE****I FLETCHER**Numeric Identifier **102883**

**MINIMUM DATA SET (MDS) - VERSION 2.0**  
**FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING**  
**BASIC ASSESSMENT TRACKING FORM**

**SECTION AA. IDENTIFICATION INFORMATION**

|   |   |                    |             |           |  |
|---|---|--------------------|-------------|-----------|--|
| 1. RESIDENT NAME <sup>⊗</sup>   | <b>HELEN I FLETCHER</b>   |                    |             |           | 9. Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form<br><br>I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. |
|   | a.(First)   | b.(Middle Initial) | c.(Last)    | d.(Jr/Sr) |  |
| 2. GENDER <sup>⊗</sup>  | 1. Male      2. Female  |                    |             | <b>2</b>  |  |
| 3. BIRTHDATE <sup>⊗</sup>   | <b>10</b>   | <b>04</b>          | <b>1923</b> |           |  |
|   | Month   | Day                | Year        |           |  |
| 4. RACE/ ETHNICITY <sup>⊗</sup>   | 1. American Indian/Alaskan Native    4. Hispanic<br>2. Asian/Pacific Islander                5. White, not of<br>3. Black, not of Hispanic origin        Hispanic origin  |                    |             | <b>5</b>  |  |
| 5. SOCIAL SECURITY AND MEDICARE NUMBERS <sup>⊗</sup><br>[C in 1st box if non med. no.]  | a. Social Security Number<br><b>195-14-1475</b><br>b. Medicare number (or comparable railroad insurance number)<br><b>195141475A</b>  |                    |             |           |  |
| 6. FACILITY PROVIDER NO. <sup>⊗</sup>   | a. State No.<br><b>0</b><br>b. Federal No. <b>396038</b>  |                    |             |           |  |
| 7. MEDICAID NO. ["+" if pending, "N" if not a Medicaid recipient] <sup>⊗</sup>  | -   |                    |             |           |  |
| 8. REASONS FOR ASSESSMENT   | [Note-Other codes do not apply to this form]  |                    |             | <b>01</b> |  |
|   | a. Primary reason for assessment<br>1. Admission assessment (required by day 14)<br>2. Annual assessment<br>3. Significant change in status assessment<br>4. Significant correction of prior full assessment<br>5. Quarterly review assessment<br>10. Significant correction of prior quarterly assessment<br>0. NONE OF ABOVE                                  |                    |             | <b>01</b> |  |
|   | b. Codes for assessments required for Medicare PPS or the State<br>1. Medicare 5 day assessment<br>2. Medicare 30 day assessment<br>3. Medicare 60 day assessment<br>4. Medicare 90 day assessment<br>5. Medicare readmission/return assessment<br>6. Other state required assessment<br>7. Medicare 14 day assessment<br>8. Other Medicare required assessment |                    |             |           |  |
| a. <i>John Parks AD (N) 3/20/01</i><br>b. <i>Beth R. K 3/20/01</i><br>c. <i>Joseph J. GAT 3-20-01</i><br>d. <i>Melissa Bloom unit secretary 3/20/01 AA</i><br>e. <i>Nicole L Johnson OTRIL GIP 3/20/01</i><br>f. <i>Shacie Parker HOP 3/20/01</i><br>g. <i>Eileen M Anthony ASWA, B, E, F, G, H 3/20/01</i><br>h. <i>S. Withered I, J, L, M 3/20/01</i> |   |                    |             |           |  |

*Refer to date  
3/20/01*

**GENERAL INSTRUCTIONS**

Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly Reviews, etc.)

⊗ = Key items for computerized resident tracking

☐ = When box blank, must enter number or letter    a. ☐ = When letter in box, check if condition applies



**MINIMUM DATA SET (MDS) - VERSION 2.0  
FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING**

**FULL ASSESSMENT FORM**  
(Status in last 7 days, unless other time frame indicated)

**SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION**

|  |   |                    |          |           |
|--|---|--------------------|----------|-----------|
| 1. RESIDENT NAME                         | <b>HELEN I FLETCHER</b>   |                    |          |           |
|  | a.(First)   | b.(Middle Initial) | c.(Last) | d.(Jr/Sr) |
| 2. ROOM NUMBER                           | 2 3 4   |                    |          |           |
| 3. ASSESSMENT REFERENCE DATE             | a. Last day of MDS observation period<br>0 3 - 2 0 - 2 0 0 1<br>Month Day Year<br>b. Original (0) or corrected copy of form (enter number of correction) <b>0</b>   |                    |          |           |
| 4a. DATE OF REENTRY                      | Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days)<br>Month Day Year<br>0 0 - 0 0 - 0 0 0 0  |                    |          |           |
| 5. MARITAL STATUS                        | 1. Never married 3. Widowed 5. Divorced<br>2. Married 4. Separated  |                    |          | <b>3</b>  |
| 6. MEDICAL RECORD NO.                    | 1 0 2 8 8 3   |                    |          |           |
| 7. CURRENT PAYMENT SOURCES FOR N.H. STAY | (Billing Office to indicate; check all that apply in last 30 days)<br>Medicaid per diem a. VA per diem f.<br>Medicare per diem b. Self or family pays for full per diem g.<br>Medicare ancillary part A c. <input checked="" type="checkbox"/> Medicaid resident liability or Medicare co-payment h.<br>Medicare ancillary part B d. <input checked="" type="checkbox"/> Private insurance per diem (including co-payment) i.<br>CHAMPUS per diem e. Other per diem j. <input checked="" type="checkbox"/>  |                    |          |           |
| 8. REASONS FOR ASSESSMENT                | a. Primary reason for assessment<br>1. Admission assessment (required by day 14)<br>2. Annual assessment<br>3. Significant change in status assessment<br>4. Significant correction of prior full assessment<br>5. Quarterly review assessment<br>6. Discharged-return not anticipated<br>7. Discharged-return anticipated<br>8. Discharged prior to completing initial assessment<br>9. Reentry<br>10. Significant correction of prior quarterly assessment<br>0. NONE OF ABOVE<br>b. Codes for assessments required for Medicare PPS or the State<br>1. Medicare 5 day assessment<br>2. Medicare 30 day assessment<br>3. Medicare 60 day assessment<br>4. Medicare 90 day assessment<br>5. Medicare readmission/return assessment<br>6. Other state required assessment<br>7. Medicare 14 day assessment<br>8. Other Medicare required assessment |                    |          | <b>01</b> |
| 9. RESPONSIBILITY/LEGAL GUARDIAN         | (Check all that apply) Durable power attorney/financial<br>Legal guardian a. Family member responsible d.<br>Other legal oversight b. Patient responsible for self e.<br>Durable power of attorney/health care c. NONE OF ABOVE f. <input checked="" type="checkbox"/> g.   |                    |          |           |
| 10. ADVANCED DIRECTIVES                  | (For those items with supporting documentation in the medical record, check all that apply)<br>Living will a. Feeding restrictions f.<br>Do not resuscitate b. Medication restrictions g.<br>Do not hospitalize c. Other treatment restrictions h.<br>Organ donation d. Autopsy request e. NONE OF ABOVE i. <input checked="" type="checkbox"/>   |                    |          |           |

**SECTION B. COGNITIVE PATTERNS**

|             |  |          |
|-------------|--|----------|
| 1. COMATOSE | (Persistent vegetative state/no discernible consciousness)<br>0. No 1. Yes (If yes, skip to Section G)   | <b>0</b> |
| 2. MEMORY   | (Recall of what was learned or known)<br>a. Short-term memory OK-seems/appears to recall after 5 minutes<br>0. Memory OK 1. Memory problem<br>b. Long-term memory OK-seems/appears to recall long past<br>0. Memory OK 1. Memory problem | <b>0</b> |

□ =When box blank, must enter number or letter a. =When letter in box, check if condition applies

|  |  |          |
|--|--|----------|
| 3. MEMORY/RECALL ABILITY   | (Check all that resident was normally able to recall during last 7 days)<br>Current season a. <input checked="" type="checkbox"/><br>Location of own room b. That he/she is in a nursing home d. <input checked="" type="checkbox"/><br>Staff names/faces c. NONE OF ABOVE are recalled e.   |          |
| 4. COGNITIVE SKILLS FOR DAILY DECISION-MAKING                    | (Made decisions regarding tasks of daily life)<br>0. Independent - decisions consistent/reasonable<br>1. Modified Independence - some difficulty in new situations only<br>2. Moderately Impaired - decisions poor; cues/supervision required<br>3. Severely Impaired - never/rarely made decisions  | <b>0</b> |
| 5. INDICATORS OF DELIRIUM/PERIODIC DISORDERED THINKING/AWARENESS | (Code for behavior in the last 7 days)(Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time).<br>0. Behavior not present<br>1. Behavior present, not of recent onset<br>2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)<br>a. EASILY DISTRACTED- (e.g., difficulty paying attention; gets sidetracked)<br>b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS- (e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)<br>c. EPISODES OF DISORGANIZED SPEECH- (e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)<br>d. PERIODS OF RESTLESSNESS- (e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out)<br>e. PERIODS OF LETHARGY- (e.g., sluggishness; staring into space; difficult to arouse; little body movement)<br>f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY- (e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not) | <b>0</b> |
| 6. CHANGE IN COGNITIVE STATUS                                    | Resident's cognitive status, skills, or abilities have changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change 1. Improved 2. Deteriorated  | <b>0</b> |

**SECTION C. COMMUNICATION/HEARING PATTERNS**

|                                     |  |          |
|-------------------------------------|--|----------|
| 1. HEARING                          | (With hearing appliance, if used)<br>0. HEARS ADEQUATELY - normal talk, TV, phone<br>1. MINIMAL DIFFICULTY when not in quiet setting<br>2. HEARS IN SPECIAL SITUATIONS ONLY - speaker has to adjust tonal quality and speak distinctly<br>3. HIGHLY IMPAIRED/absence of useful hearing | <b>0</b> |
| 2. COMMUNICATION DEVICES/TECHNIQUES | (Check all that apply during last 7 days)<br>Hearing aid, present and used a.<br>Hearing aid, present and not used regularly b.<br>Other receptive comm. techniques used (e.g., lip reading) c.<br>NONE OF ABOVE d. <input checked="" type="checkbox"/>                                |          |
| 3. MODES OF EXPRESSION              | (Check all used by resident to make needs known)<br>Speech a. <input checked="" type="checkbox"/> Signs/gestures/sounds d.<br>Writing messages to express or clarify needs b. Communication board e.<br>American sign language or Braille c. NONE OF ABOVE f. g.                       |          |
| 4. MAKING SELF UNDERSTOOD           | (Express information content - however able)<br>0. UNDERSTOOD<br>1. USUALLY UNDERSTOOD - difficulty finding words or finishing thoughts<br>2. SOMETIMES UNDERSTOOD - ability is limited to making concrete requests<br>3. RARELY/NEVER UNDERSTOOD                                      | <b>0</b> |
| 5. SPEECH CLARITY                   | (Code for speech in the last 7 days)<br>0. CLEAR SPEECH - distinct, intelligible words<br>1. UNCLEAR SPEECH - slurred, mumbled words<br>2. NO SPEECH - absence of spoken words   | <b>0</b> |
| 6. ABILITY TO UNDERSTAND OTHERS     | (Understanding verbal information content-however able)<br>0. UNDERSTANDS<br>1. USUALLY UNDERSTANDS - may miss some part/intent of message<br>2. SOMETIMES UNDERSTANDS - responds adequately to simple, direct communication<br>3. RARELY/NEVER UNDERSTANDS                            | <b>0</b> |
| 7. CHANGE IN COMMUNICATION/HEARING  | Resident's ability to express, understand or hear information has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change 1. Improved 2. Deteriorated   | <b>0</b> |



|                                   |  |                  |
|-----------------------------------|--|------------------|
| 1. VISION                         | (Ability to see in adequate light and with glasses if used)<br>0. ADEQUATE - sees fine detail, including regular print in newspapers/books<br>1. IMPAIRED - sees large print, but not regular print in newspapers/books<br>2. MODERATELY IMPAIRED - limited vision; not able to see newspaper headlines, but can identify objects<br>3. HIGHLY IMPAIRED - object identification in question, but eyes appear to follow objects<br>4. SEVERELY IMPAIRED - no vision or sees only light, colors, or shapes; eyes do not appear to follow objects | 0                |
| 2. VISUAL LIMITATION/DIFFICULTIES | Side vision problems-decreased peripheral vision (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self)<br>Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes<br>NONE OF ABOVE  | a.<br>b.<br>c. X |
| 3. VISUAL APPLIANCES              | Glasses; contact lenses; magnifying glass<br>0. No 1. Yes  | 1                |

**SECTION E. MOOD AND BEHAVIOR PATTERNS**

|   |  |  |
|---|--|--|
| 1. INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD  | (Code for indicators observed in last 30 days, irrespective of the assumed cause)<br>0. Indicator not exhibited in last 30 days<br>1. Indicator of this type exhibited up to five days a week<br>2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)  | 0  |
| VERBAL EXPRESSIONS OF DISTRESS  | h. Repetitive health complaints-e.g., persistently seeks medical attention, obsessive concern with body functions<br>i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues<br>j. Unpleasant mood in morning<br>k. Insomnia/change in usual sleep pattern<br>l. Sad, pained, worried facial expressions-e.g., furrowed brows<br>m. Crying, tearfulness<br>n. Repetitive physical movements-e.g., pacing, hand wringing, restlessness, fidgeting, picking | 0<br>0<br>0<br>0<br>0<br>0                 |
| a. Resident made negative statements-e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die"  |  | 0  |
| b. Repetitive questions-e.g., "Where do I go; What do I do?"  |  | 0  |
| c. Repetitive verbalizations-e.g., calling out for help ("God help me")   |  | 0  |
| d. Persistent anger with self or others-e.g., easily annoyed, anger at placement in nursing home; anger at care received  |  | 0  |
| e. Self deprecation-e.g., "I am nothing; I am of no use to anyone"  |  | 0  |
| f. Expressions of what appear to be unrealistic fears-e.g., fear of being abandoned, left alone, being with others  |  | 0  |
| g. Recurrent statements that something terrible is about to happen-e.g., believes he or she is about to die, have a heart attack  |  | 0  |
| 2. MOOD PERSISTENCE   | One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days<br>0. No mood indicators 1. Indicators present, easily altered 2. Indicators present, not easily altered  | 0  |
| 3. CHANGE IN MOOD   | Resident's mood status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change 1. Improved 2. Deteriorated  | 0  |
| 4. BEHAVIORAL SYMPTOMS  | (A) Behavioral symptom frequency in last 7 days<br>0. Behavior not exhibited in last 7 days<br>1. Behavior of this type occurred 1 to 3 days in last 7 days<br>2. Behavior of this type occurred 4 to 6 days, but less than daily<br>3. Behavior of this type occurred daily<br>(B) Behavioral symptom alterability in last 7 days<br>0. Behavior not present OR behavior was easily altered<br>1. Behavior was not easily altered   | (A) (B)<br>0 0<br>0 0<br>0 0<br>0 0<br>0 0 |
| a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)   |  | 0 0  |
| b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at)  |  | 0 0  |
| c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)   |  | 0 0  |
| d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings) |  | 0 0  |
| e. RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating)   |  | 0 0  |

|                                  |   |   |
|----------------------------------|---|---|
| 5. CHANGE IN BEHAVIORAL SYMPTOMS | Resident's behavior status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change 1. Improved 2. Deteriorated | 0 |
|----------------------------------|---|---|

**SECTION F. PSYCHOSOCIAL WELL-BEING**

|                                    |   |  |
|------------------------------------|---|--|
| 1. SENSE OF INITIATIVE/INVOLVEMENT | At ease interacting with others<br>At ease doing planned or structured activities<br>At ease doing self-initiated activities<br>Establishes own goals<br>Pursues involvement in life of facility (e.g., makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)<br>Accepts invitations into most group activities<br>NONE OF ABOVE | a. X<br>b.<br>c.<br>d. X<br>e.<br>f.<br>g.     |
| 2. UNSETTLED RELATIONSHIPS         | Covert/open conflict with or repeated criticism of staff<br>Unhappy with roommate<br>Unhappy with residents other than roommate<br>Openly expresses conflict/anger with family/friends<br>Absence of personal contact with family/friends<br>Recent loss of close family member/friend<br>Does not adjust easily to change in routines<br>NONE OF ABOVE   | a.<br>b.<br>c.<br>d.<br>e.<br>f.<br>g.<br>h. X |
| 3. PAST ROLES                      | Strong identification with past roles and life status<br>Expresses sadness/anger/empty feeling over lost roles/status<br>Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community<br>NONE OF ABOVE   | a.<br>b.<br>c. X<br>d.                         |

**SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS**

|   |  |                   |
|---|--|-------------------|
| 1. (A) ADL SELF-PERFORMANCE-(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days-Not including setup)  | 0. INDEPENDENT-No help or oversight-OR-Help/oversight provided only 1 or 2 times during last 7 days<br>1. SUPERVISION-Oversight, encouragement or cueing provided 3 or more times during last 7 days-OR-Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days<br>2. LIMITED ASSISTANCE-Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times-OR-More help provided only 1 or 2 times during last 7 days<br>3. EXTENSIVE ASSISTANCE-While resident performed part of activity, over last 7 day period, help of following type(s) provided 3 or more times:<br>-Weight-bearing support<br>-Full staff performance during part (but not all) of last 7 days<br>4. TOTAL DEPENDENCE-Full staff performance of activity during entire 7 days<br>8. ACTIVITY DID NOT OCCUR during entire 7 days | (A) (B)           |
| (B) ADL SUPPORT PROVIDED-(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification) | 0. No setup or physical help from staff<br>1. Setup help only<br>2. One person physical assist<br>3. Two+ persons physical assist<br>8. ADL activity itself did not occur during entire 7 days   | SELF-PERF SUPPORT |
| a. BED MOBILITY   | How resident moves to and from lying position, turns side to side, and positions body while in bed   | 3 2               |
| b. TRANSFER   | How resident moves between surfaces-to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)   | 3 2               |
| c. WALK IN ROOM   | How resident walks between locations in his/her room   | 3 2               |
| d. WALK IN CORRIDOR   | How resident walks in corridor on unit   | 3 2               |
| e. LOCOMOTION ON UNIT   | How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair   | 3 2               |
| f. LOCOMOTION OFF UNIT  | How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair   | 8 8               |
| g. DRESSING   | How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis   | 3 2               |
| h. EATING   | How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)   | 0 1               |
| i. TOILET USE   | How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes   | 3 2               |
| j. PERSONAL HYGIENE   | How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)  | 3 2               |

|  |  |  |
|--|--|--|
| 2. BATHING   | How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) Code for most dependent in self-performance and support.<br>(A) BATHING SELF-PERFORMANCE codes appear below<br>0. Independent-No help provided<br>1. Supervision-Oversight help only<br>2. Physical help limited to transfer only<br>3. Physical help in part of bathing activity<br>4. Total dependence<br>8. Activity itself did not occur during entire 7 days (Bathing support codes are as defined in item 1, code B above) | (A) (B)<br><b>3</b> <b>2</b>   |
| 3. TEST FOR BALANCE<br>(see training manual)                         | (Code for ability during test in the last 7 days)<br>0. Maintained position as required in test<br>1. Unsteady, but able to rebalance self without physical support<br>2. Partial physical support during test; or stands (sits) but does not follow directions for test<br>3. Not able to attempt test without physical help  | a. Balance while standing<br>b. Balance while sitting-position, trunk control<br><b>3</b> <b>0</b>   |
| 4. FUNCTIONAL LIMITATION IN RANGE OF MOTION<br>(see training manual) | (Code for limitations during last 7 days that interfered with daily functions or placed resident at risk of injury)<br>(A) RANGE OF MOTION (B) VOLUNTARY MOVEMENT<br>0. No limitation<br>1. Limitation on one side<br>2. Limitation on both sides<br>1. No loss<br>2. Partial loss<br>3. Full loss   | (A) (B)<br>a. Neck <b>0</b> <b>0</b><br>b. Arm-Including shoulder or elbow <b>0</b> <b>0</b><br>c. Hand-Including wrist or fingers <b>0</b> <b>0</b><br>d. Leg-Including hip or knee <b>0</b> <b>0</b><br>e. Foot-Including ankle or toes <b>1</b> <b>1</b><br>f. Other limitation or loss <b>0</b> <b>0</b> |
| 5. MODES OF LOCOMOTION   | (Check all that apply during last 7 days)<br>Cane/walker/crutch<br>Wheeled self<br>Other person wheeled  | a. <input checked="" type="checkbox"/> Wheelchair primary mode of locomotion<br>b. <input type="checkbox"/><br>c. <input type="checkbox"/> NONE OF ABOVE<br>d. <input type="checkbox"/><br>e. <input type="checkbox"/>   |
| 6. MODES OF TRANSFER   | (Check all that apply during last 7 days)<br>Bedfast all or most of time<br>Bed rails used for bed mobility or transfer<br>Lifted manually   | a. <input type="checkbox"/> Lifted mechanically<br>b. <input checked="" type="checkbox"/> Transfer aid (e.g., slide board, trapeze, cane, walker, brace)<br>c. <input type="checkbox"/> NONE OF ABOVE<br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/>           |
| 7. TASK SEGMENTATION   | Some or all of ADL activities were broken into subtasks during last 7 days so that resident could perform them<br>0. No<br>1. Yes  | <b>1</b>   |
| 8. ADL FUNCTIONAL REHABILITATION POTENTIAL                           | Resident believes he/she is capable of increased independence in at least some ADLs<br>Direct care staff believe resident is capable of increased independence in at least some ADLs<br>Resident able to perform tasks/activity but is very slow<br>Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings<br>NONE OF ABOVE   | a. <input checked="" type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input checked="" type="checkbox"/><br>e. <input type="checkbox"/>   |
| 9. CHANGE IN ADL FUNCTION  | Resident's ADL self-performance status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change<br>1. Improved<br>2. Deteriorated  | <b>2</b>   |

|                                 |  |  |  |
|---------------------------------|--|--|--|
| 3. APPLIANCES AND PROGRAMS      | Any scheduled toileting plan<br>Bladder retraining program<br>External (condom) catheter<br>Indwelling catheter<br>Intermittent catheter   | a. <input type="checkbox"/> Did not use toilet room/commode/urinal<br>b. <input type="checkbox"/> Pads/briefs used<br>c. <input type="checkbox"/> Enemas/irrigation<br>d. <input type="checkbox"/> Ostomy present<br>e. <input type="checkbox"/> NONE OF ABOVE | f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input checked="" type="checkbox"/> |
| 4. CHANGE IN URINARY CONTINENCE | Resident's urinary continence has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change<br>1. Improved<br>2. Deteriorated |  | <b>0</b>   |

**SECTION I. DISEASE DIAGNOSES**

Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses)

|   |   |   |   |
|---|---|---|---|
| 1. DISEASES   | (If none apply, CHECK the NONE OF ABOVE box)  |   |   |
| ENDOCRINE/METABOLIC/NUTRITIONAL                             | Diabetes mellitus<br>Hypertension<br>Hypothyroidism   | <input type="checkbox"/> Hemiplegia/Hemiparesis<br><input type="checkbox"/> Multiple sclerosis<br><input type="checkbox"/> Paraplegia<br><input type="checkbox"/> Parkinson's disease<br><input type="checkbox"/> Quadriplegia<br><input type="checkbox"/> Seizure disorder<br><input type="checkbox"/> Transient ischemic attack (TIA)<br><input checked="" type="checkbox"/> Traumatic brain injury | v. <input type="checkbox"/><br>w. <input type="checkbox"/><br>x. <input type="checkbox"/><br>y. <input type="checkbox"/><br>z. <input type="checkbox"/><br>aa. <input type="checkbox"/><br>bb. <input type="checkbox"/><br>cc. <input type="checkbox"/> |
| HEART/CIRCULATION   | Arteriosclerotic heart disease (ASHD)<br>Cardiac dysrhythmias<br>Congestive heart failure<br>Deep vein thrombosis<br>Hypertension<br>Hypotension<br>Peripheral vascular disease<br>Other cardiovascular disease                 | <input type="checkbox"/> PSYCHIATRIC/MOOD<br><input type="checkbox"/> Anxiety disorder<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Manic depression (bipolar disease)<br><input checked="" type="checkbox"/> Schizophrenia   | dd. <input type="checkbox"/><br>ee. <input type="checkbox"/><br>ff. <input type="checkbox"/><br>gg. <input type="checkbox"/>  |
| MUSCULOSKELETAL   | Arthritis<br>Hip fracture<br>Missing limb (e.g., amputation)<br>Osteoporosis<br>Pathological bone fracture  | <input type="checkbox"/> PULMONARY<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Emphysema/COPD<br><input type="checkbox"/> SENSOY<br><input type="checkbox"/> Cataracts<br><input type="checkbox"/> Diabetic retinopathy<br><input type="checkbox"/> Glaucoma<br><input type="checkbox"/> Macular degeneration  | hh. <input type="checkbox"/><br>ii. <input type="checkbox"/><br>jj. <input type="checkbox"/><br>kk. <input type="checkbox"/><br>ll. <input type="checkbox"/><br>mm. <input type="checkbox"/>  |
| NEUROLOGICAL  | Alzheimer's disease<br>Aphasia<br>Cerebral palsy<br>Cerebrovascular accident (stroke)<br>Dementia other than Alzheimer's disease  | <input type="checkbox"/> OTHER<br><input type="checkbox"/> Allergies<br><input type="checkbox"/> Anemia<br><input type="checkbox"/> Cancer<br><input type="checkbox"/> Renal failure<br><input type="checkbox"/> NONE OF ABOVE  | nn. <input type="checkbox"/><br>oo. <input type="checkbox"/><br>pp. <input type="checkbox"/><br>qq. <input type="checkbox"/><br>rr. <input type="checkbox"/>  |
| 2. INFECTIONS   | (If none apply, CHECK the NONE OF ABOVE box)<br>Antibiotic resistant infection (e.g., Methicillin resistant staph)<br>Clostridium difficile (c. diff.)<br>Conjunctivitis<br>HIV infection<br>Pneumonia<br>Respiratory infection | <input type="checkbox"/> Septicemia<br><input type="checkbox"/> Sexually transmitted diseases<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Urinary tract infection in last 30 days<br><input type="checkbox"/> Viral hepatitis<br><input type="checkbox"/> Wound infection<br><input type="checkbox"/> NONE OF ABOVE  | g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/><br>k. <input type="checkbox"/><br>l. <input type="checkbox"/><br>m. <input checked="" type="checkbox"/>                        |
| 3. OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES | a. <b>Other orthopedic aft</b><br>b. <b>Ambulatory with gait</b><br>c. <b>Fracture of ankle, t</b><br>d. <b>Other peripheral vas</b><br>e. <b>Atherosclerotic hear</b>  |   | <b>V54.8</b><br><b>781.2</b><br><b>824.6</b><br><b>443.9</b><br><b>414.0</b>  |

**SECTION H. CONTINENCE IN LAST 14 DAYS**

|  |   |
|--|---|
| 1. CONTINENCE SELF-CONTROL CATEGORIES<br>(Code for resident's PERFORMANCE OVER ALL SHIFTS) | 0. CONTINENT-Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]<br>1. USUALLY CONTINENT-BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly<br>2. OCCASIONALLY INCONTINENT-BLADDER, 2 or more times a week but not daily; BOWEL, once a week<br>3. FREQUENTLY INCONTINENT-BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week<br>4. INCONTINENT-Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time |
| a. BOWEL CONTINENCE  | Control of bowel movement, with appliance or bowel continence programs, if employed<br><b>0</b>   |
| b. BLADDER CONTINENCE  | Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed<br><b>0</b>  |
| 2. BOWEL ELIMINATION PATTERN   | Bowel elimination pattern regular-at least one movement every three days<br>Constipation<br>a. <input checked="" type="checkbox"/> Diarrhea<br>b. <input type="checkbox"/> Fecal impaction<br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/>   |

**SECTION J. HEALTH CONDITIONS**

|                            |  |   |
|----------------------------|--|---|
| 1. PROBLEM CONDITIONS      | (Check all problems present in last 7 days unless other time frame is indicated)   |   |
| INDICATORS OF FLUID STATUS | Weight gain or loss of 3 or more pounds within a 7 day period<br>Inability to lie flat due to shortness of breath<br>Dehydrated; output exceeds input<br>Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days<br>OTHER | <input type="checkbox"/> Dizziness/Vertigo<br><input type="checkbox"/> Edema<br><input type="checkbox"/> Fever<br><input type="checkbox"/> Hallucinations<br><input type="checkbox"/> Internal bleeding<br><input type="checkbox"/> Recurrent lung aspirations in last 90 days<br><input type="checkbox"/> Shortness of breath<br><input type="checkbox"/> Syncope (fainting)<br><input type="checkbox"/> Unsteady gait<br><input checked="" type="checkbox"/> Vomiting<br><input type="checkbox"/> NONE OF ABOVE |
| Delusions                  |  | f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/><br>k. <input type="checkbox"/><br>l. <input type="checkbox"/><br>m. <input type="checkbox"/><br>n. <input checked="" type="checkbox"/><br>o. <input type="checkbox"/><br>p. <input type="checkbox"/>  |

|                            |  |   |  |
|----------------------------|--|---|--|
| 2. PAIN SYMPTOMS           | (Code the highest level of pain present in the last 7 days)<br>a. FREQUENCY with which resident complains or shows evidence of pain<br>0. No pain (skip to J4)<br>1. Pain less than daily<br>2. Pain daily<br>b. INTENSITY of pain<br>1. Mild pain<br>2. Moderate pain<br>3. Times when pain is horrible or excruciating | <b>2</b>  | <b>2</b>   |
| 3. PAIN SITE               | (If pain present, check all sites that apply in last 7 days)<br>Back pain<br>Bone pain<br>Chest pain while doing usual activities<br>Headache<br>Hip pain  | a. Incisional pain<br>b. <input checked="" type="checkbox"/> Joint pain (other than hip)<br>c. Soft tissue pain (e.g., lesion, muscle)<br>d. Stomach pain<br>e. Other | f. <input type="checkbox"/><br>g. <input checked="" type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/> |
| 4. ACCIDENTS               | (Check all that apply)<br>Fell in past 30 days<br>Fell in past 31-180 days   | a. <input checked="" type="checkbox"/> Hip fracture in last 180 days<br>b. <input type="checkbox"/> Other fracture in last 180 days<br>c. NONE OF ABOVE               | c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/>  |
| 5. STABILITY OF CONDITIONS | Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable-(fluctuating, precarious, or deteriorating)<br>Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem<br>End-stage disease, 6 or fewer months to live<br>NONE OF ABOVE                            | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input checked="" type="checkbox"/>                                   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input checked="" type="checkbox"/>                                |

SECTION M. SKIN CONDITION

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 1. ULCERS                                 | (Record the number of ulcers at each ulcer stage-regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9=9 or more.) (Requires full body exam.)<br>a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.<br>b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.<br>c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues-presents as a deep crater with or without undermining adjacent tissue.<br>d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone. | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>   |
| 2. TYPE OF ULCER                          | (For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1-i.e., 0=none; stages 1, 2, 3, 4)<br>a. Pressure ulcer-any lesion caused by pressure resulting in damage of underlying tissue<br>b. Stasis ulcer-open lesion caused by poor circulation in the lower extremities  | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>   |
| 3. HISTORY OF RESOLVED ULCERS             | Resident had a ulcer that was resolved or cured in LAST 90 DAYS<br>0. No<br>1. Yes   | <b>0</b>  | <b>0</b>  | <b>0</b>  | <b>0</b>   |
| 4. OTHER SKIN PROBLEMS OR LESIONS PRESENT | (Check all that apply during last 7 days)<br>Abrasions, bruises<br>Burns (second or third degree)<br>Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)<br>Rashes-e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster<br>Skin desensitized to pain or pressure<br>Skin tears or cuts (other than surgery)<br>Surgical wounds<br>NONE OF ABOVE   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input checked="" type="checkbox"/><br>h. <input type="checkbox"/>   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input checked="" type="checkbox"/><br>h. <input type="checkbox"/>   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input checked="" type="checkbox"/><br>h. <input type="checkbox"/>   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input checked="" type="checkbox"/><br>h. <input type="checkbox"/>  |
| 5. SKIN TREATMENTS                        | (Check all that apply during last 7 days)<br>Pressure relieving device(s) for chair<br>Pressure relieving device(s) for bed<br>Turning/repositioning program<br>Nutrition or hydration intervention to manage skin problems<br>Ulcer care<br>Surgical wound care<br>Application of dressings (with or without topical medications) other than to feet<br>Application of ointments/medications (other than to feet)<br>Other preventative or protective skin care (other than to feet)<br>NONE OF ABOVE   | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/> | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/> | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/> | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/><br>j. <input type="checkbox"/> |
| 6. FOOT PROBLEMS AND CARE                 | (Check all that apply during last 7 days)<br>Resident has one or more foot problems-e.g., corns, calluses, bunions, hammer toes, overlapping toes, pain, structural problems<br>Infection of the foot-e.g., cellulitis, purulent drainage<br>Open lesions on the foot<br>Nails/calluses trimmed during last 90 days<br>Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators)<br>Application of dressings (with or without topical medications)<br>NONE OF ABOVE  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/>  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/>  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/>  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/>   |

SECTION K. ORAL/NUTRITIONAL STATUS

|                                 |  |   |  |
|---------------------------------|--|---|--|
| 1. ORAL PROBLEMS                | Chewing problem<br>Swallowing problem<br>Mouth pain<br>NONE OF ABOVE   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input checked="" type="checkbox"/>   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input checked="" type="checkbox"/>  |
| 2. HEIGHT AND WEIGHT            | Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice-e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes<br>a. HT (in.) <b>62</b> b. WT(lb.) <b>156</b>   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/>  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/>   |
| 3. WEIGHT CHANGE                | a. Weight loss-5% or more in last 30 days; or 10% or more in last 180 days<br>0. No<br>1. Yes<br>b. Weight gain-5% or more in last 30 days; or 10% or more in last 180 days<br>0. No<br>1. Yes   | <b>0</b>  | <b>0</b>   |
| 4. NUTRITIONAL PROBLEMS         | Complains about the taste of many foods<br>Regular or repetitive complaints of hunger  | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/>   | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/>  |
| 5. NUTRITIONAL APPROACHES       | (Check all that apply in last 7 days)<br>Parenteral/IV<br>Feeding tube<br>Mechanically altered diet<br>Syndrome (oral feeding)<br>Therapeutic diet   | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/>  | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/> |
| 6. PARENTERAL OR ENTERAL INTAKE | (Skip to Section L if neither 5a nor 5b is checked)<br>a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days<br>0. None<br>1. 1% to 25%<br>2. 26% to 50%<br>3. 51% to 75%<br>4. 76% to 100%<br>b. Code the average fluid intake per day by IV or tube in last 7 days<br>0. None<br>1. 1 to 500 cc/day<br>2. 501 to 1000 cc/day<br>3. 1001 to 1500 cc/day<br>4. 1501 to 2000 cc/day<br>5. 2001 or more cc/day | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/> | a. <input type="checkbox"/><br>b. <input type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input type="checkbox"/>            |

SECTION L. ORAL/DENTAL STATUS

|                                       |  |   |   |
|---------------------------------------|--|---|---|
| 1. ORAL STATUS AND DISEASE PREVENTION | Debris (soft, easily movable substances) present in mouth prior to going to bed at night<br>Has dentures or removable bridge<br>Some/all natural teeth lost-does not have or does not use dentures (or partial plates)<br>Broken, loose, or carious teeth<br>Inflamed gums (gingiva); swollen or bleeding gums; oral abscesses; ulcers or rashes<br>Daily cleaning of teeth/dentures or daily mouth care-by resident or staff<br>NONE OF ABOVE | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input checked="" type="checkbox"/><br>g. <input type="checkbox"/> | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/><br>f. <input checked="" type="checkbox"/><br>g. <input type="checkbox"/> |
|---------------------------------------|--|---|---|

SECTION N. ACTIVITY PURSUIT PATTERNS

|   |   |   |  |
|---|---|---|--|
| 1. TIME AWAKE   | (Check appropriate time periods over last 7 days)<br>Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:<br>Morning<br>Afternoon<br>Evening<br>NONE OF ABOVE  | a. <input checked="" type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/>  | a. <input checked="" type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/>   |
| (If resident is comatose, skip to Section O)                              |   |   |  |
| 2. AVERAGE TIME INVOLVED IN ACTIVITIES                                    | (When awake and not receiving treatments or ADL care)<br>0. Most-more than 2/3 of time<br>1. Some-from 1/3 to 2/3 of time<br>2. Little-less than 1/3 of time<br>3. None                                 | <b>1</b>  | <b>1</b>   |
| 3. PREFERRED ACTIVITY SETTINGS  | (Check all settings in which activities are preferred)<br>Own room<br>Day/activity room<br>Inside NH/off unit<br>Outside facility<br>NONE OF ABOVE  | a. <input checked="" type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/>   | a. <input checked="" type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input type="checkbox"/><br>d. <input type="checkbox"/><br>e. <input type="checkbox"/>  |
| 4. GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities) | (Check all PREFERENCES whether or not activity is currently available to resident)<br>Cards/other games<br>Crafts/arts<br>Exercise/sports<br>Music<br>Reading/writing<br>Spiritual/religious activities | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input checked="" type="checkbox"/><br>d. <input checked="" type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input checked="" type="checkbox"/> | a. <input type="checkbox"/><br>b. <input checked="" type="checkbox"/><br>c. <input checked="" type="checkbox"/><br>d. <input checked="" type="checkbox"/><br>e. <input checked="" type="checkbox"/><br>f. <input checked="" type="checkbox"/><br>g. <input type="checkbox"/><br>h. <input type="checkbox"/><br>i. <input checked="" type="checkbox"/><br>j. <input checked="" type="checkbox"/><br>k. <input checked="" type="checkbox"/><br>l. <input checked="" type="checkbox"/><br>m. <input type="checkbox"/> |

Resident

**LEN I FLETCHER**

Numeric Identifier

**102883**

|                                    |  |  |          |
|------------------------------------|--|--|----------|
| 5. PREFERS CHANGE IN DAILY ROUTINE | Code for resident preferences in daily routines<br>0. No change 1. Slight change 2. Major change |  |          |
|                                    | a. Type of activities in which resident is currently involved                                    |  | <b>0</b> |
|                                    | b. Extent of resident involvement in activities  |  | <b>0</b> |

**SECTION O. MEDICATIONS**

|  |  |           |
|--|--|-----------|
| 1. NUMBER OF MEDICATIONS                   | (Record the number of different medications used in the last 7 days; enter "0" if none used)               | <b>16</b> |
| 2. NEW MEDICATIONS                         | (Resident currently receiving medications that were initiated during the last 90 days)<br>0. No 1. Yes     | <b>1</b>  |
| 3. INJECTIONS                              | (Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used) | <b>0</b>  |
| 4. DAYS RECEIVED THE FOLLOWING MEDICATIONS | a. Antipsychotic   | <b>0</b>  |
|  | b. Antianxiety   | <b>0</b>  |
|  | c. Antidepressant  | <b>0</b>  |
|  | d. Hypnotic  | <b>5</b>  |
|  | e. Diuretic  | <b>0</b>  |

**SECTION P. SPECIAL TREATMENTS AND PROCEDURES**

|   |  |  |  |
|---|--|--|--|
| 1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS                       | a. SPECIAL CARE-Check treatments or programs received during the last 14 days  |  |  |
|   | TREATMENTS   |  |  |
|   | Chemotherapy   | a. Ventilator or respirator  |  |
|   | Dialysis   | b. Alcohol/drug treatment program  |  |
|   | IV medication  | c. Alzheimer's/dementia special care unit  |  |
|   | Intake/output  | d. Hospice care  |  |
|   | Monitoring acute medical condition   | e. Pediatric unit  |  |
|   | Ostomy care  | f. Respite care  |  |
|   | Oxygen therapy   | g. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs) |  |
|   | Radiation  | h. NONE OF ABOVE   |  |
|   | Suctioning   | i. <input checked="" type="checkbox"/>   |  |
|   | Tracheostomy care  | j. <input type="checkbox"/>  |  |
|   | Transfusions   | k. <input type="checkbox"/>  |  |
|   | b. THERAPIES-Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note -count only post admission therapies] |  |  |
|   | (A)= # of days administered for 15 minutes or more<br>(B)= total # of minutes provided in last 7 days  |  |  |
| a. Speech - language pathology and audiology services                 | <b>0 0000</b>  |  |  |
| b. Occupational therapy   | <b>5 0350</b>  |  |  |
| c. Physical therapy   | <b>5 0380</b>  |  |  |
| d. Respiratory therapy  | <b>0 0000</b>  |  |  |
| e. Psychological therapy (by any licensed mental health professional) | <b>0 0000</b>  |  |  |
| 2. INTERVENTION PROGRAMS, FOR MOOD, BEHAVIOR, COGNITIVE LOSS          | (Check all interventions or strategies used in last 7 days-no matter where received)   |  |  |
|   | Special behavior symptom evaluation program  | a. <input type="checkbox"/>  |  |
|   | Evaluation by a licensed mental health specialist in last 90 days  | b. <input type="checkbox"/>  |  |
|   | Group therapy  | c. <input type="checkbox"/>  |  |
|   | Resident-specific deliberate changes in the environment to address mood/behavior patterns-e.g., providing bureau in which to rummage   | d. <input type="checkbox"/>  |  |
|   | Reorientation-e.g., cueing   | e. <input type="checkbox"/>  |  |
| NONE OF ABOVE   |  | f. <input checked="" type="checkbox"/>   |  |
| 3. NURSING REHABILITATION/ RESTORATIVE CARE                           | Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days (Enter 0 if none or less than 15 min. daily)                |  |  |
|   | a. Range of motion (passive)   | <b>0</b>   |  |
|   | b. Range of motion (active)  | <b>0</b>   |  |
|   | c. Splint or brace assistance  | <b>0</b>   |  |
|   | d. Bed mobility  | <b>0</b>   |  |
|   | e. Transfer  | <b>5</b>   |  |
|   | f. Walking   | <b>5</b>   |  |
|   | g. Dressing or grooming  | <b>5</b>   |  |
|   | h. Eating or swallowing  | <b>0</b>   |  |
|   | i. Amputation/prosthesis care  | <b>0</b>   |  |
|   | j. Communication   | <b>0</b>   |  |
| k. Other  | <b>0</b>   |  |  |

|                                 |  |           |
|---------------------------------|--|-----------|
| 4. DEVICES AND RESTRAINTS       | (Use the following codes for last 7 days:)<br>0. Not used<br>1. Used less than daily<br>2. Used daily  |           |
|                                 | Bed rails  |           |
|                                 | a. Full bed rails on all open sides of bed   | <b>0</b>  |
|                                 | b. Other types of side rails used (e.g., half rail, one side)  | <b>2</b>  |
|                                 | c. Trunk restraint   | <b>0</b>  |
|                                 | d. Limb restraint  | <b>0</b>  |
|                                 | e. Chair prevents rising   | <b>0</b>  |
| 5. HOSPITAL STAY(S)             | Record number of times resident was admitted to hospital with an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no hospital admissions)   |           |
|                                 |  | <b>01</b> |
| 6. EMERGENCY ROOM (ER) VISIT(S) | Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)  |           |
|                                 |  | <b>00</b> |
| 7. PHYSICIAN VISITS             | In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)   |           |
|                                 |  | <b>02</b> |
| 8. PHYSICIAN ORDERS             | In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none) |           |
|                                 |  | <b>02</b> |
| 9. ABNORMAL LAB VALUES          | Has the resident had any abnormal lab values during the last 90 days (or since admission)?<br>0. No 1. Yes   |           |
|                                 |  | <b>1</b>  |

**SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS**

|                                 |  |          |
|---------------------------------|--|----------|
| 1. DISCHARGE POTENTIAL          | a. Resident expresses/indicates preference to return to the community<br>0. No 1. Yes  | <b>1</b> |
|                                 | b. Resident has a support person who is positive towards discharge<br>0. No 1. Yes   | <b>0</b> |
|                                 | c. Stay projected to be of a short duration-discharge projected within 90 days (do not include expected discharge due to death)<br>0. No 1. Within 30 days 2. Within 31-90 days 3. Discharge status uncertain  | <b>1</b> |
| 2. OVERALL CHANGE IN CARE NEEDS | Resident's overall self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)<br>0. No change 1. Improved-receives fewer supports, needs less restrictive level of care 2. Deteriorated-receives more support | <b>2</b> |

**SECTION R. ASSESSMENT INFORMATION**

|   |                       |                           |             |
|---|-----------------------|---------------------------|-------------|
| 1. PARTICIPATION IN ASSESSMENT  | a. Resident:          | 0. No 1. Yes              | <b>1</b>    |
|   | b. Family:            | 0. No 1. Yes 2. No family | <b>1</b>    |
|   | c. Significant other: | 0. No 1. Yes 2. None      | <b>0</b>    |
| 2. SIGNATURE OF PERSON COORDINATING THE ASSESSMENT:                                     |                       |                           |             |
| a. Signature of RN Assessment Coordinator (sign on above line)<br><i>Debra Kelly RN</i> |                       |                           |             |
| b. Date RN Assessment Coordinator signed as complete                                    |                       |                           |             |
|   | <b>03</b>             | <b>20</b>                 | <b>2001</b> |
|   | Month                 | Day                       | Year        |

Resident **HELEN I FLETCHER**

Numeric Identifier **102883**

| SECTION 5. STATE SPECIFIC INFORMATION                               |   |   |
|---|---|---|
| 1. MA RESIDENT DETERMINATION<br><br>(Admission, Reentry, MA Change) | a. Recipient Number from PA ACCESS Card (if applicable)   | <input type="text"/> |
|   | b. MA NF Effective date from PAVFS 162 (if applicable)  | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month Day Year                     |
|   | c. Is the resident funded through a long term care capitated assistance program?                | 0. No 1. Yes <b>0</b>   |
|   | d. Is the resident Medical Assistance for MA CASE-MIX? (see instructions)                       | 0. No 1. Yes <b>0</b>   |
| 2. DATE OF CHANGE TO/FROM MA (MA Change)                            | Date of change to/from Medical Assistance for MA CASE-MIX                                       | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Month Day Year                     |
| 3. RESIDENT ADMISSION INFORMATION (Admission)                       | a. Is the resident DAY ONE MA eligible?   | 0. No 1. Yes <b>0</b>   |
|   | b. Has the resident been assessed by an OPTIONS Level II site?                                  | 0. No 1. Yes <b>0</b>   |
|   | c. Is the resident funded through a managed care organization?                                  | 0. No 1. Yes <b>0</b>   |
| 4. SCHEDULE II DRUGS (Full, Quarterly)                              | During the LAST 7 DAYS, did the resident receive any Schedule II (controlled substances) drugs? | 0. No 1. Yes <b>1</b>   |

SECTION T. THERAPY SUPPLEMENT FOR MEDICARE PPS

| <p>1. SPECIAL TREATMENTS AND PROCEDURES</p> | <p>a. RECREATION THERAPY - Enter number of days and total minutes of recreation therapy administered (for at least 15 minutes a day) in the last 7 days (Enter 0 if none)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">DAYS</th> <th colspan="2">MIN</th> </tr> <tr> <th>(A)</th> <th>(B)</th> <th>(A)</th> <th>(B)</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>(A) = # of days administered for 15 minutes or more<br/>(B) = total # of minutes provided in last 7 days</p> <p>Skip unless this is a Medicare 5 day or Medicare readmission/return assessment.</p> <p>b. ORDERED THERAPIES-Has physician ordered any of following therapies to begin in FIRST 14 days of stay-physical therapy, occupational therapy, or speech pathology service?<br/>0. No<br/>1. Yes</p> <p>If not ordered, skip to item 2</p> <p>c. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.</p> <p>d. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered?</p>   | DAYS         |               | MIN            |                      | (A)           | (B) | (A)            | (B)              | 0              | 0                | 0               | 0              | <p>1</p> <p>1 2</p> <p>1 5 0 0</p>           |
|---|--|--------------|---------------|----------------|----------------------|---------------|-----|----------------|------------------|----------------|------------------|-----------------|----------------|--|
| DAYS  |  | MIN          |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| (A)   | (B)  | (A)          | (B)           |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 0   | 0  | 0            | 0             |                |                      |               |     |                |                  |                |                  |                 |                |  |
| <p>2. WALKING WHEN MOST SELF SUFFICIENT</p> | <p>Complete item 2 if ADL self-performance score for TRANSFER (G.1.b.A) is 0,1,2, or 3 AND at least one of the following are present:</p> <ul style="list-style-type: none"> <li>• Resident received physical therapy involving gait training (P.1.b.c)</li> <li>• Physical therapy was ordered for the resident involving gait training (T.1.b)</li> <li>• Resident received nursing rehabilitation for walking (P.3.f)</li> <li>• Physical therapy involving walking has been discontinued within the past 180 days</li> </ul> <p>Skip to item 3 if resident did not walk in last 7 days</p> <p>(FOR FOLLOWING FIVE ITEMS, BASE CODING ON THE EPISODE WHEN THE RESIDENT WALKED THE FARTHEST WITHOUT SITTING DOWN. INCLUDE WALKING DURING REHABILITATION SESSIONS.)</p> <p>a. Furthest distance walked without sitting down during this episode.</p> <table border="0" style="margin-left: 20px;"> <tr> <td>0. 150+ feet</td> <td>3. 10-25 feet</td> </tr> <tr> <td>1. 51-149 feet</td> <td>4. Less than 10 feet</td> </tr> <tr> <td>2. 26-50 feet</td> <td></td> </tr> </table> <p>b. Time walked without sitting down during this episode.</p> <table border="0" style="margin-left: 20px;"> <tr> <td>0. 1-2 minutes</td> <td>3. 11-15 minutes</td> </tr> <tr> <td>1. 3-4 minutes</td> <td>4. 16-30 minutes</td> </tr> <tr> <td>2. 5-10 minutes</td> <td>5. 31+ minutes</td> </tr> </table> <p>c. Self-Performance in walking during this episode.</p> <p>0. INDEPENDENT-No help or oversight</p> <p>1. SUPERVISION-Oversight, encouragement or cueing provided</p> <p>2. LIMITED ASSISTANCE-Resident highly involved in walking; received physical help in guided maneuvering of limbs or other nonweight bearing assistance.</p> <p>3. EXTENSIVE ASSISTANCE-Resident received weight bearing assistance while walking</p> <p>d. Walking support provided associated with this episode (code regardless of resident's self-performance classification).</p> <p>0. No setup or physical help from staff</p> <p>1. Setup help only</p> <p>2. One person physical assist</p> <p>3. Two+ persons physical assist</p> <p>e. Parallel bars used by resident in association with this episode</p> <p>0. No<br/>1. Yes</p> | 0. 150+ feet | 3. 10-25 feet | 1. 51-149 feet | 4. Less than 10 feet | 2. 26-50 feet |     | 0. 1-2 minutes | 3. 11-15 minutes | 1. 3-4 minutes | 4. 16-30 minutes | 2. 5-10 minutes | 5. 31+ minutes | <p>1</p> <p>2</p> <p>3</p> <p>2</p> <p>0</p> |
| 0. 150+ feet                                | 3. 10-25 feet  |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 1. 51-149 feet                              | 4. Less than 10 feet   |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 2. 26-50 feet                               |  |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 0. 1-2 minutes                              | 3. 11-15 minutes   |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 1. 3-4 minutes                              | 4. 16-30 minutes   |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| 2. 5-10 minutes                             | 5. 31+ minutes   |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |
| <p>3. CASE MIX GROUP</p>                    | <p>Medicare <b>R U B 0 7</b> State <input type="text"/></p>  |              |               |                |                      |               |     |                |                  |                |                  |                 |                |  |

**SECTION V. RESIDENT ASSESSMENT PROTOCOL SUMMARY**

|  |                                   |
|--|-----------------------------------|
| Resident's Name: <b>HELEN I FLETCHER</b> | Medical Record No.: <b>102883</b> |
|--|-----------------------------------|

1. Check if RAP is triggered.
2. For each triggered RAP, use the RAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status.
  - Describe:
    - Nature of the condition (may include presence or lack of objective data and subjective complaints).
    - Complications and risk factors that affect your decision to proceed to care planning.
    - Factors that must be considered in developing individualized care plan interventions.
    - Need for referrals/further evaluation by appropriate health professionals.
  - Documentation should support your decision-making regarding whether to proceed with a care plan for a triggered RAP and the type(s) of care plan interventions that are appropriate for a particular resident.
  - Documentation may appear anywhere in the clinical record (e.g., progress notes, consults, flowsheets, etc).
3. Indicate under the Location of RAP Assessment Documentation column where information related to the RAP assessment can be found.
4. For each triggered RAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and RAPs).

| A. RAP PROBLEM AREA                             | (a) Check if triggered | Location and Date of RAP Assessment Documentation | (b) Care Planning Decision-check if addressed in care plan |
|---|------------------------|---|--|
| 1. DELIRIUM                                     |                        |   |  |
| 2. COGNITIVE LOSS                               |                        |   |  |
| 3. VISUAL FUNCTION                              |                        |   |  |
| 4. COMMUNICATION                                |                        |   |  |
| 5. ADL FUNCTIONAL/ REHABILITATION POTENTIAL     | X                      | OT note: SEE 3-20-2001                            | X  |
| 6. URINARY INCONTINENCE AND INDWELLING CATHETER |                        |   |  |
| 7. PSYCHOSOCIAL WELL-BEING                      | X                      | SOCIAL SERVICES, SEE RAP NOTE                     | X  |
| 8. MOOD STATE                                   |                        |   |  |
| 9. BEHAVIORAL SYMPTOMS                          |                        |   |  |
| 10. ACTIVITIES                                  |                        |   |  |
| 11. FALLS                                       | X                      | RAP Documentation Notes 03/21/                    |  |
| 12. NUTRITIONAL STATUS                          | X                      | SEE DIETARY RAP NOTE 3/16/2001                    | X  |
| 13. FEEDING TUBES                               |                        |   |  |
| 14. DEHYDRATION/FLUID MAINTENANCE               |                        |   |  |
| 15. DENTAL CARE                                 |                        |   |  |
| 16. PRESSURE ULCERS                             | X                      | NSG note: SEE RAP NOTE 3/21/01                    |  |
| 17. PSYCHOTROPIC DRUG USE                       |                        |   |  |
| 18. PHYSICAL RESTRAINTS                         |                        |   |  |

B. *Cristina Kelly R. Non*  
 1. Signature of RN Coordinator for RAP Assessment Process

*Shari Parks*  
 3. Signature of Person Completing Care Planning Decision

2. 

|       |   |   |     |   |   |      |   |   |   |
|-------|---|---|-----|---|---|------|---|---|---|
| 0     | 3 | - | 2   | 1 | - | 2    | 0 | 0 | 1 |
| Month |   |   | Day |   |   | Year |   |   |   |

4. 

|       |   |   |     |   |   |      |   |   |   |
|-------|---|---|-----|---|---|------|---|---|---|
| 0     | 3 | - | 2   | 1 | - | 2    | 0 | 0 | 1 |
| Month |   |   | Day |   |   | Year |   |   |   |



**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

**RAPKEY for: ADL FUNCTIONAL REHABILITATION POTENTIAL**

*Notes:*

**ADL FUNCTIONAL  
REHABILITATION  
POTENTIAL**

**TRIGGERS:**

**ADL TRIGGER A - REHABILITATION**

Rehabilitation or restorative plans suggested based on the following response(s):

Bed mobility - not independent\*

[G1aA = 3] Extensive assistance

Transfer - not independent

[G1bA = 3] Extensive assistance

Walk in room - not independent

[G1cA = 3] Extensive assistance

Walk in corridor - not independent

[G1dA = 3] Extensive assistance

Locomotion on unit - not independent

[G1eA = 3] Extensive assistance

Dressing - not independent

[G1gA = 3] Extensive assistance

Toilet Use - not independent

[G1iA = 3] Extensive assistance

Personal Hygiene - not independent

[G1jA = 3] Extensive assistance

Bathing - not independent

[G2A = 3] Physical help in part of bathing activity

Resident believes he/she capable of increased independence in at least some ADL's

[G8 = a] Resident--increased independence capability

Staff believe resident capable of increased independence in at least some ADL's

[G8 = b] Staff--increased independence capability

**ADL TRIGGER B - MAINTENANCE**

Maintenance or complication avoidance plan suggested based on the following:  
(Note when both triggers present (A&B), B takes precedence in the RAP Review)

\* Note: Codes 2, 3, and 4 also trigger on the Pressure Ulcer RAP

\*\*Note: This code also triggers on the Cognitive Loss/Dementia RAP

**GUIDELINES:**

|                  |                |                           |
|------------------|----------------|---------------------------|
| <b>Criteria:</b> | Facility: FC01 | Lic. Type: 1              |
|                  | Building: TCC  | Assessment Status: Active |
|                  | Station: 1     |                           |
|                  | Room: 234      |                           |

03/20/2001 03:46 PM  
SAH SHERRY HIPPS PTA  
HELEN DISPLAYS DECREASED  
MOBILITY AND INDEPENDENCE  
SECONDARY TO RECENT RIGHT  
ANKLE FRACTURE. SHE WOULD  
BENEFIT FROM FURTHER PT  
SERVICES TO INCREASE MOBILITY  
AND STRENGTH.

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01    **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for:ADL FUNCTIONAL REHABILITATION POTENTIAL**

Confounding problems that may require resolution:

Use of psychoactive medications

Hypnotics

[O4d = 5] day(s) in the last 7 days

Resident status deteriorated since last assessment

[Q2 = 2] Deteriorated - receives more support

Clarifying issues to be considered:

Communication

Hearing

[C1 = 0] Hears adequately

Modes of expression

[C3 = a] Speech

Making self understood

[C4 = 0] Understood

Speech clarity

[C5 = 0] Clear speech

Ability to understand others

[C6 = 0] Understands

Change in communication/hearing

[C7 = 0] No change

Vision

[D1 = 0] Adequate

Visual limitations/difficulties

[D2 = c] None of Above

Visual appliances

[D3 = 1] Yes

Test for balance

Balance while standing

[G3a = 3] Not able to attempt without physical help

Balance while sitting - position, trunk control

[G3b = 0] Maintained position as required in test

Functional limitation in range of motion:

Neck - Range of motion

[G4aA = 0] No limitation

Neck - Voluntary movement

[G4aB = 0] No loss

Arm - Range of motion

[G4bA = 0] No limitation

Arm - Voluntary movement

[G4bB = 0] No loss

Hand - Range of motion

[G4cA = 0] No limitation

Hand - Voluntary movement

**Criteria:** Facility: FC01  
Building: TCC  
Station: 1  
Room: 234

**Lic. Type:** 1  
**Assessment Status:** Active

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01    **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for: ADL FUNCTIONAL REHABILITATION POTENTIAL**

[G4cB = 0] No loss  
Leg - Range of motion  
[G4dA = 0] No limitation  
Leg - Voluntary movement  
[G4dB = 0] No loss  
Foot - Range of motion  
[G4eA = 1] Limitation on one side  
Foot - Voluntary movement  
[G4eB = 1] Partial loss  
Other - Range of motion  
[G4fA = 0] No limitation  
Other - Voluntary movement  
[G4fB = 0] No loss

Complete ADL Supplement Part 1 for all triggered residents (see RAI Training Manual)

For a resident with rehabilitation potential, complete ADL Supplement Part 2 (see RAI Training Manual)

Staff or resident believe resident could be more independent  
[G8 = a] Resident--increased independence capability  
[G8 = b] Staff--increased independence capability

**Criteria:** Facility: FC01  
Building: TCC  
Station: 1  
Room: 234

**Lic. Type:** 1  
**Assessment Status:** Active

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for: PSYCHOSOCIAL WELL-BEING**

**PSYCHOSOCIAL  
WELL - BEING**

**TRIGGERS:**

Well-being problem or need to maintain psychosocial strengths suggested based on the following response(s):

Daily routine is very different from prior pattern in the community (problem)

[F3 = c] Perceives daily routine very different

Establish own goals (strength)

[F1 = d] Establishes own goals

\*Note: This item also triggers on the Mood State RAP

**GUIDELINES:**

**Confounding Problems:**

Resident's condition deteriorated since last assessment

[Q2 = 2] Deteriorated - receives more support

**Situational Factors That May Impede Ability To Interact With Others:**

Initial use of physical restraints

Other types of side rails

[P4b = 2] Used daily

New admission

[AB1 = 03/16/2001] Date of Entry

Change in room assignment [from record]

[A2 = 234] Room Number

Change in dining location or table mates [from record]

**Resident Characteristics That May Impede Ability To Interact With Others:**

Locomotion deficit or use of wheelchair

Walk in room

[G1cA = 3] Extensive assistance

Walk in corridor

[G1dA = 3] Extensive assistance

Locomotion on unit

[G1eA = 3] Extensive assistance

Locomotion off unit

[G1fA = 8] Activity did not occur

**Lifestyle Issues:**

Incongruence of current and prior style of life

[AC1 = a] Stays up late at night

03/20/2001 08:34 AM  
PJS      PAMELA SHURER BSW  
RESIDENT WILL BE CAREPLANNED  
IN AREA OF PSYCHOSOCIAL WELL  
BEING, SHE PERCEIVES HER  
ROUTINE TO BE DIFFERENT FROM  
WHAT IT WAS IN THE COMMUNITY  
SHE EXPRESSES CONCERNS ABOUT  
GETTING BACK TO HER PRIOR  
LEVEL OF FUNCTIONING . SHE  
WILL NEED TO ADJUST. SHE HAS  
BEEN INDEPENDENT AND IS ABLE  
TO SET GOALS THIS WILL BE A  
STRENGTH FOR HER.

|                  |                       |                                  |
|------------------|-----------------------|----------------------------------|
| <b>Criteria:</b> | <b>Facility:</b> FC01 | <b>Lic. Type:</b> I              |
|                  | <b>Building:</b> TCC  | <b>Assessment Status:</b> Active |
|                  | <b>Station:</b> 1     |                                  |
|                  | <b>Room:</b> 234      |                                  |

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

**RAPKEY for: PSYCHOSOCIAL WELL-BEING**

*Notes:*

- [AC1 = b] Naps regularly during day
- [AC1 = c] Goes out 1+ days a week
- [AC1 = d] Stays busy with hobbies/fixed routine
- [AC1 = f] Moves independently indoors
- [AC1 = j] Eats between meals most days
- [AC1 = p] Showers for bathing
- [AC1 = s] Daily contact with relatives/friends
- [AC1 = t] Usually attends church, temple, etc.
- [AC1 = u] Finds strength in faith
- [AC1 = w] Involved in group activities
- [F3 = c] Perceives daily routine very different
- Length of time problem existed [from record]

**Supplemental Problem Clarification Issues [from resident or family if necessary]**

Ability to relate to others. Skill or unease in dealing with others; reaches out or distances self; friendly or unapproachable; flexible or ridiculed by others.

Relationships resident could draw on. Supported or isolated; many friends or friendless.

Dealing with grief. Moving through grief or bitter and inconsolable; religious faith or feels punished.

**Criteria:** Facility: FC01  
Building: TCC  
Station: 1  
Room: 234

Lic. Type: 1  
Assessment Status: Active

RAP Key  
Clearfield Hospital TCU

Client: FLETCHER, HELEN I  
Health Record #: FC01-TCC-1-234  
Location:

Reference Date: 03/20/01 ATN/ASN: 1 / 0  
Assessment Reason: Admission assessment/Medicare 5 day

Notes:

RAPKEY for:FALLS

F A L L S  
TRIGGERS:

Potential for additional falls or risk of initial fall suggested based on the following response(s):

Fell in past 30 days (Additional)\*\*\*  
[J4 = a] Fell in past 30 days

- \* Note: This item also triggers on the Behavior Symptom RAP
- \*\* Note: Code 2 also triggers on the Pressure Ulcer RAP. Both codes trigger on the Physical Restraint RAP.
- \*\*\* Note: This item also triggers on the Psychotropic Drug Use RAP (when psychotropic drugs present).
- \*\*\*\*Note: When present with specific condition, this item is part of trigger on Psychotropic Drug Use RAP.

GUIDELINES:

Review risk factors for falls to identify problems that may be addressed or resolved:

Multiple Falls  
[J4 = a] Fell in past 30 days

Internal Risk Factors  
Neuromuscular or functional:  
Change in ADL function  
[G9 = 2] Deteriorated  
Diseases/Conditions  
[J1 = n] Unsteady gait  
Orthopedic:  
[J3 = g] Joint pain (other than hip)

External Factors

Medications: (including cardiovascular meds [from record])  
Antipsychotics - number of days during last 7 days  
[O4a = 0] day(s)  
Antianxiety  
[O4b = 0] day(s)  
Antidepressants  
[O4c = 0] day(s)  
Hypnotic  
[O4d = 5] day(s)

03/21/2001 10:29 AM  
CAK CECILIA A. KELLY RN DO  
HELEN TRIGGERS FOR RISK OF  
FALLS DUE TO HER RECENT FALL  
AND TO THE IMPAIRED MOBILITY.  
SHE IS ENCOURAGED TO RINK FOR  
ASSISTANCE FOR MOBILITY AND  
TRANSFERS.

Criteria: Facility: FC01 Lic. Type: 1  
Building: TCC Assessment Status: Active  
Station: 1  
Room: 234

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for:FALLS**

Diuretics  
[O4e = 0] day(s)

Appliances or devices (time started):

Pacemaker [from record],

Modes of locomotion

[G5 = a] Cane/walker/crutch

Devices and restraints

Other types of side rails used

[P4b = 2] Used daily

Environmental or situational hazards and, if relevant, circumstances of recent fall(s): [Review of situation and environment] glare; poor illumination; slippery floors; uneven surfaces; patterned carpets; foreign objects in walkway; new arrangement of objects; recent move into or within facility; proximity to aggressive resident; time of day; time since meal; type of activity; standing still, walking in a crowded area, reaching or not reaching; responding to bladder or bowel urgency.

**Criteria:** Facility: FC01  
Building: TCC  
Station: 1  
Room: 234

**Lic. Type:** 1  
**Assessment Status:** Active

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for: NUTRITIONAL STATUS**

**NUTRITIONAL STATUS**

**TRIGGERS:**

Malnutrition problem suggested based on the following response(s):

Therapeutic diet  
[K5 = e] Therapeutic diet

\*Note: These items also trigger on the Dehydration/Fluid Maintenance RAP

\*\*Note: These codes also trigger on the Pressure Ulcer RAP

**GUIDELINES:**

Nutrient or medication interactions (e.g., antipsychotics, cardiac drugs, diuretics, laxatives, antacids) [from record]

Antipsychotics  
[O4a = 0] day(s) during last 7 days

Diuretics  
[O4e = 0] day(s) during last 7 days

Fear that food is poisoned [from record]

Functional problems.

Loss of upper extremity use

Neck - Range of motion  
[G4aA = 0] No limitation

Neck - Voluntary movement  
[G4aB = 0] No loss

Arm - Range of motion  
[G4bA = 0] No limitation

Arm - Voluntary movement  
[G4bB = 0] No loss

Hand - Range of motion  
[G4cA = 0] No limitation

Hand - Voluntary movement  
[G4cB = 0] No loss

03/16/2001 11:48 AM  
BMC      BERNIE CLARK RD  
RESIDENT FOLLOWS A CARDIAC  
DIET AT HOME. HER APPETITE IS  
GOOD. SHE REQUESTS A NIGHT  
SNACK WHICH WE WILL SEND.  
WILL MONITOR

**Criteria:** Facility: FC01  
Building: TCC  
Station: 1  
Room: 234

**Lic. Type:** 1  
**Assessment Status:** Active

**RAP Key**  
Clearfield Hospital TCU

**Client:** FLETCHER, HELEN I  
**Health Record #:**  
**Location:** FC01-TCC-1-234

**Reference Date:** 03/20/01      **ATN/ASN:** 1 / 0  
**Assessment Reason:** Admission assessment/Medicare 5 day

*Notes:*

**RAPKEY for:PRESSURE ULCERS**

**P R E S S U R E   U L C E R S**

**TRIGGERS:**

Pressure ulcer present or risk for occurrence based on the following response(s):

- Bed mobility problem (Risk)\*\*  
  [G1aA = 3] Extensive assistance
- Peripheral vascular disease (Risk)  
  [I1 = j] Peripheral vascular disease

- \*Note: Codes 2, 3, and 4 also trigger on the Nutritional Status RAP
- \*\*Note: Codes 2, 3, and 4 also trigger on the ADL RAP
- \*\*\*Note: This code also triggers on the Falls RAP and Physical Restraint RAP

**GUIDELINES:**

Other factors that address or may complicate treatment of pressure ulcers or risk of ulcers:

- Interventions and Programs
  - [M5 = b] Pressure relieving device(s) for bed
  - [M6 = e] Received preventative/protective foot care
- Hypnotics
  - [O4d = 5] day(s)

03/21/2001 12:23 AM  
TLP      TRACIE PARKS RN  
NO NEED TO CARE PLAN AT THIS TIME. NEEDED EXTENSIVE ASSIST ON ADMISSION, DOING MUCH BETTER WITH OWN MOBILITY. NO EVIDENCE OF SKIN BREAKDOWN.

**Criteria:** Facility: FC01      Lic. Type: 1  
          Building: TCC      Assessment Status: Active  
          Station: 1  
          Room: 234

FACILITY  
CLEARFIELD HOSPITAL TCU

DATE  
May 2000

# PLAN OF CARE



| ORIGINAL DATE | PROBLEMS/STRENGTHS                           | GOALS   | ESTIMATED DATE                                 | INTERVENTIONS   | DISCIPLINES                            | RESOLVED DATE |
|---------------|--|---|--|---|--|---------------|
| 03/17/2001    | * TCU001 - HELEN requires discharge planning | <p>* Long Term Goal TO BE INDEPENDENT WITH ADL'S, TRANSFERS, AMBULATION WITH WALKER, WILL BE STRONGER AND HAVE INCREASED ENDURANCE. PAIN CONTROL WILL BE MAINTAINED</p> <p>* Short Term Goal TO BECOME MORE INDEPENDENT WITH ADL'S, TRANSFERS, AMBULATION WITH WALKER TTWB PROGRESS AS ORDERED, WILL BECOME STRONGER AND INCREASE IN ENDURANCE, PAIN CONTROL WILL BE MAINTAINED</p> <p>* HELEN will be capable of safe self-administration of medications</p> <p>* Discharge Plans TO RETURN HOME WITH SUPPORT OF FAMILY AND COMMUNITY SERVICES AS NEEDED</p> | 04/07/2001<br><br>04/07/2001<br><br>04/07/2001 | <p>* Side rails up on both sides for access to controls and to assist in bed mobility</p> <p>* Identify teaching needs ADL'S, SAFE TRANSFERS, AMBULATION WITH WALKER TTWB RIGHT LOWER EXTREMITY, STRENGTHENING EXERCISES, MONITORING NEUROVASCULAR STATUS RIGHT FOOT,</p> | LPN, OT, PT, RN<br><br>LPN, OT, PT, RN |               |

I agree with plan of care

DIAGNOSES  
V54.8 Other orthopedic aftercare-- 781.2 Ambulatory with gait dysfunction-- 414.0 Atherosclerotic heart disease  
443.9 Other peripheral vascular disease, unspecified-- 824.6 Fracture of ankle, trimalleolar, closed

| NAME              | NUMBER | LOCATION         | BIRTHDATE  | AGE | ADMIT DATE | PHYSICIAN        | PAGE |
|-------------------|--------|------------------|------------|-----|------------|------------------|------|
| FLETCHER, HELEN I | 102883 | FC01-TCC-1-234-A | 10/04/1923 | 77  | 03/16/2001 | James P Davidson | 1    |

*[Signature]*  
03/19/00

FACILITY  
CLEARFIELD HOSPITAL TCU

DATE  
May 2000

# PLAN OF CARE



| ORIGINAL DATE | PROBLEMS/STRENGTHS   | GOALS  | ESTIMATED DATE | INTERVENTIONS  | DISCIPLINES   | RESOLVED DATE   |
|---------------|--|--|----------------|--|---|---|
| 03/20/2001    | * 175 - Risk of frustration as resident has episodes of perceiving that current routine is very different from prior patterns , she will need to make adjustments in her routines to adapt to changes. | * Resident will adapt to current routine as manifested by making positive statements about current routine | 04/04/2001     | * Psychosocial Program.<br><br>* If resident is upset, staff to try to assist resident on focusing on positive aspects of current status<br><br>* Attempt to maintain customary routine which the resident assists in planning<br><br>* Encourage activity attendance<br><br>* Attempt to determine cause of upset and resolve if possible | ACT, NA, RN, SS<br>LPN, OT, PT, RN, SS<br>RN, SS<br>ACT, SS | 5/10/01<br><i>Resolved -<br/>at facility<br/>at level<br/>same to<br/>CPR</i> |

I agree with plan of care

|   |        |   |                  |
|---|--------|---|------------------|
| DIAGNOSES   |        | V54.8 Other orthopedic aftercare-- 781.2 Ambulatory with gait dysfunction-- 414.0 Atherosclerotic heart disease |                  |
| 443.9 Other peripheral vascular disease, peripheral vascular disease, unspecified-- 824.6 Fracture of ankle, trimalleolar, closed |        |   |                  |
| NAME  | NUMBER | LOCATION  | BIRTHDATE        |
| FLETCHER, HELEN I   | 102883 | FC01-TCC-1-234-A  | 10/04/1923       |
|   | AGE    | ADMIT DATE  | PHYSICIAN        |
|   | 77     | 03/16/2001  | James P Davidson |
|   |        |   | PAGE             |
|   |        |   | 1                |

FACILITY:

DATE

CLEARFIELD HOSPITAL TCU

May 2000

# PLAN OF CARE



| ORIGINAL DATE  | PROBLEMS/STRENGTHS  | GOALS  | ESTIMATED DATE           | INTERVENTIONS  | DISCIPLINES   | RESOLVED DATE                            |                  |      |
|--|---|--|--------------------------|--|---|--|------------------|------|
| 03/20/2001   | * TCU006 - HELEN REQUIRES INCREASED ASSISTANCE WITH ADLS SECONDARY TO FX ANKLE. | * HELEN TO COMPLETE ADLS INDEPENDENTLY<br>* HELEN TO COMPLETE FUNCTIONAL ACTIVITIES/LIGHT ADLS INDEPENDENTLY | 04/06/2001<br>04/06/2001 | * ENCOURAGE INDEPENDENCE WITH ADL TASKS<br>* ENCOURAGE PARTICIPATION IN FUNCTIONAL ACTIVITIES FOR INCREASED ENDURANCE.<br>* NURSING TO ASSIST HELEN WITH ADLS WHEN NOT SCHEDULED FOR THERAPY BY SET-UP AND SUPERVISION.<br>* ENCOURAGE USE OF ENERGY CONSERVATION STRATEGIES/WORK SIMPLIFICATION CONCEPTS DURING FUNCTIONAL ACTIVITIES | LPN, OT, RN<br>ACT, LPN, OT, PT, RN<br>LPN, RN<br>LPN, OT, PT, RN | 5/27/01<br>5/27/01<br>5/27/01<br>5/27/01 |                  |      |
| I agree with plan of care  |   |  |                          |  |   |  |                  |      |
| DIAGNOSES V54.8 Other orthopedic aftercare-- 781.2 Ambulatory with gait dysfunction-- 414.0 Atherosclerotic heart disease<br>443.9 Other peripheral vascular disease, peripheral vascular disease, unspecified-- 824.6 Fracture of ankle, trimalleolar, closed |   |  |                          |  |   |  |                  |      |
| NAME   |   | NUMBER   | LOCATION                 | BIRTHDATE  | AGE   | ADMIT DATE                               | PHYSICIAN        | PAGE |
| FLETCHER, HELEN I  |   | 102883   | FC01-TCC-1-234-A         | 10/04/1923   | 77  | 03/16/2001                               | James P Davidson | 1    |

FACILITY

DATE

CLEARFIELD HOSPITAL TCU

May 2000

# PLAN OF CARE



| ORIGINAL DATE | PROBLEMS/STRENGTHS  | GOALS   | ESTIMATED DATE               | INTERVENTIONS  | DISCIPLINES   | RESOLVED DATE                |
|---------------|---|---|------------------------------|--|---|------------------------------|
| 03/17/2001    | * 198 - Risk for falls/extensive assistance from staff when walking on unit SECONDARY TO RECENT ANKLE FX FIB ORIF PROCEDURE TO RIGHT ANKLE. | * Will be able to: AMBULATE INDEPENDENTLY ON 5 STEPS, TTWB RLE WITH APPROPRIATE ASSISTIVE DEVICE.<br>* Will be able to: INCREASE RLE STRENGTH TO 5/5 IN ORDER TO AMBULATE INDEPENDENTLY WITH WALKER, TTWB RLE 100'.<br>* No falls on unit | 04/06/2001<br><br>03/17/2001 | * Encourage independence BY ENSURING THAT NURSING IS AMBULATING RESIDENT ON SCHEDULED DAY OFF PT WITH STD WALKER, TTWB RLE, IN ORDER TO MAINTAIN CURRENT LEVEL OF FUNCTION.<br>* Assist to move around unit as needed WITH STD WALKER, TTWB RLE.<br>* Call light available and answered promptly | LPN, RN<br><br>LPN, OT, PT, RN<br>LPN, OT, PT, RN     | 3/17/01<br>No falls<br>OK PR |
| 03/17/2001    | * 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER DISCOMFORTS   | * Episodes of pain will be resolved within one hour of intervention   | 04/07/2001                   | * Position of comfort<br>* Medications as ordered. Monitor: NEED FOR AND EFFECTIVENESS OF ULTRAM OR PERCOCEET<br>* Encourage activity attendance<br>* Rest after medication to facilitate relief   | LPN, RN<br>LPN, RN<br>ACT, LPN, OT, PT, RN<br>LPN, RN | 3/17/01<br>No falls<br>OK PR |
| 03/16/2001    | * 397 - Needs therapeutic diet due to: HD(*)  | * Will consume 75-100% of diet daily  | 03/30/2001                   | * Diet as ordered<br>* Encourage food preferences within diet<br>* Monitor weights<br>* Monitor lab as ordered   | DT, LPN, RN<br>DT, LPN, RN<br>DT, LPN, RN             | 3/17/01<br>No falls<br>OK PR |

I agree with plan of care

DIAGNOSES

V54.8 Other orthopedic aftercare-- 781.2 Ambulatory with gait dysfunction-- 414.0 Atherosclerotic heart disease  
443.9 Other peripheral vascular disease, peripheral vascular disease, unspecified-- 824.6 Fracture of ankle, trimalleolar, closed

| NAME              | NUMBER | LOCATION         | BIRTHDATE  | AGE | ADMIT DATE | PHYSICIAN        | PAGE |
|-------------------|--------|------------------|------------|-----|------------|------------------|------|
| FLETCHER, HELEN I | 102883 | FC01-TCC-1-234-A | 10/04/1923 | 77  | 03/16/2001 | James P Davidson | 1    |

FACILITY  
CLEARFIELD HOSPITAL TCU

DATE  
May 2000

# PLAN OF CARE



| ORIGINAL DATE | PROBLEMS/STRENGTHS   | GOALS  | ESTIMATED DATE | INTERVENTIONS   | DISCIPLINES                              | RESOLVED DATE  |
|---------------|--|--|----------------|---|--|--|
| 03/16/2001    | (CONTINUED)<br>* 397 - Needs therapeutic diet due to: HD(*)        |  |                | * Monitor weights and report continued loss to MD   |  | 3/17/01<br>No diet<br>LAWRENCE   |
| 03/17/2001    | * 419 - Risk for infection of surgical site. Location: RIGHT ANKLE | * Wound will heal in 10 days without infection   | 04/07/2001     | * Keep clean and dry<br>* Treatment as ordered HAS POSTERIOR SPLINT WITH ACE WRAP<br>* Good infection control when dealing with wound<br>* Report any drainage to MD<br>* Lab as ordered - report abnormal promptly   | LPN, RN<br>LPN, RN<br>LPN, RN<br>LPN, RN | 3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE |
| 03/17/2001    | * TCU001 - HELEN requires discharge planning                       | * Long Term Goal TO BE INDEPENDENT WITH ADL'S, TRANSFERS, AMBULATION WITH WALKER, WILL BE STRONGER AND HAVE INCREASED ENDURANCE. PAIN CONTROL WILL BE MAINTAINED | 04/07/2001     | * Side rails up on both sides for access to controls and to assist in bed mobility<br>* Identify teaching needs ADL'S, SAFE TRANSFERS, AMBULATION WITH WALKER<br>* Short Term Goal TO BECOME MORE INDEPENDENT WITH ADL'S, TRANSFERS, AMBULATION WITH WALKER TTWB PROGRESS AS ORDERED. WILL BECOME STRONGER AND INCREASE IN ENDURANCE, PAIN CONTROL WILL BE MAINTAINED<br>* HELEN will be capable of safe self-administration of medications | LPN, OT, PT, RN<br>LPN, OT, PT, RN       | 3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE<br>3/17/01<br>LAWRENCE |

I agree with plan of care

DIAGNOSES  
V54.8 Other orthopedic aftercare--781.2 Ambulatory with gait dysfunction--414.0 Atherosclerotic heart disease  
443.9 Other peripheral vascular disease, peripheral vascular disease, unspecified--824.6 Fracture of ankle, trimalleolar, closed

| NAME              | NUMBER | LOCATION         | BIRTHDATE  | AGE | ADMIT DATE | PHYSICIAN        | PAGE |
|-------------------|--------|------------------|------------|-----|------------|------------------|------|
| FLETCHER, HELEN I | 102883 | FC01-TCC-1-234-A | 10/04/1923 | 77  | 03/16/2001 | James P Davidson | 2    |

# PLAN OF CARE



| ORIGINAL DATE | PROBLEMS/STRENGTHS  | GOALS  | ESTIMATED DATE | INTERVENTIONS   | DISCIPLINES                               | RESOLVED DATE  |
|---------------|---|--|----------------|---|---|--|
| 03/17/2001    | (CONTINUED)<br>* TCU001 - HELEN requires discharge planning   | * Discharge Plans TO RETURN HOME WITH SUPPORT OF FAMILY AND COMMUNITY SERVICES AS NEEDED   | 04/07/2001     | * REPORT ABNORMAL LABS, DIAGNOSTIC STUDIES TO PHYSICIAN   | LPN, RN                                   | 5/17/01<br>OKR   |
| 03/17/2001    | * TCU004 - MONITOR CONDITION AND HELENS PROGRESS TOWARD GOALS | * TO KEEP, FAMILY/SIGNIFICANT OTHER, AND PHYSICIAN NOTIFIED OF PROGRESS TOWARD GOALS.<br><br>* TO FACILITATE THE IMPLEMENTATION OF THE DISCHARGE PLAN. | 04/07/2001     | * INVITE FAMIL Y/SIGNIFICANT OTHER AND RESIDENT TO CARE CONFERENCE.<br><br>* ONGOING COLLABORATION OF MEMBERS OF THE INTERDISCIPLINARY TEAM REGARDING THE FOLLOWUP SERVICES NEEDED.   | LPN, RN, SS<br>ACT, LPN, OT<br>PT, RN, SS | 5/17/01<br>Anders<br>Stable<br>OKR                       |
| 03/16/2001    | * TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.        | * WILL ATTEND ONE ACTIVITIES PER WEEK.   | 03/16/2001     | * INVITE RESIDENT TO ATTEND ACTIVITY DAILY.<br><br>* REMIND RESIDENT OF ACTIVITIES HE, OR SHE PARTICULARLY ENJOYS.<br><br>* STAFF TO ASSIST RESIDENT IN GETTING UP IN TIME FOR ACTIVITIES.<br><br>* ROOM VISITS IF RESIDENT DOES NOT ATTEND ACTIVITIES.<br><br>* RESPECT RESIDENTS RIGHT TO REFUSE. | ACT, LPN, OT<br>PT, RN, SS<br>ACT<br>ACT  | 5/7/01<br>for temp<br>live<br>level<br>activities<br>OKR |

I agree with plan of care

DIAGNOSES: V54.8 Other orthopedic aftercare-- 781.2 Ambulatory with gait dysfunction-- 414.0 Atherosclerotic heart disease  
443.9 Other peripheral vascular disease, unspecified-- 824.6 Fracture of ankle, trimalleolar, closed

| NAME              | NUMBER | LOCATION         | BIRTHDATE  | AGE | ADMIT DATE | PHYSICIAN        | PAGE |
|-------------------|--------|------------------|------------|-----|------------|------------------|------|
| FLETCHER, HELEN I | 102883 | FC01-TCC-1-234-A | 10/04/1923 | 77  | 03/16/2001 | James P Davidson | 3    |





102883  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F ICU I



Clearfield Hospital  
CLEARFIELD, PA 16830

**TRANSITIONAL CARE UNIT  
RESIDENT PERSONAL PROPERTY**

DATE: 3/16/01

**TRANSPORTED WITH RESIDENT FROM FLOOR:**

Medications from home: NA Dentures: Upper + Lower Partial Plate: NA

Glasses: Yes Hearing Aides: NA

- Assistive Devices:
1. Cane \_\_\_\_\_
  2. W/C \_\_\_\_\_
  3. Walker \_\_\_\_\_
  4. Braces \_\_\_\_\_

Prosthetic Devices: (name) \_\_\_\_\_

Valuables (clothing, jewelry, purse, etc.): \_\_\_\_\_

Transporting RN Judcock R V Receiving RN \_\_\_\_\_

**Personal Belongings from Home:**

Robe, jeans, shoes, 2 pair underwear, Tee shirt, Sweat-shirt, nightgown, Candy, Cast boot

Helen Fletcher  
Patient's Signature

3-15-01  
Date

RHR  
Witness

CLEARFIELD HOSPITAL  
DEPARTMENT OF NURSING

03/16/01 102783  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1

**SUMMATION AT TRANSFER FORM**

TRANSFER DATE: 3-15-01 CURRENT TRANSFER DRG: \_\_\_\_\_  
TRANSFERRED FROM: 202A TRANSFERRED TO: \_\_\_\_\_

Do you have an advance directive? Y \_\_\_\_\_ N \_\_\_\_\_  
Do you wish to formulate an advance directive? Y \_\_\_\_\_ N   
Do you wish further information on advance directive? Y \_\_\_\_\_ N \_\_\_\_\_  
POA: Son Dusty Fletcher  
610-825-3076

1. NOTIFICATION:

Attending Physician Notified Y  N \_\_\_\_\_  
Consulting Physician Notified Y  N \_\_\_\_\_ Specify \_\_\_\_\_  
Significant Other Notified Y  N \_\_\_\_\_  
Others Y \_\_\_\_\_ N \_\_\_\_\_ Specify \_\_\_\_\_

2. STATUS:

Briefly describe reason for transfer condition of patient and information necessary to care for patient.  
77 YR old female admitted on 3/12 AFTER falling at the YMCA.  
X-ray revealed a humeral fracture at ankle. Surgery done.  
open reduction & internal fixation - short leg cast splint  
applied - amputation to a humeral TUB - progressively

**Cognitive Condition**

Transfer to 102783. Follows a cardiac dx  
Hx of PVD - HAD 2 ANGIOPLASTIES & 2 STENTS IN  
Groin - In Feb 2001 HAS pacemaker - Hx of CAD -  
LIVING ALONE - FRIENDS ARE AT HOME  
 No Learning needs identified  
 Learning needs identified - Teaching protocols currently in place  
 Learning needs identified but patient not ready  
WAS D of ADIS. prior to fall  
Small AM yesterday

3. SIGNIFICANT EVENTS DURING STAY (Check Each)

|                       |                          |                          |                           |                          |                          |
|-----------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
|                       | Y                        | N                        |                           | Y                        | N                        |
| Code                  | <input type="checkbox"/> | <input type="checkbox"/> | Decubti                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Seizure               | <input type="checkbox"/> | <input type="checkbox"/> | Wound Infection           | <input type="checkbox"/> | <input type="checkbox"/> |
| Hypoglycemic Reaction | <input type="checkbox"/> | <input type="checkbox"/> | Significant Drug Reaction | <input type="checkbox"/> | <input type="checkbox"/> |
| Acute Bleeding        | <input type="checkbox"/> | <input type="checkbox"/> | OTHER                     | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS:

4. TRANSFERRED WITH PATIENT:

Old charts: \_\_\_\_\_ Medications from home: \_\_\_\_\_ Dentures: \_\_\_\_\_  
Glasses: \_\_\_\_\_ Prosthetic Devices (Name) \_\_\_\_\_

5. Verbal RN to RN report given to review current protocols in operation as specified on the Standards Flowsheet (SFS)

Transferring RN: Sadcock RN Receiving RN: Ali Green

Person transferring patient if other than Transfer RN: \_\_\_\_\_

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/23/01 07:01

TO: 03/24/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500           | 1501-2300                  | 2301-0700 |
|--|---------------------|----------------------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br><i>RLPN</i> |                            |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRINGE<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                     | 1000<br><i>RLPN</i> | 2200<br><i>[Signature]</i> |           |
| PROSOM 1 MG<br>PROSOM TAB<br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |                     | 2200<br><i>[Signature]</i> |           |
| LEVOFLOXACIN 500 MG/1 TAB<br>LEVAQUIN TAB<br>DOSE: 500 MG/1 TAB PO QD<br>X 10 DAYS<br>START: 03/19/01 08:00 STOP: 03/28/01 08:00           | 0800<br><i>RLPN</i> |                            |           |

<CONTINUED ON NEXT PAGE>

| INITIALS           | SIGNATURE          | INITIALS           | SIGNATURE          |
|--------------------|--------------------|--------------------|--------------------|
| <i>RL</i>          | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |
| <i>[Signature]</i> | <i>[Signature]</i> |                    |                    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/23/01 07:01

TO: 03/24/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

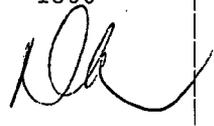
ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300   | 2301-0700 |
|--|--------------------|---|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>run</i> | 1800<br> |           |
|  |                    |   |           |
|  |                    |   |           |
|  |                    |   |           |
|  |                    |   |           |
|  |                    |   |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE            |
|-----------|-------------------------|-----------|----------------------|
| <i>re</i> | <i>Summary from JPA</i> | <i>JL</i> | <i>Judy Hanslick</i> |
| <i>OK</i> | <i>K. Davidson</i>      |           |                      |



NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/23/01 07:01

TO: 03/24/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300: | 2301-0700 |
|--|-----------|------------|-----------|
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12 |           |            |           |
|  |           |            |           |
|  |           |            |           |
|  |           |            |           |
|  |           |            |           |

| INITIALS                | SIGNATURE               | INITIALS  | SIGNATURE          |
|-------------------------|-------------------------|-----------|--------------------|
| <i>re</i><br><i>WJH</i> | <i>James P Davidson</i> | <i>JS</i> | <i>Judy Hansel</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300     | 2301-0700 |
|--|--------------|---------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX, TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00            | 0800<br>RUPN |               |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | ✓ 1800<br>mck |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |               |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | ✓ 1800<br>mck |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE                | INITIALS | SIGNATURE              |
|----------|--------------------------|----------|------------------------|
| RE       | <i>James Davidson MD</i> | msc      | <i>Melody S. Clark</i> |
|          |                          | JH       | <i>Judy Hansel</i>     |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                   | 1501-2300              | 2301-0700 |
|---|-----------------------------|------------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i>          | ✓ 1800<br><i>noche</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>run run</i> |                        |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>run</i>          |                        |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                             | ✓ 1800<br><i>noche</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS   | SIGNATURE              |
|-----------|--------------------------|------------|------------------------|
| <i>ll</i> | <i>James Davidson MD</i> | <i>msc</i> | <i>Imelda S. Clark</i> |
|           |                          | <i>JH</i>  | <i>Judy Karsel</i>     |

TRANSITIONAL CARE UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500           | 1501-2300            | 2301-0700 |
|--|---------------------|----------------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br><i>RUPN</i> |                      |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                      | 1000<br><i>RUPN</i> | 2200<br><i>Rocky</i> |           |
| PROSOM 1 MG<br>PROSOM TAB<br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |                     | 2200                 |           |
| LEVOPLOXACIN 500 MG/1 TAB<br>LEVAQUIN TAB<br>DOSE: 500 MG/1 TAB PO QD<br>X 10 DAYS<br>START: 03/19/01 08:00 STOP: 03/28/01 08:00           | 0800<br><i>RUPN</i> |                      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS   | SIGNATURE              |
|-----------|-------------------------|------------|------------------------|
| <i>RL</i> | <i>James P Davidson</i> | <i>msc</i> | <i>Melody S. Clark</i> |
|           |                         | <i>JS</i>  | <i>Janet Mansfield</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500           | 1501-2300            | 2301-0700 |
|--|---------------------|----------------------|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>RUPN</i> | 1800<br><i>noche</i> |           |
|  |                     |                      |           |
|  |                     |                      |           |
|  |                     |                      |           |
|  |                     |                      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE             | INITIALS  | SIGNATURE                                    |
|-----------|-----------------------|-----------|--|
| <i>RU</i> | <i>James Davidson</i> | <i>JL</i> | <i>Melody S. Clark</i><br><i>Judy Mansel</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300               | 2301-0700                      |
|--|-----------|-------------------------|--------------------------------|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCOCET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/22/01 11:08 |           | <i>46 59%<br/>noche</i> | <i>3/15<br/>AM [Signature]</i> |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           |                         |                                |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |           |                         |                                |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11           |           |                         |                                |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                   | INITIALS  | SIGNATURE                   |
|-----------|-----------------------------|-----------|-----------------------------|
| <i>HL</i> | <i>James P. Davidson MD</i> | <i>JL</i> | <i>Kathleen S. Clark MD</i> |
|           |                             |           | <i>Judy Marsella</i>        |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/22/01 07:01

TO: 03/23/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500  | 1501-2300 | 2301-0700 |
|---|--|-----------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 | <i>3/22/01<br/>           7 PAIN 9AM<br/>           2 PM 11:12</i> |           |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br><br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |  |           |           |
|   |  |           |           |
|   |  |           |           |
|   |  |           |           |

| INITIALS  | SIGNATURE                | INITIALS   | SIGNATURE   |
|-----------|--------------------------|------------|---|
| <i>RL</i> | <i>James Davidson MD</i> | <i>msc</i> | <i>Melody S. Clark MD</i><br><i>Judy Hansford</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300                  | 2301-0700 |
|--|--------------|----------------------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX, TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00            | 0800<br>RUPN |                            |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | 1800<br><i>[Signature]</i> |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |                            |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | 1800<br><i>[Signature]</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS     | SIGNATURE             | INITIALS | SIGNATURE            |
|--------------|-----------------------|----------|----------------------|
| <i>R</i>     | <i>James Davidson</i> | <i>J</i> | <i>Judy Anderson</i> |
| <i>10/04</i> | <i>10/04/1923</i>     |          |                      |

TRANSITIONAL CARE UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                     | 1501-2300           | 2301-0700 |
|---|-------------------------------|---------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>RUPN</i>           | 1800<br><i>RUPN</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>RUPN RUPN</i> |                     |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>RUPN</i>           |                     |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                               | 1800<br><i>RUPN</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS  | SIGNATURE             |
|-----------|--------------------------|-----------|-----------------------|
| <i>ru</i> | <i>James Davidson MD</i> | <i>JL</i> | <i>James Davidson</i> |
| <i>Wd</i> | <i>W. D. Davidson</i>    |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300         | 2301-0700 |
|--|--------------------|-------------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i> |                   |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRINGE<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                     | 1000<br><i>run</i> | 2200<br><i>JA</i> |           |
| PROSOM 1 MG<br>PROSOM TAB<br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |                    | 2200<br><i>JA</i> |           |
| LEVOFLOXACIN 500 MG/1 TAB<br>LEVAQUIN TAB<br>DOSE: 500 MG/1 TAB PO QD<br>X 10 DAYS<br>START: 03/19/01 08:00 STOP: 03/28/01 08:00           | 0800<br><i>run</i> |                   |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS  | SIGNATURE             |
|-----------|--------------------------|-----------|-----------------------|
| <i>JA</i> | <i>James Davidson MD</i> | <i>JA</i> | <i>James Davidson</i> |
| <i>WJ</i> | <i>Walter J. ...</i>     |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

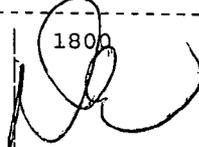
WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300   | 2301-0700 |
|--|--------------------|---|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>run</i> | 1800<br> |           |
|  |                    |   |           |
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|  |                    |   |           |
|  |                    |   |           |

<CONTINUED ON NEXT PAGE>

| INITIALS   | SIGNATURE               | INITIALS  | SIGNATURE            |
|------------|-------------------------|-----------|----------------------|
| <i>RL</i>  | <i>James P Davidson</i> | <i>JD</i> | <i>Judy Davidson</i> |
| <i>ROA</i> | <i>W. J. ...</i>        |           |                      |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500                      | 1501-2300           | 2301-0700                   |
|--|--------------------------------|---------------------|-----------------------------|
| OXYCODONE/APAP 5/325 1 TAB<br>PERCOCET TAB<br>DOSE: 1 TAB PO Q4HPRN<br>SEVERE PAIN<br>START: 03/16/01 11:08 STOP: 03/22/01 11:08 | <i>3/21/01<br/>145<br/>KUM</i> | <i>21:40<br/>OK</i> | <i>207<br/>Ami Davidson</i> |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |                                |                     |                             |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10     |                                |                     |                             |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11           |                                |                     |                             |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS  | SIGNATURE            |
|-----------|--------------------------|-----------|----------------------|
| <i>re</i> | <i>James Davidson MD</i> | <i>JL</i> | <i>Judy Davidson</i> |
| <i>KO</i> | <i>K. O. Davidson</i>    |           |                      |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/21/01 07:01

TO: 03/22/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500  | 1501-2300       | 2301-0700 |
|---|--|-----------------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 03/23/01 11:12 | <i>PK<br/>           8 AM<br/>           3/21/01</i> | <i>500 P SW</i> |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12                        |  |                 |           |
|   |  |                 |           |
|   |  |                 |           |
|   |  |                 |           |
|   |  |                 |           |

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE             |
|-----------|-------------------------|-----------|-----------------------|
| <i>PK</i> | <i>James P Davidson</i> | <i>JH</i> | <i>Judy Hunsicker</i> |
| <i>WJ</i> | <i>W. J. Hunsicker</i>  |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/20/01 07:01

TO: 03/21/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300    | 2301-0700 |
|--|--------------|--------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br>RUPN |              |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>Klor-Con TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | 1800<br>RUPN |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |              |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | 1800<br>RUPN |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE         | INITIALS | SIGNATURE     |
|----------|-------------------|----------|---------------|
| RU       | James Davidson MD | JS       | Judy Unsicker |
| LOA      | Robert J. ...     |          |               |

**HELEN FLETCHER  
MEDICAL RECORDS INDEX**

1. Clearfield Hospital 3/12/01 to 3/16/01  
3/16/01 to 3/27/01  
4/24/01
2. Rodolfo S. Polintan, M.D. 3/12/01 – 4/24/01

**Rodolfo S. Polintan, M.D., P.C.**

---

807 Turnpike Avenue  
Clearfield, Pennsylvania 16830

Telephone (814) 765-8590

Fellow:  
American College of Surgeons  
American Academy of Orthopaedic Surgeons  
American Academy of  
Neurological and Orthopaedic Surgeons  
International College of Surgeons

May 7, 2001

R. Denning Gearhart, Esquire  
215 E. Locust Street  
Clearfield, PA 16830

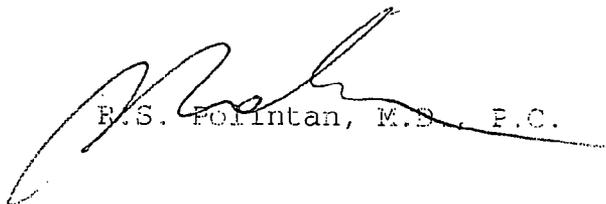
RE: Helen Fletcher  
DOB: 10-04-23

Dear Attorney Gearhart:

In response to your recent request, enclosed please find the requested information.

Thank you.

Sincerely,

  
R.S. Polintan, M.D., P.C.

RSP/jed  
Enclosure

# Attorney R. Denning Gearhart

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GURANTOR #:flethe-00  
PATIENT #:flethe-00  
ASSIGNMENT :vec-vec  
LAST PAY DT: \*\*/\*\*/\*\*  
LAST PAY \$ : 0.00  
LST PLN PAY:04/01/96  
LST PLAN \$ : 44.27  
AT COLLECTN: 0.00

Fletcher, Helen I  
Fletcher, Helen I  
715 Nichol St  
Clearfield, PA 16830  
EMPLOYER NAME:  
REF DOCTOR:

DATE :05/07/01  
D.O.B:10/04/23  
CHART:  
HOME :A14-765-4354  
EMRS :A14-765-4213  
FAMILY:  
S S #:195-14-1475  
CLASS:1 DR:vec

INSURED #1  
Fletcher, Helen I  
715 Nichol St  
Clearfield, PA 16830

INSURED #2  
Fletcher, Helen I  
715 Nichol St  
Clearfield, PA 16830

PLAN 1 :YMCA  
POLICY #:195141475  
GROUP #:

PLAN 2 :Medicare  
FR:\*\*/\*\*/\*\* POLICY #:1951414750  
TO:\*\*/\*\*/\*\* GROUP #:

FR:\*\*/\*\*/\*\*  
TO:\*\*/\*\*/\*\*

| DATE  | BILL # | DR. | CPT/PROCEDURE                                | CHECK #: | PLAN | POS | CHARGE          |
|---|--------|-----|--|----------|------|-----|-----------------|
| 03/12/01                                      | 91991  | vec | 87822-00 Trtmt Of Cld Dr On Trimal Ank Fx    |          |      | ih  | 3410.00         |
| ! First Form Printed for YMCA on 04/18/01 for |        |     |  |          |      |     | 3410.00 E?n!    |
| ! Last Form Printed for YMCA on 04/18/01 for  |        |     |  |          |      |     | 3410.00 E?n!    |
|   |        |     | OFFICE: vec Dx:024.6-Fx/ankle Trimaltee YMCA |          |      |     | 3410.00 (-----) |
| 04/24/01                                      | 92169  | vec | nc-No Charge                                 |          |      | c   | 0.00            |
|   |        |     | OFFICE: vec Dx:024.6-Fx/ankle Trimaltee      |          |      |     | 0.00 (-----)    |

Last statement printed on 04/22/96 for 0.00  
Balance for Fletcher, Helen I 0.00  
Balance for Plan 3410.00

|         | CURRENT | 021-000 | 061-000 | 091-120 | 120+ |
|---------|---------|---------|---------|---------|------|
| Patient | 0.00    | 0.00    | 0.00    | 0.00    | 0.00 |
| Plan    | 3410.00 | 0.00    | 0.00    | 0.00    | 0.00 |

NAME

Helen Fletcher

FAMILY DR. Dr. Davidson

REFERRED

ALLERGIES N/K

PRESENT MEDS

pt  
unwell

WORK \_\_\_\_\_  
AUTO \_\_\_\_\_  
LIABILITY \_\_\_\_\_

24 APR 2001

Cast on 6 wks - having some pain  
to ankle  
TED  
give in R heel

HELEN FLETCHER

4-24-2001

The patient returned to the office and she has no complaint of pain. She is complaining of some pressure on the anterior aspect of the ankle. Her cast is intact and she is independent on a walker.

Examination following removal of the cast showed the wound or incision is healed. There is nice range of motion of the ankle; no instability. There is no obvious tenderness.

X-rays showed the ankle mortise is anatomic. The screws are stable. The fracture is healing. Lucency is still present.

PLAN: Will start her on protective weight bearing with a walker and early range of motion exercises. The patient was given a prescription for TED stockings to be used during the day, off at night time to try to decrease her swelling. She was told not to put too much weight on this if she has any pain. Recheck in four weeks, x-ray right ankle.

RSP/jed

NAME

Helen Fletcher

7682000

WORK

AUTO

LIABILITY

FAMILY DR.

REFERRED

ALLERGIES

PRESENT MEDS

5-4-01

Al Hughes phoned do you want

P.T for this pt. She is on hold now SH

no P.T. for now

5-7-01

Above message left on voice mail SH

○  
○  
DICTATED, NOT REPAI  
Copy Only

FLETCHER, HELEN IRENE  
Rodolfo S. Polintan, M.D.  
PATIENT NUMBER: 2487403

MR# 10-28-83  
ADM 03/12/01 LOCATION 202A

CHIEF COMPLAINT: Painful right ankle.

HISTORY OF PRESENT ILLNESS: The patient is an elderly Caucasian female. She states that this morning she tripped and twisted her right ankle on a rise at the YMCA. She developed a painful right ankle and also swelling of the right ankle. No other apparent injuries. She was brought to the emergency room and x-rays revealed a trimalleolar fracture of the right ankle. The patient was admitted from the emergency room for definitive management.

It was felt that improving the position of the fracture of the medial malleolus and stabilizing it would increase the chances of healing and a better result. The patient is agreeable.

PAST MEDICAL/SURGICAL HISTORY: Apparently she had peripheral vascular disease on the left leg and had two angioplasties with two stents on the left groin in February of this year. She has a history of hysterectomy and bladder tack-up. She has a history of pacemaker insertion. She has a history of coronary artery disease.

**MEDICATIONS:**

Plavix 25 mg OD  
Ismo 20 mg BID  
Prosom 1 mg one tablet HS  
Cardene SR 30 mg BID  
Prevacid 30 mg BID  
Lasix 40 mg 1 a.m. and 1/2 in the evening  
Darvocet-N PRN  
Atenolol 25 mg once a day  
Lipitor 30 mg once a day  
K-Dur 20 mEq BID  
Ultram 50 mg three times a day PRN  
Nitroglycerin spray

ALLERGIES: NKDA.

PSYCHOSOCIAL/FAMILY HISTORY: The patient is retired and she lives by herself.

**SYSTEM REVIEW:**

HEENT: No complaint of headache nor neck pain. No eye pain.

CVS: No chest pain. No respiratory difficulties.

GI: No abdominal pain.

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

GU: No complaints.

MUSCULOSKELETAL: Painful right ankle.

PHYSICAL EXAMINATION:

GENERAL: The patient is alert, conscious and coherent. Oriented times three. Not in acute distress.

VITALS: Temperature 95.8; pulse rate 76 per minute; respirations 16 per minute; BP 156/64. O<sub>2</sub> saturation 97%.

HEENT: Head normocephalic. No evidence of any head injuries. Eyes: PERRLA. Sclerae nonicteric. Ears, nose and throat unremarkable.

NECK: Supple, nontender.

CHEST: Symmetrical. Pacemaker battery right upper chest wall. No rib tenderness.

LUNGS: Clear to auscultation. No rales. No wheezing.

HEART: Regular rhythm.

ABDOMEN: Soft and nontender. No organomegaly detected. Scar on the hypogastric area.

EXTREMITIES: Both feet are warm to touch. Dorsalis pedis pulses palpable bilaterally. No swelling or tenderness of the knees. Right ankle is swollen and tender. Instability cannot be tested because of the pain. Foot nontender.

IMPRESSIONS:

1. Trimalleolar fracture of the right ankle.

PLAN: As per orders.

DATE \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

D: 03/12/01

T: 03/13/01

RSP/deb

PATIENT: FLETCHER, HELEN IRENE MR# 10-28-83  
LOCATION: 202 A  
PROCEDURE DATE: 03/12/01  
SURGEON: Rodolfo S. Polintan, M.D.  
ASSISTANT: Eric Barr, MS III

Dictated, Not Read  
Copy Only

PREOPERATIVE DIAGNOSIS: Trimalleolar fracture of the right ankle.

POSTOPERATIVE DIAGNOSIS: Same.

ANESTHESIA: Spinal.

**OPERATIVE PROCEDURE:**

Open reduction and internal fixation of the fractured medial malleolus, right ankle and application of short leg posterior splint.

**HISTORY AND FINDINGS:** Elderly Caucasian female who had a fall this morning sustaining a trimalleolar fracture of the right ankle. There is a slight displacement and separation of the medial malleolus fracture. It is felt that improving the alignment and compression of the fracture would increase the chance of healing. The patient is agreeable with the plan. Benefits, risks and most pertinent complications were discussed preoperatively. She understood and accepted.

Implants used: Two cannulated screws, size 4 mm.

**PROCEDURE:** With the patient properly identified, the Anesthesia Department gave her IV sedation and performed spinal anesthesia. After adequate spinal anesthesia had been obtained, the right leg was elevated and Esmarch was applied from the toes to the thigh and then the tourniquet on the right thigh was inflated to 350 mmHg. The operative area was then carefully prepped and draped in the usual sterile fashion.

An incision was made on the medial aspect of the right ankle around the medial malleolus area. The incision was deepened into the subcutaneous tissues. The periosteum was incised and then elevated from the fracture site. The fracture site was then identified, it was found to be slightly displaced. The fracture was reduced and held with a towel clamp and in this position two guidewires were inserted from the tip of the medial malleolus going obliquely through the metaphysis. The position of the guidewires were found to be satisfactory through the C-arm views.

The size of the screws were then selected and then a drill-hole made through the guidewire and then the screws were inserted through the guidewire. The guidewires were removed. The screws were tightened and the fracture was compressed. X-rays were through the C-arm showed satisfactory position of the screws, A/P and lateral view. The wound was then irrigated with antibiotic solution and then closed in the usual manner. The periosteum was closed with 2-0 Vicryl, subcutaneous tissue with the same suture material. The skin edges with continuous 4-0 nylon. Pressure dressing applied including Sof-Rol and then a short leg posterior splint, placing the ankle in 90 degrees of closed reflexion.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
REPORT OF OPERATION - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

The leg was elevated while the tourniquet was gradually deflated. Estimated blood loss: Negligible. The patient tolerated the procedure well with no apparent complications. She was sent to the recovery room in satisfactory condition.

DATE \_\_\_\_\_ PHYSICIAN'S SIGNATURE \_\_\_\_\_

D: 03/12/01  
T: 03/13/01  
RSP/cah

**REPORT OF CONSULTATION**

48198758 102883



**CLEARFIELD HOSPITAL**  
**CLEARFIELD, PA**

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
SHAW MARK R  
03/12/01 F E/D

|  |  |                     |      |
|--|--|---------------------|------|
| From: Attending Physician<br><i>Shaw</i> | To: Consulting Physician<br><i>Poleman</i> | Date<br><i>3-12</i> | Time |
|--|--|---------------------|------|

Report Requested Regarding \_\_\_\_\_

( ) Consult Only ( ) Consult and Write Appropriate Orders ( ) Consult, Write Appropriate Orders and Follow ( ) Consult and Accept in Transfer

Stat  Within 24 hours

*OPTHO ER consult*

*See HSP*

*Dr. Trimmell  
F. Drake*

*R. Poleman*

*NC*

Date *3/12/01* Time *1:15 PM* Consultant *[Signature]*

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE**

MR #: **102883**

AGE: **77** SEX: **F**

ADM#: **48330302** OP

DOB: **10/04/1923**

ROOM/BED:

ORD DR: **POLINTAN, RODOLFO S TSP**

PT CLASS: **OUT**

ATT DR: **POLINTAN, RODOLFO S**

PT TYPE: **R** FC: **I**

ALT DR: **DAVIDSON, JAMES P**

HOSP SVC: **IMG** ORDER #: **90035**

REFERRING DIAGNOSIS: **POST FX**

CONTRAST DOCUMENTATION:

**COPY TO TSP**

BRAND: AMT: BY:

HISTORY/COMMENTS: **CAST REMOVED TODAY. @1505 PM**

IS PATIENT PREGNANT?

LMP: **PAST MENO.**

SHIELDED:

NO. OF FILMS: **3**

FLUORO TIME:

ORDER #: **90035**

**04/24/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: **04/24/2001 15:05** Initials: **BLL**

In comparison to a view dated 3-14-01, The fiberglass cast has been removed. The patient is status post ORIF for the medial malleolus fracture. The fracture at the tip of the lateral malleolus is identified.

There is no interval change in alignment or position.

IMPRESSION: **Healing fracture.**

**Normal postoperative appearance.**

READING DOCTOR: **ALFRED B. COREN, M.D.**  
ELECTRONICALLY SIGNED: **ALFRED B. COREN, M.D.**  
TRANSCRIBED BY: **PAR 04/25/2001 11:23AM**

ORDERING DR BATCH

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |               |          |         |
|----------|------------------------------|-----------|---------------|----------|---------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b> |          |         |
| AGE:     | 77                           | SEX:      | F             | ADM#:    | 2487403 |
| DOB:     | 10/04/1923                   | ROOM/BED: |               |          |         |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN            |          |         |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S             | FC:      | I       |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR           | ORDER #: | 90034   |

REFERRING DIAGNOSIS: FX R ANKLE HAVE RAD CALL RSP  
OFFICE W/RESULTS MAY REMOVE SPLINT WHEN DOING SCAN  
THEN REAPPLY

**HISTORY/ COMMENTS:**

NO OF FILMS: 2

ORDER #: 90034

**03/16/2001 US EXTREMITY VEINS BILAT 93970**

PROCEDURE ENDED: 03/16/2001 09:25 Initials: MAL

Combining two dimensional imaging with pulsed doppler, audio, spectral and color flow analysis, the deep venous systems of the lower extremities were evaluated.

There is excellent compression of the deep venous structures. Normal venous waveforms are found. Normal response to digital augmentation is demonstrated.

**IMPRESSION:** Normal study. No evidence for deep vein thrombosis.

READING DOCTOR: ALFRED B. COREN, M.D.  
ELECTRONICALLY SIGNED: ALFRED B. COREN, M.D  
TRANSCRIBED BY: MAP 03/16/2001 10:15AM

CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT

(814) 768 - 2275

PATIENT: FLETCHER, HELEN IRENE  
AGE: 77 SEX: F  
DOB: 10/04/1923  
ORD DR: POLINTAN, RODOLFO S  
ATT DR: POLINTAN, RODOLFO S  
ALT DR: POLINTAN, RODOLFO S

MR #: 102883  
ADM#: 2487403  
ROOM/BED: 202 A-  
PT CLASS: IN  
PT TYPE: S FC: I  
HOSP SVC: SUR ORDER #: 90033

REFERRING DIAGNOSIS: RX R ANKLE  
PLEASE DO TODAY

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: F/U @1000

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: N

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90033

03/14/2001 ANKLE COMPLETE RIGHT 73610

PROCEDURE ENDED 03/14/2001 09:50 Initials: CAW

Posterior splint is in place. Internal fixation with the two screws through the medial malleolus are seen. Fracture of the lateral malleolus remains unchanged in position.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MAP 03/1-/2001 11:25AM



**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE**  
AGE: 77 SEX: F  
DCB: 10/04/1923  
ORD DR: SHAW, MARK R  
ATT. DR: POLINTAN, RODOLFO S  
ALT DR: POLINTAN, RODOLFO S

MR #: **102883**  
ADM#: 2487403  
ROOM/BED: 202 A-  
PT CLASS: IN  
PT TYPE: S FC: I  
HOSP SVC: SUR ORDER #: 90029

REFERRING DIAGNOSIS: PRE OP  
CR

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: NO CHEST COMPLAINTS, PRE OP @13:20

IS PATIENT PREGNANT? NO

LMP:

SHIELDED: NO

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90029

**03/12/2001 CHEST TWO VIEW FRONTAL/LATERAL 71020**

PROCEDURE ENDED: 03/12/2001 13:14 Initials: ARW

Wire sternal sutures, clips, and pacemaker are seen. Heart is mildly enlarged but stable. No evidence of failure is seen. Vascular calcification is present in the aorta. Lungs are clear.

IMPRESSION: Stable mild cardiomegaly status post CABG and pacemaker placement.  
No acute change when compared to the previous study of 1/24/01.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 02:35PM

ATTENDING DOCTOR BATCH

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                       |           |                    |
|----------|-----------------------|-----------|--------------------|
| PATIENT: | FLETCHER, HELEN IRENE | MR #:     | 102883             |
| AGE:     | 77 SEX: F             | ADM#:     | 48198758 EMR       |
| DOB:     | 10/04/1923            | ROOM/BED: | 202 A-             |
| ORD DR:  | SHAW, MARK R          | PT CLASS: | ED                 |
| ATT DR:  | SHAW, MARK R          | PT TYPE:  | E FC: I            |
| ALT DR:  | DAVIDSON, JAMES P     | HCSP SVC: | E/D ORDER #: 90028 |

REFERRING DIAGNOSIS: INJ FOOT  
T4

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: FELL. TWISTED ANKLE. C/O PAIN LATERAL MALLEOLUS WITH SWELLING.  
@1140

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: NO

NO. OF FILMS: 4

FLUORO TIME:

ORDER #: 90028

03/12/2001 ANKLE COMPLETE RIGHT 73610

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

Trimalleolar fracture is seen involving the distal fibula and tibia. No significant displacement is noted.

03/12/2001 HEEL CALCANEUS COMPLETE RIGHT 73650

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

No fracture of the calcaneus is seen.

IMPRESSION: Trimalleolar fracture right ankle.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: PAR 03/12/2001 12:31PM

ATTENDING DOCTOR BATCH

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE**

MR #: **102883**

AGE: 77 SEX: F

ADM#: 2487403

DOB: 10/04/1923

ROOM/BED: 202 A-

ORD DR: POLINTAN, RODOLFO S

PT CLASS: IN

ATT DR: POLINTAN, RODOLFO S

PT TYPE: S FC: I

ALT DR: POLINTAN, RODOLFO S

HOSP SVC: SUR ORDER #: 90031

REFERRING DIAGNOSIS: ORIF RT ANKLE

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: POST ORIF @16:00

IS PATIENT PREGNANT?

LMP:

SHIELDED

NO. OF FILMS: 3

FLUORO TIME:

ORDER #: 90031

03/12/2001 ANKLE COMPLETE RIGHT 73610

PROCEDURE ENDED: 03/12/2001 15:51 Initials: JAP

Cast is now in place. Internal fixation has been obtained with two screws through the medial malleolar fracture

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 04:20PM

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE**

MR #: **102883**

AGE: **77** SEX: **F**

ADM#: **2487403**

DOB: **10/04/1923**

ROOM/BED: **202 A-**

ORD DR: **POLINTAN, RODOLFO S**

PT CLASS: **IN**

ATT DR: **POLINTAN, RODOLFO S**

PT TYPE: **S** FC: **I**

ALT DR: **POLINTAN, RODOLFO S**

HOSP SVC: **SUR** ORDER #: **90030**

REFERRING DIAGNOSIS: **ORIF R ANKLE**

CONTRAST DOCUMENTATION:

BRAND: **AMT:** BY:

HISTORY/ COMMENTS: **ORIF 11 SEC**

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: **2**

FLUORO TIME: **11 SEC**

ORDER #: **90030**

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Internal fixation with two screws through the fracture of the medial malleolus are now seen.

**03/12/2001 FLUOROSCOPY TIME <1 HOUR 76000**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Eleven seconds of fluoroscopic time were utilized.

READING DOCTOR: **DAVID L. OBLEY, M.D.**  
ELECTRONICALLY SIGNED: **DAVID L. OBLEY, M.D.**  
TRANSCRIBED BY: **MMB 03/12/2001 04:11PM**

ORDERING DR BATCH

102883

*R. Denning Gearhart*

Attorney & Counselor at Law

215 E. Locust Street  
Clearfield, PA 16830

814-765-1581

(fax) 814-765-6745

May 2, 2001

Clearfield Hospital  
ATTN: Medical Records  
809 Turnpike Avenue  
Clearfield, PA 16830

Re: Helen Fletcher  
d.o.b. 10/4/1923

To Whom It May Concern:

Please be advised that I represent Helen Fletcher. Enclosed please find a Release of Medical Information signed by Ms. Fletcher. The above was injured on March 12, 2001 and has been treated by your institution as a result of those injuries.

In order to evaluate the nature and extent of my client's claim, it is necessary for me to know the nature of any treatments provided by you to my client. It is also necessary for me to know what your diagnosis of my client's condition and what your prognosis is for my client's recovery. I also need to know what the cost of your medical services was and whether or not you have been compensated and by whom.

If there are any questions, or if there is any fee for this report, please advise.

Sincerely,

R. Denning Gearhart

RDG/jam

Enclosure

**PREPAYMENT REQUIRED**

3-12 to 3-16-01 Adm.  
3-16 to 3-27-01 Adm.  
4-24-01 Umg.

5035  
pm  
5401  
RECEIVED  
MAY 03 2001

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 48330302 OP        |
| DOB:     | 10/04/1923                   | ROOM/BED: |                    |
| ORD DR:  | POLINTAN, RODOLFO S TSP      | PT CLASS: | OUT                |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | R FC: I            |
| ALT DR:  | DAVIDSON, JAMES P            | HOSP SVC: | IMG ORDER #: 90035 |

REFERRING DIAGNOSIS: POST FX  
COPY TO TSP  
HISTORY/ COMMENTS: CAST REMOVED TODAY. @1505 PM  
IS PATIENT PREGNANT? LMP: PAST MENO.  
SHIELDED: NO. OF FILMS: 3 FLUORO TIME:  
ORDER #: 90035

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

**04/24/2001 ANKLE COMPLETE RIGHT 73610**  
PROCEDURE ENDED: 04/24/2001 15:05 Initials: BLL

In comparison to a view dated 3-14-01. The fiberglass cast has been removed. The patient is status post ORIF for the medial malleolus fracture. The fracture at the tip of the lateral malleolus is identified.

There is no interval change in alignment or position.

IMPRESSION: Healing fracture.  
Normal postoperative appearance.

READING DOCTOR: ALFRED B. COREN, M.D.  
ELECTRONICALLY SIGNED: ALFRED B. COREN, M.D.  
TRANSCRIBED BY: PAR 04/25/2001 11:23AM

*15348  
8/24/0*

INPATIENT RECORD

FLETCHER, HELEN  
 715 NICHOLS STREET  
 CLEARFIELD  
 PA 16830 (814)-765-4354  
 MAIDEN: MANN SS#: 195-14-1475  
 TWP: CLEARFIELD BORO CLFD CO  
 HOSP SVC: SUR PT TYPE: S RELG: LUT  
 FIN CL: I # OF INS PLANS:  
 NURS STAT: 2FLR BED: 202 A- PUB: N  
 PRIORITY: U ADM SOURCE: EO  
 PRIOR STAY: N DATE:  
 LAST HOSPITAL: NONE

PT#: 2487403 AGE: 77  
 MR#: 102883  
 ADM DT/TM: 03/12/01 12:36

DOB: 10/04/1923 PLACE: PA  
 RACE: 1 SEX: F MAR STS: W

ADM DR: POLINTAN RODOLFO S 013151  
 ATN DR: POLINTAN RODOLFO S 013151

DX: FRACTURE R ANKLE

EMPLOYMENT INFORMATION

NONE

GUARANTOR INFORMATION

YMCA  
 21 NORTH 2ND ST  
 CLEARFIELD PA 16830  
 (814)-765-5521  
 PT REL: O SS#: 000-00-0000  
 GUARANTOR EMPLOYER

OCCUPATION:

PRIMARY/SECONDARY CONTACT

KENNEDY LOUISE  
 CLEARFIELD PA 16830  
 PT REL: O (814)-765-4213  
 BURMINGHAM JAMIE  
 SPRING MOUNT PA  
 PT REL: C (610)-287-1875

ACCIDENT INFORMATION

ACC IND: L ACC D/T: 03/12/01 10:00  
 CMNT: ANKLE INJ/HAPPENED AT YMCA

INSURANCE INFORMATION

| INS DESC             | INS CODE | GRP #    | HELEN | COB | VERIFY |
|----------------------|----------|----------|-------|-----|--------|
| MEDICARE PART        | M01      |          |       | 2   | N      |
| POL #: 195141475A    |          |          |       |     |        |
| SUBSCR: FLETCHER     |          |          |       |     |        |
| ADD:                 |          |          |       |     |        |
| BC 65 SECURITY       | B65      |          |       | 3   | N      |
| POL #: 195141475B    |          | 06605200 |       |     |        |
| SUBSCR: FLETCHER     |          |          | HELEN |     |        |
| ADD:                 |          |          |       |     |        |
| LIABILITY            | I99      |          |       | 1   | N      |
| POL #: 195141475     |          |          |       |     |        |
| SUBSCR: YMCA         |          |          |       |     |        |
| ADD: 21 NORTH 2ND ST |          |          |       |     |        |
| MEDICARE B IP        | N37      |          |       | 2   | N      |
| POL #: 195141475A    |          |          |       |     |        |
| SUBSCR: FLETCHER     |          |          | HELEN |     |        |
| ADD:                 |          |          |       |     |        |

COMMENTS: N/ASSIGN NOTH SEEN INFO COPIED REG BY: CLH7  
 DSCH DATE: 3-11-01 DSCH DISP: 396038 ATE JA hab PROC CD  
 CONSULTS: JAD

| DIAGNOSIS / PROCEDURE   | 719.47 | 824.6  | V45.81 | 3/12 79.36 |
|-------------------------|--------|--------|--------|------------|
| Trimethoprim 3/12/01    |        | 428.0  | E927   |            |
| Fx @ m/l                |        | 414.00 | E849.4 |            |
| ATH med break heart dis |        | 401.9  |        |            |
| " " " "                 |        | 412    |        |            |

H2 HTA  
 Hypertension  
 GERD  
 S/P previously treated

DRG  
 CFX

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
DISCHARGE SUMMARY - PAGE 1

FLETCHER, HELEN  
Rodolfo S. Polintan, M.D.  
ADMITTED: 03/12/2001  
DISCHARGED: 03/16/2001

MR#102883

DISCHARGE DIAGNOSES: Displaced trimalleolar fracture of the right ankle.

SECONDARY DIAGNOSES:

1. Arteriosclerotic heart disease, stable.
2. Arteriosclerotic vascular disease, stable.
3. History of hypertension.
4. Hyperlipidemia.
5. Gastroesophageal reflux disease.
6. Status post pacemaker insertion.

OPERATIONS: On 03/12/01, open reduction and internal fixation of the fracture of the right ankle and application of short-leg posterior splint.

MEDICAL CONSULTATIONS, TREATMENT, AND FOLLOW-UP: Dr. Davidson.

HISTORY: This is a 77-year-old Caucasian female who states that on the morning of 03/12/01 she tripped and twisted her right ankle on a rise at the YMCA. She sustained a fracture of the right ankle. On examination, the feet were warm to touch. The right ankle was swollen and tender. Instability cannot be tested because of the pain. The foot is non-tender.

LABORATORY: The electrolytes are normal. Glucose is 120, BUN 15, creatinine 1.0. CBC revealed a normal white count. Platelets are normal. H&H is 11.9 and 36.0. X-ray of the right ankle revealed a trimalleolar fracture of the right ankle. X-ray of the calcaneus revealed no fracture on the calcaneus. Chest x-ray revealed stable mild cardiomegaly status post CABG and pacemaker placement. Postoperative x-ray of the right ankle showed internal fixation with two screws through the fractured medial malleolus. Ultrasound of the lower extremity reveals a normal study. No evidence of deep vein thrombosis. Electrocardiogram revealed AV sequential pacemaker activity.

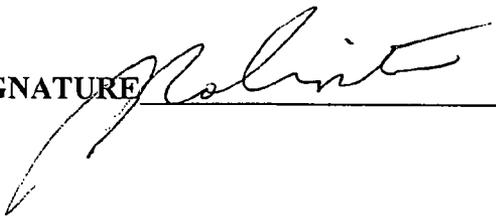
COURSE IN THE HOSPITAL AND TREATMENT: The patient was evaluated in the Emergency Room. Discussed the fracture of the ankle with the patient. Discussed treatment options. To improve and stabilize the fracture, she was brought to the Operating Room on the same date of admission, and the open reduction and internal fixation of the right ankle was done and application of the splint. She was given prophylactic IV Kefzol. She was seen in medical consultation, treatment, and follow-up with Dr. Davidson. She complained of some pain in the leg following the surgery. She had an ultrasound of the venous system in the lower extremities to rule out DVT, and this was negative. The patient, postoperatively, was sent to physical therapy for ambulation with a walker, toe-touch on the right foot. The patient was given her usual medications. She was given PCA postoperatively for her pain and eventually Toradol and Percocet. The patient was transferred to the

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
DISCHARGE SUMMARY - PAGE 2

FLETCHER, HELEN  
Rodolfo S. Polintan, M.D.  
ADMITTED: 03/12/2001  
DISCHARGED: 03/16/2001

MR#102883

ICU on 03/16/01 under the service of Dr. Davidson with the following orthopaedic orders: Physical therapy for ambulation with a walker, toe-touch on the right foot. Medical follow-up by Dr. Davidson. Orthopaedic follow-up in my office in about one to two weeks.

DATE 5/13/01 PHYSICIAN'S SIGNATURE 

DD: 05/08/2001 10:10:17  
TD: 05/10/2001 01:10:29  
RSP/rlr  
77670

FLETCHER, HELEN IRENE  
Rodolfo S. Polintan, M.D.  
PATIENT NUMBER: 2487403

MR# 10-28-83  
ADM 03/12/01 LOCATION 202A

CHIEF COMPLAINT: Painful right ankle.

HISTORY OF PRESENT ILLNESS: The patient is an elderly Caucasian female. She states that this morning she tripped and twisted her right ankle on a rise at the YMCA. She developed a painful right ankle and also swelling of the right ankle. No other apparent injuries. She was brought to the emergency room and x-rays revealed a trimalleolar fracture of the right ankle. The patient was admitted from the emergency room for definitive management.

It was felt that improving the position of the fracture of the medial malleolus and stabilizing it would increase the chances of healing and a better result. The patient is agreeable.

PAST MEDICAL/SURGICAL HISTORY: Apparently she had peripheral vascular disease on the left leg and had two angioplasties with two stents on the left groin in February of this year. She has a history of hysterectomy and bladder tack-up. She has a history of pacemaker insertion. She has a history of coronary artery disease.

**MEDICATIONS:**

Plavix 25 mg OD  
Ismo 20 mg BID  
Prosom 1 mg one tablet HS  
Cardene SR 30 mg BID  
Prevacid 30 mg BID  
Lasix 40 mg 1 a.m. and 1/2 in the evening  
Darvocet-N PRN  
Atenolol 25 mg once a day  
Lipitor 30 mg once a day  
K-Dur 20 mEq BID  
Ultram 50 mg three times a day PRN  
Nitroglycerin spray

**ALLERGIES:** NKDA.

**PSYCHOSOCIAL/FAMILY HISTORY:** The patient is retired and she lives by herself.

**SYSTEM REVIEW:**

**HEENT:** No complaint of headache nor neck pain. No eye pain.

**CVS:** No chest pain. No respiratory difficulties.

**GI:** No abdominal pain.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
HISTORY AND PHYSICAL - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

GU: No complaints.

MUSCULOSKELETAL: Painful right ankle.

PHYSICAL EXAMINATION:

GENERAL: The patient is alert, conscious and coherent. Oriented times three. Not in acute distress.

VITALS: Temperature 95.8; pulse rate 76 per minute; respirations 16 per minute; BP 156/64. O<sub>2</sub> saturation 97%.

HEENT: Head normocephalic. No evidence of any head injuries. Eyes: PERRLA. Sclerae nonicteric. Ears, nose and throat unremarkable.

NECK: Supple, nontender.

CHEST: Symmetrical. Pacemaker battery right upper chest wall. No rib tenderness.

LUNGS: Clear to auscultation. No rales. No wheezing.

HEART: Regular rhythm.

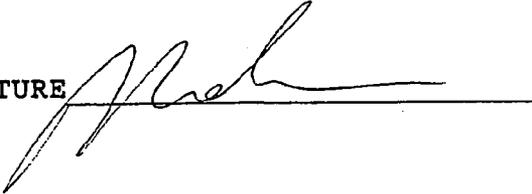
ABDOMEN: Soft and nontender. No organomegaly detected. Scar on the hypogastric area.

EXTREMITIES: Both feet are warm to touch. Dorsalis pedis pulses palpable bilaterally. No swelling or tenderness of the knees. Right ankle is swollen and tender. Instability cannot be tested because of the pain. Foot nontender.

IMPRESSIONS:

1. Trimalleolar fracture of the right ankle.

PLAN: As per orders.

DATE 5/4/01 PHYSICIAN'S SIGNATURE   
D: 03/12/01  
T: 03/13/01  
RSP/deb

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
REPORT OF OPERATION - PAGE 1

PATIENT: FLETCHER, HELEN IRENE MR# 10-28-83  
LOCATION: 202 A  
PROCEDURE DATE: 03/12/01  
SURGEON: Rodolfo S. Polintan, M.D.  
ASSISTANT: Eric Barr, MS III

PREOPERATIVE DIAGNOSIS: Trimalleolar fracture of the right ankle.

POSTOPERATIVE DIAGNOSIS: Same.

ANESTHESIA: Spinal.

OPERATIVE PROCEDURE:

Open reduction and internal fixation of the fractured medial malleolus, right ankle and application of short leg posterior splint.

HISTORY AND FINDINGS: Elderly Caucasian female who had a fall this morning sustaining a trimalleolar fracture of the right ankle. There is a slight displacement and separation of the medial malleolus fracture. It is felt that improving the alignment and compression of the fracture would increase the chance of healing. The patient is agreeable with the plan. Benefits, risks and most pertinent complications were discussed preoperatively. She understood and accepted.

Implants used: Two cannulated screws, size 4 mm.

PROCEDURE: With the patient properly identified, the Anesthesia Department gave her IV sedation and performed spinal anesthesia. After adequate spinal anesthesia had been obtained, the right leg was elevated and Esmarch was applied from the toes to the thigh and then the tourniquet on the right thigh was inflated to 350 mmHg. The operative area was then carefully prepped and draped in the usual sterile fashion.

An incision was made on the medial aspect of the right ankle around the medial malleolus area. The incision was deepened into the subcutaneous tissues. The periosteum was incised and then elevated from the fracture site. The fracture site was then identified, it was found to be slightly displaced. The fracture was reduced and held with a towel clamp and in this position two guidewires were inserted from the tip of the medial malleolus going obliquely through the metaphysis. The position of the guidewires were found to be satisfactory through the C-arm views.

The size of the screws were then selected and then a drill-hole made through the guidewire and then the screws were inserted through the guidewire. The guidewires were removed. The screws were tightened and the fracture was compressed. X-rays were through the C-arm showed satisfactory position of the screws, A/P and lateral view. The wound was then irrigated with antibiotic solution and then closed in the usual manner. The periosteum was closed with 2-0 Vicryl, subcutaneous tissue with the same suture material. The skin edges with continuous 4-0 nylon. Pressure dressing applied including Sof-Rol and then a short leg posterior splint, placing the ankle in 90 degrees of closed reflexion.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
REPORT OF OPERATION - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 Rodolfo S. Polintan, M.D.

The leg was elevated while the tourniquet was gradually deflated. Estimated blood loss: Negligible. The patient tolerated the procedure well with no apparent complications. She was sent to the recovery room in satisfactory condition.

DATE 5/8/01 PHYSICIAN'S SIGNATURE   
D: 03/12/01  
T: 03/13/01  
RSP/cah

**REPORT OF CONSULTATION**

48198758 102883



CLEARFIELD HOSPITAL  
CLEARFIELD, PA

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
SHAW MARK R  
03/12/01 F E/D

From: Attending Physician:

To: Consulting Physician

Date

Time

*Shaw*

*Polevina*

*3-12*

Report Requested Regarding \_\_\_\_\_

( ) Consult Only ( ) Consult and Write Appropriate Orders ( ) Consult, Write Appropriate Orders and Follow ( ) Consult and Accept in Transfer

Stat

Within 24 hours

*OPHTHO ER consult*

*See HSP*

*Dr = Tri...  
F = ...*

*R. Adams*

Date

*3/12/01*

Time

*1:15 PM*

Consultant

*[Signature]*

PATIENT: FLETCHER, HELEN IRENE MR# 10-28-83  
LOCATION: 202-A  
PATIENT NUMBER: 2487403  
CONSULTING PHYSICIAN: James P. Davidson, D.O..  
ATTENDING PHYSICIAN: Rodolfo S. Polintan, M.D.  
DATE OF CONSULTATION: 03/13/01

REASON FOR CONSULTATION: Medical evaluation and treatment.

HISTORY: This is a 77-year-old white female who tripped while going into the YMCA. She sustained a trimalleolar fracture of the right ankle.

PAST MEDICAL HISTORY: Significant for coronary artery disease, atherosclerotic vascular disease, history of congestive heart failure, hypertension, hypercholesterolemia and complications following a myocardial infarction, ventricular aneurysm and pulmonary embolism.

PAST SURGICAL HISTORY: Significant for coronary artery bypass graft surgery, pacemaker implantation, hysterectomy, tonsillectomy and ventricular aneurysm repair. She has recently had a repeat cardiac catheterization to clear her for an angioplasty of her left lower extremity for peripheral vascular disease. The patient tolerated this angioplasty quite well with good results.

REVIEW OF SYSTEMS:

CVS: The patient denies any chest pain at this time although she did have some discomfort last week.

RESPIRATORY: Denies wheezing, chronic cough.

GI: Denies nausea, vomiting or diarrhea.

GU: Denies frequency, urgency or dysuria.

PHYSICAL EXAMINATION:

VITALS: Blood pressure 130/68, pulse 72, respirations 20. She is afebrile.

GENERAL: This is a 77-year-old white female who is coherent, cooperative, well oriented and in some mild discomfort at this time.

HEAD/NECK: Normocephalic.

EYES: Pupils equal and reactive to light.

HEART: Regular rate and rhythm. There is a systolic ejection murmur Grade I/VI heard in the left sternal border.

LUNGS: Clear to auscultation. Negative rales, rhonchi, or rub.

CLEARFIELD HOSPITAL, P O BOX 992, CLEARFIELD, PA 16830  
CONSULTATION - PAGE 2

FLETCHER, HELEN IRENE 10-28-83 James P. Davidson, D.O.

ABDOMEN: Soft, nontender.

EXTREMITIES: Negative edema. Positive for the cast on the right lower extremity.

IMPRESSIONS:

1. Trimalleolar fracture of the right ankle.
2. Atherosclerotic heart disease, stable.
3. Atherosclerotic vascular disease, stable.
4. History of hypertension.
5. Hyperlipidemia.
6. Gastroesophageal reflux disease.

PLAN: I would continue the present medications. I would place her on some Lovenox 30 mg q12h prophylactically and would recommend that we enroll her in a rehab, preferably in the Transitional Care Unit at our hospital. We will try to make appropriate referral at this time.

DATE   /  /   PHYSICIAN'S SIGNATURE \_\_\_\_\_

D: 03/13/01  
T: 03/13/01  
JPD/sg

cc: Rodolfo S. Polintan, M.D.

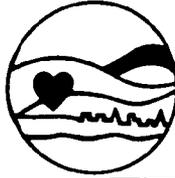






2427403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN RODOLFO S 202 A-  
03/12/01 F SUR 1



CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

**PHYSICIAN'S ORDERS**

- BEAR DOWN WITH BALL POINT PEN
- CHART COPY MUST REMAIN IN CHART

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

ALLERGIES: NKA

HEIGHT: 5'2" WT: 154

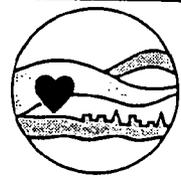
| ORDER NO. | DATE           | TIME           | PCA PATIENT CONTROLLED ANALGESIA  | SIGNATURE OF NURSE NOTING ORDER | DATE | TIME |
|-----------|----------------|----------------|---|---------------------------------|------|------|
|           | <u>3/12/01</u> | <u>9:10 pm</u> | Patient to be instructed in PCA Therapy by R.N.   |                                 |      |      |
|           |                |                | Drug (Circle): <u>Morphine Sulfate one mg/ml</u>  |                                 |      |      |
|           |                |                | Meperidine ten mg/ml  |                                 |      |      |
|           |                |                | Other   |                                 |      |      |
|           |                |                | PCA Dose: <u>1</u> mg.  |                                 |      |      |
|           |                |                | Lock Out Interval: <u>10</u> minutes.   |                                 |      |      |
|           |                |                | Loading Dose: <u>3</u> mg. <sup>given 9:10 pm 3/12/01</sup> May repeat X <u>1</u>   |                                 |      |      |
|           |                |                | Four Hour Limit: <u>20</u> mg.  |                                 |      |      |
|           |                |                | Continuous Administration Rate <u>    </u> mg/hr X <u>    </u> hr.  |                                 |      |      |
|           |                |                | Start at: <u>    </u> hr.   |                                 |      |      |
|           |                |                | If patient persistently complains of inadequate pain relief check integrity of I.V. site.                                 |                                 |      |      |
|           |                |                | If IV patient, increase PCA dose to <u>1.5</u> mg.  |                                 |      |      |
|           |                |                | Compazine <u>5</u> mg. IM q 6 hrs. prn nausea/vomiting.   |                                 |      |      |
|           |                |                | Vistaril <u>50</u> mg. IM/PO q 6 hrs. prn nausea.   |                                 |      |      |
|           |                |                | No IV/IM/PO narcotics while PCA in use.   |                                 |      |      |
|           |                |                | R.N. TO ASSESS:   |                                 |      |      |
|           |                |                | Vital signs and reportable conditions according to nursing protocol:  |                                 |      |      |
|           |                |                | -- For respiratory rate less than 8/min.  |                                 |      |      |
|           |                |                | a. Stop PCA   |                                 |      |      |
|           |                |                | b. Narcan 0.1 mg IV   |                                 |      |      |
|           |                |                | c. Page Anesthesiologist on call "STAT"   |                                 |      |      |
|           |                |                | - For inadequate pain control, persistent nausea/vomiting, or any questions, notify anesthesiologist - on-call by paging. |                                 |      |      |
|           |                |                | Oxygen <u>    </u> Lpm via Nasal Cannula  |                                 |      |      |
|           |                |                | <u>W. Dr. Bedger / W. Dr. Wood</u>  |                                 |      |      |
|           |                |                | Physician's Signature <u>[Signature]</u>  |                                 |      |      |

**FAXED**  
3/12/01

[Signature]  
3/12/01

2489403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
PULANTAN RODRIGO S 20277-  
03/12/01 FUR SUR



CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

PHYSICIAN'S ORDERS

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ALLERGIES

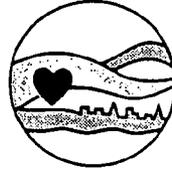
| ORDER NO.                       | DATE    | TIME | ORDERS   | HEIGHT:                         | WT. | DATE | TIME |
|---------------------------------|---------|------|--|---------------------------------|-----|------|------|
|                                 |         |      |  | SIGNATURE OF NURSE NOTING ORDER |     |      |      |
| #18                             | 3/13/01 |      | ✓ Please look into TCU<br>✓ Laundry 30m SC 8:12h   |                                 |     |      |      |
| <b>FAXED</b><br>3/13/01 5:01 PM |         |      |  | <i>[Signature]</i>              |     |      |      |
|                                 |         |      |  | S. Marino 3/13/01 8:00 AM       |     |      |      |
|                                 | 3/13/01 |      | 11 PM TO ICU<br>Hosp look in when going to physical therapy  | <i>[Signature]</i>              |     |      |      |
|                                 |         |      |  | S. Marino 3/13/01 10:25 AM      |     |      |      |
|                                 |         |      |  | <i>[Signature]</i>              |     |      |      |
|                                 | 3/14/01 |      | D/C IV line<br>8:30 AM. 1pk PCN<br>to send 30m (ing) PPH per<br>V per at T PPH per<br>DW perfed 50-8 PPH | <i>[Signature]</i>              |     |      |      |
|                                 |         |      |  | A X-LV (P) mlk TOOMV            |     |      |      |
|                                 |         |      |  | <i>[Signature]</i>              |     |      |      |

3/15/01  
00520

2485403 102883

FLETCHER, HELEN IRENE  
10/04/1923 L95-14-1475  
POLYMER RODCLO 5-203  
0321201 F-SUB

(IMPRINT PATIENT'S PLATE IN THIS SPACE)



CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

PHYSICIAN'S ORDERS

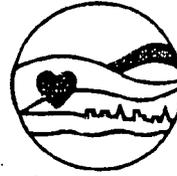
ALLERGIES

| ORDER NO. | DATE    | TIME | ORDERS   | HEIGHT: | WT. | SIGNATURE OF NURSE<br>NOTING/ORDER | DATE    | TIME   |
|-----------|---------|------|--|---------|-----|------------------------------------|---------|--------|
|           |         |      |  |         |     |                                    |         |        |
|           | 3/15/01 |      | OK for fentanyl T.C. 4   |         |     | <i>[Signature]</i>                 | 3/15/01 | 4:45   |
|           |         |      |  |         |     |                                    |         |        |
|           | 3/15/01 |      | 1 My Trough to<br>TUC if bed<br>is available.                        |         |     |                                    |         |        |
|           |         |      | 1 Opts order   |         |     |                                    |         |        |
|           |         |      | Physical therapy for<br>ambulation with<br>walker for foot<br>@ foot |         |     |                                    |         |        |
|           |         |      | F/u = to my office<br>15 about 1-2 weeks                             |         |     |                                    |         |        |
|           | 3/16/01 | 0043 |  |         |     | <i>[Signature]</i>                 | 3/15/01 | 1400pm |



2487403 102883

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 POLINTAN RODOLFO S 202  
 03/12/01 F SUR I



CLEARFIELD  
 HOSPITAL  
 GRAPHIC SHEET

KEY  
 X - Pulse  
 • - Temp.  
 AX - Axillary  
 R - Rectal

| DATE             |             | 3/12/01 |      |      | 3/13/01 |      |      | 3/14/01 |      |      | 3-15-01 |      |      | 3-16 |      |      |      |   |   |
|------------------|-------------|---------|------|------|---------|------|------|---------|------|------|---------|------|------|------|------|------|------|---|---|
| ADM/OR DAYS      |             | adm-OR  |      |      | 1-1     |      |      | 2-2     |      |      | 3-3     |      |      | 4-4  |      |      |      |   |   |
| ATB DAYS         |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| PULSE            | CENT. TEMP. | A.M.    |      |      | P.M.    |      |      | A.M.    |      |      | P.M.    |      |      | A.M. |      |      | P.M. |   |   |
|                  |             | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12   | 4    | 8    | 12   | 4 | 8 |
|                  | 41C         |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 160              |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 150              | 40          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 140              |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 130              | 39          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 120              |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 110              | 38          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 100              |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 90               | 37          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 80               |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 70               | 36          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 60               |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 50               | 35          |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| RESPIRATIONS     |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| BLOOD PRESSURE   |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| HT. 5'2" WT. 154 |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| INTAKE           |             | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 |      |   |   |
|                  | ORAL        |         | 720  | 180  | 420     | 540  | 100  | 1138    | 480  | 60   | 860     | 950  | 120  |      |      |      |      |   |   |
|                  | PARENTERAL  |         | 34   | 440  | 569     | 176  | 210  |         |      |      |         |      |      |      |      |      |      |   |   |
| 8 HR. TOTAL      |             |         | 1067 | 2860 | 989     | 716  | 310  | 1138    | 480  | 60   | 860     | 950  | 120  |      |      |      |      |   |   |
| OUTPUT           | URINE       |         | 850  | 400  | 825     | 900  | 200  | 575     | 700  | 800  | 500     | BR   | BR   |      |      |      |      |   |   |
|                  | 8-HR. TOTAL |         | 850  | 400  | 825     | 900  | 200  | 575     | 700  | 800  | 500     | BR   | BR   |      |      |      |      |   |   |
| STOOL            |             |         |      |      |         |      |      |         |      |      |         |      |      |      |      |      |      |   |   |
| 24 HR. SUM.      | INTAKE      |         | 1922 |      | 2015    |      |      | 1678    |      |      | 1930    |      |      |      |      |      |      |   |   |
|                  | OUTPUT      |         | 1250 |      | 1925    |      |      | 2075    |      |      | 5004    |      |      |      |      |      |      |   |   |

F°  
 105.8  
 104  
 102.2  
 100.4  
 98.6  
 96.8  
 95







LEARFIELD HOSPITAL

DATE INITIAL FREQUENCY, VOLUME or AMOUNT and ROUTE

| DATE    | INITIAL | FREQUENCY, VOLUME or AMOUNT and ROUTE  | AGE            | ALLERGIES (USE RED) & HOURS                     | PHYSICIAN                              | DIAGNOSIS | ADMISSION DATE |
|---------|---------|--|----------------|---|--|-----------|----------------|
| 3/12/01 | ROB     | PCA Morphine Subcut 5mg/1ml<br>Drug:<br>PCA dose: 1 mg                               | 11-7<br>11-3   | 3-11<br>10:45-12:30<br>10:45-12:30              | NO IV/M, PO Narcotics while PCA in use |           |                |
| 3/12/01 | ROB     | lockport interval 10 min<br>loading dose 3 mg<br>May repeat X 1                      |                |   |  |           |                |
| 3/12/01 | ROB     | Four hour limit<br>20 mg   |                |   |  |           |                |
| 3/12/01 | ROB     | q IV patient, increases<br>PCA dose to 1.5 mg  |                |   |  |           |                |
| 3/12/01 | ROB     | Compazine 5 mg   |                |   |  |           |                |
| 3/12/01 | ROB     | IM Olo 50 mg N/IV  |                |   |  |           |                |
| 3/12/01 | ROB     | Vitail 50 mg IM/PO   |                |   |  |           |                |
| ROB     |         | Olo pm nausea  |                |   |  |           |                |
| 3/12/01 | ROB     | Ion resp. rate < 8/min<br>STOP PCA<br>Nucam 0.1mg IV<br>Page Anesthesia on call stat |                |   |  |           |                |
| 3-14-01 | SON     | Huplex 500mg<br>Olo  | 13<br>10<br>12 | 3/11/01<br>3/11/01<br>3/11/01                   |  |           |                |
| 3/13/01 | UN      | Lovenox 30mg<br>SC q12   | 10             | 8:15<br>11:45-12:30<br>K5V<br>K5V<br>K5V<br>K5V |  |           |                |

LAST NAME: Fletcher, Helen

AGE: 77  
ALLERGIES: NKH

PHYSICIAN: RSP

DIAGNOSIS: RIF arth

ADMISSION DATE: 3/12

2407403  
202823  
FLETCHER, HELEN IRENE  
10/04/1925 190-14-1475  
POLITIAN ROBERTO S  
02/17/01



2407403 102883

NURSING ADMISSION ASSESSMENT

NURSING DATABASE  
CLEARFIELD HOSPITAL  
Clearfield, PA 16830

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
VOLUNTARY REGISTERED N 2002-  
03/12/01 F SUR I

Date 4/20/01 Time 5:00 Mode Amb W/C      Cart       
T 36 P 76 R 20 BP 121/70 Ht 5'2" Wt 157  
Age 77 Sex F

INTRODUCTORY INFORMATION

Chief Historian: SELF History Deferred (reason):       
Emergency Contact/Phone: Louise Kennedy - 765-4213  
Language Spoken: English Interpreter required: Y      N       
Reason for hospitalization/diagnosis: FX FIB TIB  
P/SO description/Health State/Concerns: GOOD

PAST/CURRENT MEDICAL HISTORY

ALLERGIES  
Drugs: NONE List/Explain Reaction       
Foods: NONE List/Explain Reaction       
Latex: NONE List/Explain Reaction       
Environmental: NONE List/Explain Reaction       
Blood Transfusion Y      N      Reaction: Y      N      Describe       
Smoke: Y      N      Social ETOH: Y      N      Drug Use: Y      N      Last Use      Nicotine Use: Y      N      Last Use     

PREVIOUS HOSP/SURGERY (List/Describe) 2001 JAN - Common Illac @ leg. Pneumonia  
MI - 1985 - 1986 PALMAREX - 1988 - ANEURYSM REPAIR  
FX Leg - 1990'S

PATIENT MEDICAL HISTORY  
Pulmonary Disease  Glaucoma  OTHER:       
Diabetes Mellitus  Skin Condition   
Hypertension  Seizures   
Heart Disease  Cancer   
Blood Disorder  Renal Disease   
Mental Illness  Bone Disorder   
CVA

|  | Name                 | Dose         | Frequency        | Comments / Reason for taking |
|--|----------------------|--------------|------------------|------------------------------|
| PRESCRIPTION MEDICATIONS   | 1. <u>Plavik</u>     | <u>750mg</u> | <u>QDAY</u>      | <u>    </u>                  |
|  | 2. <u>ISMO</u>       | <u>20mg</u>  | <u>BID</u>       | <u>    </u>                  |
|  | 3. <u>Rosom</u>      | <u>1mg</u>   | <u>QD</u>        | <u>    </u>                  |
|  | 4. <u>CALDEX SR</u>  | <u>30mg</u>  | <u>BID</u>       | <u>    </u>                  |
|  | 5. <u>PREVICID</u>   | <u>30mg</u>  | <u>BID</u>       | <u>    </u>                  |
|  | 6. <u>Laxie</u>      | <u>40mg</u>  | <u>1xam 1xpm</u> | <u>    </u>                  |
| PRESCRIPTION AND OVER COUNTER MEDICATIONS INCLUDE HERBAL MEDICATIONS | 7. <u>DANOCETIN</u>  | <u>    </u>  | <u>(PRN)</u>     | <u>    </u>                  |
|  | 8. <u>ATENOLOL</u>   | <u>25mg</u>  | <u>QDAY</u>      | <u>    </u>                  |
|  | 9. <u>Lipitor</u>    | <u>20mg</u>  | <u>QDAY</u>      | <u>    </u>                  |
|  | 10. <u>K-DUR</u>     | <u>20mg</u>  | <u>BID</u>       | <u>    </u>                  |
|  | 11. <u>VITAMIN</u>   | <u>50mg</u>  | <u>TID (PRN)</u> | <u>    </u>                  |
|  | 12. <u>NTA SPRAY</u> | <u>    </u>  | <u>PRN</u>       | <u>    </u>                  |
|  | 13.                  | <u>    </u>  | <u>    </u>      | <u>    </u>                  |
|  | 14.                  | <u>    </u>  | <u>    </u>      | <u>    </u>                  |
| CURRENT MEDICAL TREATMENTS   | Treatment/Therapy    | Duration     | Reason/Status    |                              |
|  |                      |              |                  |                              |

**SCREENING CRITERIA** 2487403 102883  
 (PLEASE CHECK ALL THAT APPLY)

**SUSPECTED ABUSE:**

- Adult/Child:  Failure to thrive (Home/environmental/i.e. nutritional needs)  
 Unusual/suspicious marks (i.e. burns, bruises, welts, lacerations, punctures)  
 Emotional concerns  
 Neglect  
 Physical Injury  
 Psychological  
 Sexual abuse
- Domestic Violence:  
 Patient verbalizes needs for assistance  
 Patient referred to Patient Family Services

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**DISCHARGE PLANNING:**

- #17  No Identified Needs *error 4/12/01*  
 Supportive services needed upon discharge (med. equip, HH)  
 Alternate living arrangements (i.e. isolation, inability to care for self)  
 Financial assistance required to follow treatment  
 Readmission within 30 days  
 Request further information on advanced directories

**NUTRITION:**

- No Identified Needs
- |   |  |
|---|--|
| <input type="checkbox"/> Feeding Tube     | <input type="checkbox"/> Nausea/vomiting                       |
| <input type="checkbox"/> Chemo/radiation  | <input type="checkbox"/> Poor appetite                         |
| <input type="checkbox"/> Pressure ulcer   | <input type="checkbox"/> Weight loss                           |
| <input type="checkbox"/> Sore mouth       | <input type="checkbox"/> Weight gain                           |
| <input type="checkbox"/> Oral supplements | <input type="checkbox"/> Obesity                               |
|   | <input type="checkbox"/> Trouble chewing, swallowing & choking |

**FUNCTIONAL:**

No Identified Needs

**PHYSICAL THERAPY**

**New onset**

- Difficulty getting out of bed
- Walks with support
- Unsteady ambulation
- Joint pain or stiffness
- Change in mobility
- Range of motion limitations
- Stands with support
- Weakness of U.E. or L.E.

No Identified Needs

**OCCUPATIONAL THERAPY**

**New onset**

- Difficulty feeding self
- Difficulty bathing self
- Difficulty dressing self
- Questionable safety/independent function for return home
- Limited arm strength/mobility to perform self care
- Limited hand coordination to perform self care
- Hand function limited by contractures/splinting needs

No Identified Needs

**SPEECH THERAPY**

**New onset**

- Difficulty reading
- Difficulty speaking
- Difficulty swallowing
- Difficulty expressing self
- Difficulty understanding
- Cognitive deficits (memory, reasoning, problem solving)

**CARDIOPULMONARY:**

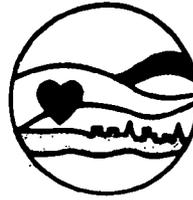
No Identified Needs

**New Onset**

- Dyspnea/shortness of breath
- History of COPD/asthma
- Home oxygen or bronchodilator therapy
- Difficulty mobilizing secretions
- Abnormal blood gases or pulse oximetry
- Abnormal chest x-ray
- Abnormal or thoracic surgery
- Artificial airway

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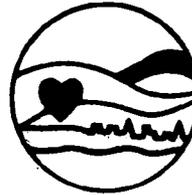
809 TURNPIKE AVE.  
 CLEARFIELD, PA 16830

| DATE: 3-12-01            |          | ASSESSMENT FLOW SHEET                                |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
|--------------------------|----------|--|---|---|----|----|----|---|---|---|---|---|---|-------------|---|---|----|----|----|---|---|---|---|---|---|
| ASSESSMENT COMPLETED     | TIME     | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
|                          | INITIALS |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>NEUROLOGICAL</b>      |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. LOC/Mental Status     |          | A+OX3  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| C. Patient Education     |          | Oriented to Rm.                                      |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>CARDIOVASCULAR</b>    |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Color/Condition  |          | Pale W/D   |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B. Peripheral Pulses     |          | ⊕ Pedal - Had spinal - Sensation to thighs Bilateral |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| C. IV                    |          | LR 80 - SL Removed (R) AC. space - Catheter intact   |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| D.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| E.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>RESPIRATORY</b>       |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Breathing Pattern     |          | Resp easy  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B. Lung Sounds           |          | Clear  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>GASTROINTESTINAL</b>  |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Abd. Appearance       |          | Soft Non tender                                      |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B. Bowel Sounds          |          | ⊕  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>GENITOURINARY</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Urine                 |          | Foley intact & Patent - Draining yellow urine        |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>INTEGUMENTARY</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Integrity        |          | Jaw turgor   |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B. Wound/Dressing        |          | Act c posterior cast                                 |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>PSYCHOLOGICAL</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. General Status        |          | Pleasant - Co-operative                              |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B. Pain Intensity Rating |          | Denies Pain.   |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| <b>MUSCULOSKELETAL</b>   |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7           | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. ROM/Activity          |          | Limited  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |    |    |   |   |   |   |   |   |             |   |   |    |    |    |   |   |   |   |   |   |
| Nurses Signature         |          | [Signature]  |   |   |    |    |    |   |   |   |   |   |   | [Signature] |   |   |    |    |    |   |   |   |   |   |   |
|                          |          | [Signature]  |   |   |    |    |    |   |   |   |   |   |   | [Signature] |   |   |    |    |    |   |   |   |   |   |   |



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| DATE: 3/13/01            |          | ASSESSMENT FLOW SHEET  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
|--------------------------|----------|--|---|---|----|----|----|---|---|-------------|----|---|---|----|----|----|----|-------------|----|---|---|---|---|---|---|
| ASSESSMENT COMPLETED     | TIME     | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
|                          | INITIALS | RV   |   |   |    | RV | RV |   |   | RV          | RV |   |   | RV | RV | RV |    |             |    |   |   |   |   |   |   |
| <b>NEUROLOGICAL</b>      |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. LOC/Mental Status     |          | Alert Oriented x3. Consciousness appropriate                         |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| C. Patient Education     |          | See teaching sheet   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>CARDIOVASCULAR</b>    |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Color/Condition  |          | Skin warm + dry. Color pale pink. No cyanosis                        |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B. Peripheral Pulses     |          | Apsulse neg + distal. Peripheral pulses palpable. No ed              |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| C.                       |          | pedal edema. R toes warm + pink - sensation + - mobility +           |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| D.                       |          | good cap refill - denies numbness + tingling                         |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| E.                       |          | JVR @ 80cc/10 min including R thumb area - sets 3 diuretics + volume |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>RESPIRATORY</b>       |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Breathing Pattern     |          | Resp. neg + easy   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B. Lung Sounds           |          | Lung sound clear bilaterally   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>GASTROINTESTINAL</b>  |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Abd. Appearance       |          | Abdomen soft + non tender  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B. Bowel Sounds          |          | BST in all 4 quadrants   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| C.                       |          | Reports last BM was 3/12   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>GENITOURINARY</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Urine                 |          | Short void since cath removal @ 6 AM                                 |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>INTEGUMENTARY</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Integrity        |          | Larger fair. No open areas noted. Splint + ace wrap intact           |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B. Wound/Dressing        |          | at lower leg. No drainage noted on ace wrap                          |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>PSYCHOLOGICAL</b>     |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. General Status        |          | Pleasant, cooperative  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B. Pain Intensity Rating |          | Chest Pain. Rate pain a "10" Use of P/A Mx encouraged                |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| <b>MUSCULOSKELETAL</b>   |          | 7  | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3           | 4  | 5 | 6 | 7  | 8  | 9  | 10 | 11          | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. ROM/Activity          |          | MAE to start PT today for ambulation - toe touch at                  |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| B.                       |          | Rt leg T on pillow   |   |   |    |    |    |   |   |             |    |   |   |    |    |    |    |             |    |   |   |   |   |   |   |
| Nurses Signature         |          | R. Ogden RN  |   |   |    |    |    |   |   | R. Ogden RN |    |   |   |    |    |    |    | R. Ogden RN |    |   |   |   |   |   |   |

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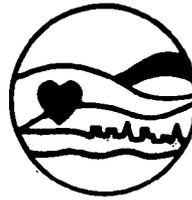
Clearfield  
 Hospital

NURSING PROGRESS RECORD

| DATE    | TIME  |      |   |
|---------|-------|------|---|
| 3/13/01 | 340 P |      | Write patient PCA @ pain relief. (R) foot T. neurovascular<br>✓ wnl <span style="float: right;">ROGden</span>   |
| 3/13/01 | 6P    |      | pt took 50% of diet <span style="float: right;">RODN</span>   |
| 3/13/01 | 800   |      | A-38.3 2 + 4/100 / GRIPs given to pt  |
| 3/13/01 | 900 P | EOSS | OOB on BSC. Will monitor<br>maintain all protocols continue<br>5 to 6%. Leg on pillow. <span style="float: right;">RODN</span>  |
| 3/13/01 | 930 P |      | PCA cleared for 6.4mg <span style="float: right;">RODN</span>   |
| 3/14/01 | 12A   |      | duration easily. LR @ KVO infusing 5 complication.<br>PCA MSO4 adequately controlling pain. ace<br>wrap to RLE d: I. Color, motion & sensation<br>wnl (R) foot. RLE elevated on pillow. <span style="float: right;">RODN</span> |
|         | 230 P |      | COB to BSC & minimal assist of i. <span style="float: right;">RODN</span>   |
| 3/14/01 | 530 A | EOSS | Pt alert comfortably this shift. PCA MSO4<br>adequately controlling pain long used.<br>ace bandage dry and intact. Voiding is<br>difficulty in BSC. LR @ KVO infusing 5<br>signs of complication. Continue current protocols    |

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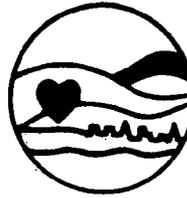
809 TURNPIKE AVE.  
 CLEARFIELD, PA 16830

| DATE: 3/14/01            |          | ASSESSMENT FLOW SHEET  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
|--------------------------|----------|--|---|---|----|------|----|---|----|----|---|----|---|---|---|---|----|----|----|---|---|---|---|---|---|
| ASSESSMENT COMPLETED     | TIME     | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
|                          | INITIALS | AD   |   |   | AD | (AD) |    |   | AD | JS |   | KK |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>NEUROLOGICAL</b>      |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. LOC/Mental Status     |          | Alert Oriented x3. Conversing approp   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C. Patient Education     |          | See teaching sheet   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>CARDIOVASCULAR</b>    |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Color/Condition  |          | Skin warm & dry. Color pale.   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Peripheral Pulses     |          | A pulse neg + weak. Peripheral pulses palpable to lt pedal edema. Rt toes warm & pink - sensation + mobility +                                     |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          | diminished numbness + tingling - good cap refill. R/L lat on pedal   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| D.                       |          | TULR @ KVO neg. Impending at wrist. SMI 5 redness + edema  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| E.                       |          |  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>RESPIRATORY</b>       |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Breathing Pattern     |          | Resp. neg + easy   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Lung Sounds           |          | Lung sound clear bilaterally   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          | Use of IS encouraged   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>GASTROINTESTINAL</b>  |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Abd. Appearance       |          | Abdomen softly distended   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Bowel Sounds          |          | BS+ in all 4 quadrants   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          | Reports last BM was Monday   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>GENITOURINARY</b>     |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Urine                 |          | States voiding w difficulty. Diminished burning + dribbling  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          |  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>INTEGUMENTARY</b>     |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Integrity        |          | Sole of feet good. No open areas noted. Splint + ace wrap  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Wound/Dressing        |          | intact at lower leg  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                       |          |  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>PSYCHOLOGICAL</b>     |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. General Status        |          | Pleasant Cooperative   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Pain Intensity Rating |          | Pain at ankle - rating pain a "4" Encouraged to use PCA  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>MUSCULOSKELETAL</b>   |          | 7  | 8 | 9 | 10 | 11   | 12 | 1 | 2  | 3  | 4 | 5  | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. ROM/Activity          |          | MAE. Sit OIB + BSC to assist w/ ambulation. Sheel PT in ambulation   |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                       |          | to walk. Has cast boot - weight bearing - toe touch  |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |
| Nurses Signature         |          | <div style="display: flex; justify-content: space-between;"> <span>H. Hiltner</span> <span>R. D. [unclear]</span> <span>J. [unclear]</span> </div> |   |   |    |      |    |   |    |    |   |    |   |   |   |   |    |    |    |   |   |   |   |   |   |



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FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 POLYNIAN RODOLFO S 202 A-  
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Clearfield  
 Hospital

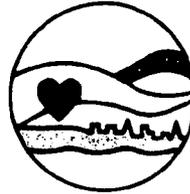
809 TURNPIKE AVE.  
 CLEARFIELD, PA 16830

| DATE: 3/15/01            |          | ASSESSMENT FLOW SHEET   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
|--------------------------|----------|---|---|---|----|----|----|----|----|-------------|-----|---|---|----|---|---|----|----------------------|----|---|---|---|---|---|---|
| ASSESSMENT COMPLETED     | TIME     | 7   | 8 | 9 | 10 | 11 | 12 | 1  | 2  | 3           | 4   | 5 | 6 | 7  | 8 | 9 | 10 | 11                   | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
|                          | INITIALS | RI  |   |   |    | AI |    | BI | PO | HSD         | HSD |   |   | He |   |   |    |                      |    |   |   |   |   |   |   |
| <b>NEUROLOGICAL</b>      |          | Alert Oriented x3. Conversing approp.   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. LOC/Mental Status     |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| C. Patient Education     |          | See tracking sheet  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>CARDIOVASCULAR</b>    |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. Skin Color/Condition  |          | Skin warm + dry. Color pale.  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B. Peripheral Pulses     |          | A pulse 94 + 4/4. Peripheral pulses palpable. No lt pedal edema. Rt toes warm + pink - Sensation + - mobility + - cap refill < 2 sec - denies numbness + tingling |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| C.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| D.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| E.                       |          | D + U access  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>RESPIRATORY</b>       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. Breathing Pattern     |          | Resp reg + easy   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B. Lung Sounds           |          | Lungs sound clear bilaterally   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| C.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>GASTROINTESTINAL</b>  |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. Abd. Appearance       |          | Abdomen softly distended  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B. Bowel Sounds          |          | BS + in all 4 quadrants   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| C.                       |          | Reports scant BM yesterday  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>GENITOURINARY</b>     |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. Urine                 |          | States voiding with difficulty. Denies burning + freq.  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>INTEGUMENTARY</b>     |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. Skin Integrity        |          | Lungs fairly good. No open areas noted. Splint + ace wrap to rt lower leg. No drainage noted on ace wrap  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B. Wound/Dressing        |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| C.                       |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>PSYCHOLOGICAL</b>     |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. General Status        |          | Pleasant, Cooperative.  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B. Pain Intensity Rating |          | Chin at ankle - notes pain a "4"  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>MUSCULOSKELETAL</b>   |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| A. ROM/Activity          |          | PNE. Short PT for ambulation + walker TT RLE.   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| B.                       |          | has cast (cast at right on pillow)  |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    |                      |    |   |   |   |   |   |   |
| <b>Nurses Signature</b>  |          | K. Williams RN  |   |   |    |    |    |    |    | K. Ocker RN |     |   |   |    |   |   |    | Clem Adams RN        |    |   |   |   |   |   |   |
|                          |          |   |   |   |    |    |    |    |    | HSE         |     |   |   |    |   |   |    | R. Barger RN         |    |   |   |   |   |   |   |
|                          |          |   |   |   |    |    |    |    |    |             |     |   |   |    |   |   |    | Helen Irene Fletcher |    |   |   |   |   |   |   |



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FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 POLINTAN RODOLFO S 202 A-  
 03/12/01 F SUR 1



Clearfield  
 Hospital

809 TURNPIKE AVE.  
 CLEARFIELD, PA 16830

| DATE: 3-16-01           |          | ASSESSMENT FLOW SHEET  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
|-------------------------|----------|--|---|----|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|---|---|---|---|---|---|
| ASSESSMENT COMPLETED    | TIME     | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
|                         | INITIALS | HA   |   | MA |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>NEUROLOGICAL</b>     |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. LOC/Mental Status    |          | Alert & Oriented x3  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                      |          |  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C. Patient Education    |          | Ree Recorders - Waves understanding  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>CARDIOVASCULAR</b>   |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Color/Condition |          | Color pink skin pale AR Neg WNR  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Peripheral Pulses    |          | bil Radial, pedal pulses present   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                      |          | No peripheral edema Rt feet warm pink  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| D.                      |          | Good sensation - moves toes Rapid capillary                                      |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| E.                      |          | Refill No IV access  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>RESPIRATORY</b>      |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Breathing Pattern    |          | Resp Regular unlabored   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Lung Sounds          |          | Clear bil  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                      |          |  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>GASTROINTESTINAL</b> |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Abd. Appearance      |          | Soft Non-tender  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Bowel Sounds         |          | Rebent x4 quads  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                      |          | BM 3/15  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>GENITOURINARY</b>    |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Urine                |          | Voiding is difficult   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                      |          |  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>INTEGUMENTARY</b>    |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. Skin Integrity       |          | Skin to wear good  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Wound/Dressing       |          | Posterior Bilateral a Dress Bandage to set closer leg & ankle - Rt leg in pillow |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| C.                      |          |  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>PSYCHOLOGICAL</b>    |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. General Status       |          | Pleasant & cooperative   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B. Pain/Anxiety         |          | C/o pain w/ ankle  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| <b>MUSCULOSKELETAL</b>  |          | 7  | 8 | 9  | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 |
| A. ROM/Activity         |          | Full ROM arms & c/ft leg   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| B.                      |          | Ambulates to BR in walker some assist  |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |
| Nurses Signature        |          | A. Heath   |   |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |   |   |   |   |   |   |

CLEARFIELD HOSPITAL  
 DEPARTMENT OF NURSING  
 NURSING PROTOCOLS FLOWSHEET

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FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
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STANDARD OF CARE (DRG):

Protocol Documentation

| ENTER PROTOCOL TITLE                               | Start Time<br>RN | 3-12 |   |    | 3-13 |   |    | 3-14 |   |    | 3-15 |   |    | 3-16 |   |    |
|--|------------------|------|---|----|------|---|----|------|---|----|------|---|----|------|---|----|
|  |                  | D    | E | N  | D    | E | N  | D    | E | N  | D    | E | N  | D    | E | N  |
| 1. Physiologic Monitoring/Hygiene/Comfort          | /                | MB   | R | DB |
| 2. Alteration in Skin/Tissue Integrity (Potential) | /                | MB   | R | DB |
| 3. Cardiac Catheterization                         | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 4. Confusion/Agitation                             | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 5. Fall/Injury Prevention                          | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 6. GI Intubation                                   | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 7. GU Intubation                                   | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 8. Immobility                                      | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 9. Oxygen Therapy                                  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 10. Peripheral IV Therapy                          | /                | MB   | R | DB |
| 11. Pre-Operative                                  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 12. Post-Operative                                 | /                | MB   | R | DB |
| 13. Patient Controlled Analgesia                   | /                | MB   | R | DB |
| 14. Tube Feeding                                   | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 15. Alteration in Nutrition/Elimination            | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 16. Restraint Management                           | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 17. Isolation Management                           | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 18.  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 19.  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 20.  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |
| 21.  | /                |      |   |    |      |   |    |      |   |    |      |   |    |      |   |    |

Final

FLETCHER, HELEN IRENE

Patient MRN: 102883

Patient ID: 2487403

Age: 77 Years

Svc: SURGERY

POLINTAN, RODOLFO S

Diagnosis:

Report for: MR

Orgz: 2FLR

Loc:

Race: 1

Sex: F

CLEARFIELD HOSPITAL

809 Turnpike Ave

PO Box 992

Clearfield, Pa 16830

Michael F. Reed, M.D.

(814) 768-2280

CHEMISTRY  
GENERAL CHEMISTRY

| TESTS         | 03/12/2001<br>12:40 | REFERENCE<br>RANGES | UNITS OF<br>MEASURE |
|---------------|---------------------|---------------------|---------------------|
| SODIUM        | 141.6               | 133-143             | MMOL/L              |
| POTASSIUM     | 4.68                | 3.3-4.8             | MMOL/L              |
| CHLORIDE      | 103.6               | 103-112             | MMOL/L              |
| TOTAL CO2     | 29.2                | 22-35               | MMOL/L              |
| GLUCOSE       | 120 H               | 70-115              | MG/DL               |
| BUN           | 15                  | 5-25                | MG/DL               |
| CREATININE    | 1.0                 | 0.5-1.4             | MG/DL               |
| CALCIUM       | 9.1                 | 8.5-10.4            | MG/DL               |
| ANION GAP     | 8.8                 |                     |                     |
| BUN/CRE RATIO | 15.0                |                     |                     |
| OSMO (CALC)   | 284                 |                     |                     |

HEMATOLOGY  
AUTOMATED HEMATOLOGY

| TESTS           | 03/12/2001<br>12:40 | REFERENCE<br>RANGES | UNITS OF<br>MEASURE |
|-----------------|---------------------|---------------------|---------------------|
| WBC             | 6.40                | 4.80-10.80          | X 10E3/uL           |
| RBC             | 4.06 L              | 4.20-5.40           | X 10E6/uL           |
| HGB             | 11.9 L              | 12.0-16.0           | G/DL                |
| HCT             | 36.0 L              | 37.0-47.0           | %                   |
| MCV             | 88.7                | 81.0-99.0           | FL                  |
| MCH             | 29.3                | 27.0-31.0           | PG                  |
| MCHC            | 33.1                | 33.0-37.0           | %                   |
| RDW             | 14.4                | 11.5-14.5           | %                   |
| PLATELETS       | 234                 | 130-400             | X 10E3/uL           |
| SEG NEUTROPHILS | 65.0                | 40-74               | %                   |
| LYMPHOCYTES     | 24.5                | 19-48               | %                   |
| MONOCYTES       | 7.37                | 3.4-9.0             | %                   |
| EOSINOPHILS     | 2.73                | 0-7                 | %                   |
| BASOPHILS       | .398                | 0.0-1.5             | %                   |
| ABS NEUTROPHILS | 4.15                | 1.90-8.00           | X 10E3/uL           |
| ABS LYMPHOCYTES | 1.57                | 0.90-5.20           | X 10E3/uL           |
| ABS MONOCYTES   | .472                | 0.16-1.00           | X 10E3/uL           |
| ABS EOSINOPHILS | .175                | 0.00-0.80           | X 10E3/uL           |
| ABS BASOPHILS   | .025                | 0.00-0.20           | X 10E3/uL           |

Key: H: High L: Low AB: Abnormal UN: Unknown HA: AttnHigh LA: AttnLow A: Attn  
UA: Unknown H\*: Critical High L\*: Critical Low \*: Critical UP: Unknown []: New Result

As of: 03/16/01 17:33

Discharged: 03/16/2001

Page: 1 of 1

**CLEARFIEL HOSPITAL**  
**IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |               |                |
|----------|------------------------------|-----------|---------------|----------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b> |                |
| AGE:     | 77 SEX: F                    | ADM#:     | 43198758      | EMR            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-        |                |
| ORD DR:  | SHAW, MARK R                 | PT CLASS: | ED            |                |
| ATT DR:  | SHAW, MARK R                 | PT TYPE:  | E             | FC: I          |
| ALT DR:  | DAVIDSON, JAMES P            | HOSP SVC: | E/D           | ORDER #: 90028 |

---

REFERRING DIAGNOSIS: INJ FOOT  
T4

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

**HISTORY/ COMMENTS: FELL. TWISTED ANKLE. C/O PAIN LATERAL MALLEOLUS WITH SWELLING.  
@1140**

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: NO

NO. OF FILMS: 4

FLUORO TIME:

**ORDER #: 90028**

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

Trimalleolar fracture is seen involving the distal fibula and tibia. No significant displacement is noted.

**03/12/2001 HEEL CALCANEUS COMPLETE RIGHT 73650**

PROCEDURE ENDED: 03/12/2001 11:39 Initials: CAW

No fracture of the calcaneus is seen.

**IMPRESSION:** Trimalleolar fracture right ankle.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: PAR 03/12/2001 12:31PM

CLEARFIEL HOSPITAL  
IMAGING DEPARTMENT

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE** MR #: **102883**  
AGE: 77 SEX: F ADM#: 2487403  
DOB: 10/04/1923 ROOM/BED: 202 A-  
ORD DR: SHAW, MARK R PT CLASS: IN  
ATT DR: POLINTAN, RODOLFO S PT TYPE: S FC: I  
ALT DR: POLINTAN, RODOLFO S HOSP SVC: SUR ORDER #: 90029

---

REFERRING DIAGNOSIS: PRE OP  
CR

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

HISTORY/ COMMENTS: NO CHEST COMPLAINTS, PRE OP @13:20

IS PATIENT PREGNANT? NO

LMP:

SHIELDED: N

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90029

**03/12/2001 CHEST TWO VIEW FRONTAL/LATERAL 71020**

PROCEDURE ENDED: 03/12/2001 13:14 Initials: ARW

Wire sternal sutures, clips, and pacemaker are seen. Heart is mildly enlarged but stable. No evidence of failure is seen. Vascular calcification is present in the aorta. Lungs are clear.

IMPRESSION: Stable mild cardiomegaly status post CABG and pacemaker placement.  
No acute change when compared to the previous study of 1/24/01.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 02:35PM

CLEARFIEL HOSPITAL  
IMAGING DEPARTMENT

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE** MR #: **102883**  
AGE: 77 SEX: F ADM#: 2487403  
DOB: 10/04/1923 ROOM/BED: 202 A-  
ORD DR: POLINTAN, RODOLFO S PT CLASS: IN  
ATT DR: POLINTAN, RODOLFO S PT TYPE: S FC: I  
ALT DR: POLINTAN, RODOLFO S HOSP SVC: SUR ORDER #: 90030

---

REFERRING DIAGNOSIS: ORIF R ANKLE

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

**HISTORY/ COMMENTS: ORIF 11 SEC**

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: 2

FLUORO TIME: 11 SEC

**ORDER #: 90030**

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Internal fixation with two screws through the fracture of the medial malleolus are now seen.

**03/12/2001 FLUOROSCOPY TIME <1 HOUR 76000**

PROCEDURE ENDED: 03/12/2001 15:29 Initials: JAP

Eleven seconds of fluoroscopic time were utilized.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: **DAVID L. OBLEY, M.D.**  
TRANSCRIBED BY: MMB 03/12/2001 04:11PM

CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: | 202 A-             |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90031 |

---

REFERRING DIAGNOSIS: ORIF RT ANKLE

CONTRAST DOCUMENTATION:

BRAND: AMT: BY:

**HISTORY/ COMMENTS: POST ORIF @16:00**

IS PATIENT PREGNANT?

LMP:

SHIELDED:

NO. OF FILMS: 3

FLUORO TIME:

ORDER #: 90031

**03/12/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/12/2001 15:51 Initials: JAP

Cast is now in place. Internal fixation has been obtained with two screws through the medial malleolar fracture.

  
READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MMB 03/12/2001 04:20PM

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

PATIENT: **FLETCHER, HELEN IRENE** MR #: **102883**  
AGE: 77 SEX: F ADM#: 2487403  
DOB: 10/04/1923 ROOM/BED: 202 A-  
ORD DR: POLINTAN, RODOLFO S PT CLASS: IN  
ATT DR: POLINTAN, RODOLFO S PT TYPE: S FC: I  
ALT DR: POLINTAN, RODOLFO S HOSP SVC: SUR ORDER #: 90033

---

REFERRING DIAGNOSIS: RX R ANKLE  
PLEASE DO TODAY

CONTRAST DOCUMENTATION:  
BRAND: AMT: BY:

HISTORY/ COMMENTS: F/U @1000

IS PATIENT PREGNANT? NA

LMP:

SHIELDED: N

NO. OF FILMS: 2

FLUORO TIME:

ORDER #: 90033

**03/14/2001 ANKLE COMPLETE RIGHT 73610**

PROCEDURE ENDED: 03/14/2001 09:50 Initials: CAW

Posterior splint is in place. Internal fixation with the two screws through the medial malleolus are seen. Fracture of the lateral malleolus remains unchanged in position.

READING DOCTOR: DAVID L. OBLEY, M.D.  
ELECTRONICALLY SIGNED: DAVID L. OBLEY, M.D.  
TRANSCRIBED BY: MAP 03/14/2001 11:25AM

**CLEARFIELD HOSPITAL  
IMAGING DEPARTMENT**

(814) 768 - 2275

|          |                              |           |                    |
|----------|------------------------------|-----------|--------------------|
| PATIENT: | <b>FLETCHER, HELEN IRENE</b> | MR #:     | <b>102883</b>      |
| AGE:     | 77 SEX: F                    | ADM#:     | 2487403            |
| DOB:     | 10/04/1923                   | ROOM/BED: |                    |
| ORD DR:  | POLINTAN, RODOLFO S          | PT CLASS: | IN                 |
| ATT DR:  | POLINTAN, RODOLFO S          | PT TYPE:  | S FC: I            |
| ALT DR:  | POLINTAN, RODOLFO S          | HOSP SVC: | SUR ORDER #: 90034 |

---

REFERRING DIAGNOSIS: FX R ANKLE HAVE RAD CALL RSP  
OFFICE W/RESULTS MAY REMOVE SPLINT WHEN DOING SCAN  
THEN REAPPLY

**HISTORY/ COMMENTS:**

NO. OF FILMS: 2

ORDER #: 90034

**03/16/2001 US EXTREMITY VEINS BILAT 93970**

PROCEDURE ENDED: 03/16/2001 09:25 Initials: MAL

Combining two dimensional imaging with pulsed doppler, audio, spectral and color flow analysis, the deep venous systems of the lower extremities were evaluated.

There is excellent compression of the deep venous structures. Normal venous waveforms are found. Normal response to digital augmentation is demonstrated.

IMPRESSION: Normal study. No evidence for deep vein thrombosis.

READING DOCTOR: ALFRED B. COREN, M.D.  
ELECTRONICALLY SIGNED: **ALFRED B. COREN, M.D.**  
TRANSCRIBED BY: MAP 03/16/2001 10:15AM

**PRE ANESTHESIA EVALUATION**

DATE: 3/12/01 TIME: 1345 AGE: 77  
 ALLERGIES: NKA  
 INFORMANT: P  
 LEVEL OF CONSCIOUSNESS: Alert

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: 156/94 P: 76 R: \_\_\_\_\_

**RESPIRATORY SYSTEM** Denies symptoms  
 Asthma  
 COPD  
 Smoking  
 Chest X-ray

CHEST CLEAR

**CARDIOVASCULAR SYSTEM** Denies symptoms  
 Palpitations  
 Hypertension  
MI  
 ASCVD  
 Arrhythmia  
 Exertional Dyspnea  
 Angina  
 S/P CABG & THORACIC ANGIOPLASTY  
 S/P PACEM  
 FEMORAL ANGIOPLASTY - STENT 2/01

ECG Findings: A.V. SEPT PACING

**GASTROINTESTINAL SYSTEM** Denies symptoms  
 Hiatal hernia  
 Ulcers  
 Reflux/Gastritis  
 NPO  
 BREAKFAST OK

**NEUROLOGICAL SYSTEM** Denies symptoms  
 TIA  
 CVA  
 Seizure Disorder  
 Paresis

**RENAL SYSTEM** Denies symptoms  
 Renal Insufficiency  
 Urinary tract infection

**POST ANESTHESIA NOTE**  
 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 No Anesthesia Complications  
 CONDITION:  
 SATISFACTORY                      SERIOUS  
 FAIR                                      CRITICAL  
 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_

2487403 102883

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-147-  
 POLINTAN RODOLFO S 202 A-  
 03/12/01 F SUR 1

**HEPATIC SYSTEM / METABOLIC DISORDERS**  
 Hepatitis  
 Drug abuse  
 Alcohol abuse  
 NIDDM  
 Pregnancy  
 Thyroid  
 Obesity  
 IDDM  
Denies symptoms

**MUSCULOSKELETAL SYSTEM** Denies symptoms  
 Neck injury  
 Neck surgery  
 Chronic back pain  
 Arthritis  
 Fx ANKLE  
 Muscle Disease

**PREVIOUS ANESTHESIA HISTORY**  
 No prior surgery/anesthesia  
 No previous anesthesia complications  
 Previous complications:  
CAT EXT / PACEM / HYSTER

Family Hx of anesthesia complications None  
 Malignant Hyperthermia

**AIRWAY** WNL

**PRESENT DRUG THERAPY** None \*  
ATENOLOL / ISMO / CARDONE SR  
LASIX / K+ / PRAVASTATIN  
PROSCOM / ULTRAM / PIPITOR

**PERTINENT LAB RESULTS:** Positive  
 $\frac{11.9}{36.0} <$   $\frac{142}{4.7} <$   $\frac{15}{1.0}$

**ANESTHESIA** PS 1 2 3 4 5 6  
 1. GA  
 2. Spinal  
 3. Epidural  
 4. I.V. Regional  
 5. MAC  
 6. Other  
 Rapid Sequence  
 SIGNATURE: \_\_\_\_\_

*Handwritten notes at top right of page.*

**CLEARFIELD HOSPITAL - POST ANESTHESIA CARE UNIT RECORD**

**ALLERGIES:** NK

| Hour  | Resp | Pulse | Blood Pressure |
|-------|------|-------|----------------|
| 15:44 | 15   | 110   | 110/70         |
| 15:45 | 15   | 110   | 110/70         |
| 15:46 | 15   | 110   | 110/70         |
| 15:47 | 15   | 110   | 110/70         |
| 15:48 | 15   | 110   | 110/70         |
| 15:49 | 15   | 110   | 110/70         |
| 15:50 | 15   | 110   | 110/70         |
| 15:51 | 15   | 110   | 110/70         |
| 15:52 | 15   | 110   | 110/70         |
| 15:53 | 15   | 110   | 110/70         |
| 15:54 | 15   | 110   | 110/70         |
| 15:55 | 15   | 110   | 110/70         |
| 15:56 | 15   | 110   | 110/70         |
| 15:57 | 15   | 110   | 110/70         |
| 15:58 | 15   | 110   | 110/70         |
| 15:59 | 15   | 110   | 110/70         |
| 16:00 | 15   | 110   | 110/70         |

**AIRWAY:** YES  NO  TIME DC/D: \_\_\_\_\_

**NASAL:** \_\_\_\_\_

**ORAL:** \_\_\_\_\_

**E.T.:** \_\_\_\_\_

**O<sub>2</sub> THERAPY:** BEGIN: 15 END: 16/16

**N.C. AT:** 3 L/MIN

**FACE MASK AT:** \_\_\_\_\_

**FLUID THERAPY:** \_\_\_\_\_

**IV SITE:** Right Radial

**ENTERED WITH:** OR K code

**ADDED IN R.R.:** \_\_\_\_\_

**TOTAL REC'D IN R.R.:** 50cc

| POST ANESTHESIA R. SCORE | TIME  | DRUG | DOSE | ROUTE | INITIAL | EVALUATION |
|--------------------------|-------|------|------|-------|---------|------------|
| I                        | 15:54 | 100  | 100  | IV    | TR      | 100        |
| II                       | 15:54 | 100  | 100  | IV    | TR      | 100        |
| III                      | 15:54 | 100  | 100  | IV    | TR      | 100        |
| IV                       | 15:54 | 100  | 100  | IV    | TR      | 100        |
| V                        | 15:54 | 100  | 100  | IV    | TR      | 100        |

**Cardiac Monitor:** Permanent Pacemaker (A-V Sequential) Paced at 75

**Anesthesia:** General  Spinal  Epidural  Block  M.A.C.  IV Sedation

**Surgical Procedure:** DRIF Rx (R) Ankle

**Comments:** Pre-Op NPO. Patient alert & oriented. Drainage empytic. Piloerect. Post-op stable. No nausea. No vomiting. No chest pain. No SOB. No dyspnea. No tachycardia. No bradycardia. No hypotension. No hypertension. No hyperkalemia. No hypokalemia. No hypernatremia. No hyponatremia. No hypercalcemia. No hypocalcemia. No hypermagnesemia. No hypomagnesemia. No hyperphosphatemia. No hypophosphatemia. No hyperuricemia. No hypouricemia. No hyperglycemia. No hypoglycemia. No hyperbilirubinemia. No hypobilirubinemia. No hypercreatininemia. No hypocreatininemia. No hyperamylasemia. No hyporamylasemia. No hyperlipidemia. No hypolipidemia. No hypercholesterolemia. No hypcholesterolemia. No hypertriglyceridemia. No hypotriglyceridemia. No hypercholesteroluria. No hypcholesteroluria. No hypertriglyceriduria. No hypotriglyceriduria. No hypercholesterolemia. No hypcholesterolemia. No hypertriglyceridemia. No hypotriglyceridemia. No hypercholesteroluria. No hypcholesteroluria. No hypertriglyceriduria. No hypotriglyceriduria.

**ACTIVITY I:** 2. Able to move 4 extremities voluntarily or on command. 1. Able to move 2 extremities voluntarily or on command. 0. Able to move 0 extremities voluntarily or on command.

**RESPIRATION II:** 2. Able to deep breathe and cough freely. 1. Dyspnea or limited breathing. 0. Apneic.

**CIRCULATION III:** 2. BP  $\pm$  20% of Preanesthetic level. 1. BP  $\pm$  20-50% of Preanesthetic level. 0. BP  $\pm$  50% of Preanesthetic level.

**CONSCIOUSNESS IV:** 2. Fully awake. 1. Arousable on calling. 0. Not responding.

**COLOR V:** 2. Pink or normal. 1. Pale or dusky. 0. Cyanotic.

**Lung Sounds:** Clear

**Dermatome Level:** \_\_\_\_\_

**Peripheral Pulses:** \_\_\_\_\_

**DATE:** 3-12-01 **IN:** 1547 **OUT:** 1630

**CRNA:** Sheel Duff RN

**Report to:** Sheel Duff RN

**VSS/POST ANESTHESIA CONDITION SATISFACTORY**

**TIME:** 1630

**PROTOCOLS P.A.C.U. UNIT SPECIFIC:** DR and observation

**RECEIVED:** HELEN KREWE 10/04/1923 195-14-1475 POLINTAY RODOLFO S 202 A- 03/12/01 F SUR 1

ANESTHESIA RECORD

DATE  
3-12-01

CLEARFIELD HOSPITAL, CLEARFIELD, PA 16830

POST OP. DIAGNOSIS  
*Rt Ankle*

OPERATION PERFORMED  
*OR Rt Ankle*

SURGEON  
*Palmiter*

MDA  
*Palmiter*

ORNA  
*Palmiter*

POSITION SUP / PRONE / LITHO / LAT R L

ANESTHESIA 1513 PROCEDURE 1513

START 14:18 STOP 15:13 START 14:58 STOP 15:34

2487403 102883

FLETCHER, HELEN IRENE  
1-7-04/1923 193-14-1475  
PROVIDER RODOLFO S 202 A-  
0-1-1-1 F SUR 1

PS 1 2 3 4 5 E

Time: 14:30 15:00 30

| FLUIDS/AGENTS             | Time | 14:30                    | 15:00  | 30     |
|---------------------------|------|--------------------------|--------|--------|
| Oxygen (L/min)            |      | 11.9                     | 8.0    |        |
| N <sub>2</sub> O (L/min)  |      |                          |        |        |
| Air (L/min)               |      |                          |        |        |
| P/D/K/B                   |      |                          |        |        |
| FENT/SUF                  |      | 100                      | 50     | 30     |
| A/C/M                     |      |                          |        |        |
| N/S/Z                     |      |                          |        |        |
| VERSED                    |      | 2                        | 1      |        |
| LR NS                     |      | 100                      |        |        |
| Write (ml)                |      |                          |        |        |
| EBL (ml)                  |      |                          |        |        |
| EKG                       |      | A-V Paced Manual Control |        |        |
| % O <sub>2</sub> Inspired |      |                          |        |        |
| O <sub>2</sub> Saturation |      | 93                       | 96     | 97     |
| End Tidal CO <sub>2</sub> |      |                          |        |        |
| Temp: °C / °F             |      |                          |        |        |
| VITAL SIGNS               |      |                          |        |        |
| Baseline Values           |      |                          |        |        |
| BP                        |      | 110/75                   | 110/75 | 110/75 |
| P                         |      | 11.9                     | 11.9   | 11.9   |
| H/H                       |      | 36.0                     | 36.0   | 36.0   |
| VENT                      |      |                          |        |        |
| Tidal Volume              |      |                          |        |        |
| Resp. Rate                |      |                          |        |        |
| Peak Pressure             |      |                          |        |        |
| PEEP                      |      |                          |        |        |

DRUG TOTALS

P/B) PENTOTHAL/BREVITAL \_\_\_\_\_ MG

(D) DIPRIVAN \_\_\_\_\_ MG

(K) KETAMINE \_\_\_\_\_ MG

(A) ATRACURIUM \_\_\_\_\_ MG

(C) CURARE \_\_\_\_\_ MG

(M) MIVACRON \_\_\_\_\_ MG

(N) NORCURON \_\_\_\_\_ MG

(S) SUCCINYLCHOLINE \_\_\_\_\_ MG

(Z) ZEMURON \_\_\_\_\_ MG

FENTANYL \_\_\_\_\_ MG

SUFENTA \_\_\_\_\_ MG

VERSED \_\_\_\_\_ MG

FLUIDS IN

5% D/LR \_\_\_\_\_ cc OTHER \_\_\_\_\_ cc

LR \_\_\_\_\_ cc BLOOD \_\_\_\_\_ cc

NSS \_\_\_\_\_ cc ALB/HESP \_\_\_\_\_ cc

FLUIDS OUT

EBL \_\_\_\_\_ cc URINE \_\_\_\_\_ cc

REMARKS

14:23 ECG #3 -  
monitors - O<sub>2</sub>  
sedation

14:37 BP + D for +  
SA 3 placed.

14:45 Position ed, engine

14:48 tourniquet r.

14:58 start.

TO PACU

| PRE-PROCEDURE   | MONITORS AND EQUIPMENT  | ANESTHETIC TECHNIQUE   | AIRWAY MANAGEMENT   | RECOVERY   |
|---|---|--|---|--|
| <input checked="" type="checkbox"/> Identified<br><input checked="" type="checkbox"/> Chart Reviewed<br>Pre-Anesthetic State:<br><input checked="" type="checkbox"/> Awake<br><input type="checkbox"/> Asleep<br><input checked="" type="checkbox"/> Apprehensive<br><input type="checkbox"/> Confused<br><input type="checkbox"/> Uncooperative<br><input type="checkbox"/> Unresponsive<br><input type="checkbox"/> Calm  | <input type="checkbox"/> Steth. <input type="checkbox"/> Precord <input type="checkbox"/> Esoph.<br><input checked="" type="checkbox"/> Non-Invasive BP <input checked="" type="checkbox"/> Continuous EKG<br><input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Sensor<br><input type="checkbox"/> End Tidal CO <sub>2</sub> <input type="checkbox"/> Gas Analyzer<br><input type="checkbox"/> Temp. <input type="checkbox"/> Nerve Stimulator<br><input checked="" type="checkbox"/> Warming Blanket <input type="checkbox"/> Doppler<br><input type="checkbox"/> Airway Humidifier <input type="checkbox"/> Fluid Warmer<br><input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter | General: <input type="checkbox"/> Pre-Oxygenation <input type="checkbox"/> LTA<br><input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure<br><input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation<br><input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal<br>Regional: <input checked="" type="checkbox"/> Spinal <input type="checkbox"/> Epidural<br><input type="checkbox"/> Axillary <input type="checkbox"/> Bier Block <input type="checkbox"/> Ankle Block<br><input type="checkbox"/> _____ <input checked="" type="checkbox"/> Prep <i>Bdine</i><br>Position <i>5</i> Site <i>L-3-4</i><br>Needle <i>22 gauge</i><br>Drug <i>Tetracaine/Dia</i><br>Dose <i>8 / 80</i><br>Drug <i>Fentanyl</i><br>Dose <i>20</i><br>Attempts x <i>2</i> Level <i>1-3</i><br>Catheter <input type="checkbox"/> Paresthesia <i>UR &amp;</i><br><input type="checkbox"/> M.A.C. | Intubation: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal<br><input type="checkbox"/> Stylet Used <input type="checkbox"/> Tube Size _____<br><input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Endobronch.<br><input type="checkbox"/> Direct <input type="checkbox"/> Blind <input type="checkbox"/> Fiber Optic<br><input type="checkbox"/> Uncuffed <input type="checkbox"/> Air<br>Blade _____<br>Secured at _____ cm.<br><input type="checkbox"/> Attempts x _____ <input type="checkbox"/> ET CO <sub>2</sub> present<br><input type="checkbox"/> Atraumatic <input type="checkbox"/> Difficult<br><input type="checkbox"/> Breath Sounds _____<br>Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Difficult<br>Circuit: <input type="checkbox"/> Circle <input type="checkbox"/> NRB See Remarks<br><input type="checkbox"/> Mask Case <input checked="" type="checkbox"/> Nasal Cannula<br><input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Simple O <sub>2</sub> mask | B/P <i>118/75</i> P <i>75</i><br>O <sub>2</sub> SAT <i>99</i> RESP. <i>16</i><br><input checked="" type="checkbox"/> AWAKE <input type="checkbox"/> VENTILATOR<br><input type="checkbox"/> DROWSY <input checked="" type="checkbox"/> NASAL OXYGEN<br><input type="checkbox"/> SOMNOLENT <input type="checkbox"/> MASK OXYGEN<br><input type="checkbox"/> UNAROUSABLE <input type="checkbox"/> T-PIECE OXYGEN<br><input type="checkbox"/> INTUBATED <input type="checkbox"/> ORAL/NASAL AIRWAY<br>IV PRESENT: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Remaining <i>900</i> cc <i>LR</i><br>Site & Size <i>20 Rt PACS</i><br><i>Asesif infusing</i><br>IV STARTED: TIME: _____<br>Size & Type _____<br><input type="checkbox"/> Loc. Used A-LINE _____<br>R L Hand _____<br>R L Forearm CVP _____<br>R L Ant. Fossa _____<br>Other _____ |
| PATIENT SAFETY<br><input type="checkbox"/> Anes. Machine Checked<br><input type="checkbox"/> Safety Belt On <input type="checkbox"/> Axillary Roll<br><input checked="" type="checkbox"/> Armboard Restraints <input type="checkbox"/> Arms Tucked<br><input checked="" type="checkbox"/> Pressure points checked and padded<br>Eye Care:<br><input type="checkbox"/> Ointment <input type="checkbox"/> Pads<br><input type="checkbox"/> Taped <input type="checkbox"/> Goggles | Tourniquet:<br>UP <i>14:42</i> DOWN <i>15:34</i> PRESSURE <i>350</i>  |  |   |  |



Clearfield  
Hospital

2487403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN RODOLFO S 202 A-  
03/12/01 F SUE I

**PRE-OPERATIVE CHECK LIST**

| PRE OPERATIVE                       | YES | NO | N/A | ITEMS REMOVED                | YES | NO | N/A |
|-------------------------------------|-----|----|-----|------------------------------|-----|----|-----|
| OPERATIVE PERMIT COMPLETED          | ✓   |    |     | DENTURES                     | ✓   |    |     |
| BLOOD TRANSFUSION CONSENT COMPLETED |     |    | ✓   | PROSTHESIS                   |     |    | ✓   |
| HISTORY & PHYSICAL CHARTED          |     | ✓  |     | CONTACT LENS                 |     |    | ✓   |
| X-RAY REPORTS CHARTED               | ✓   |    |     | RINGS & JEWELRY              | ✓   |    |     |
| EKG CHARTED & INTERPRETED           | ✓   |    |     | MAKE-UP                      |     |    | ✓   |
| CURRENT LABS CHARTED                | ✓   |    |     | WIGS & HAIR PIECES           |     |    | ✓   |
| PRE ANESTHESIA EVALUATION PRESENT   | ✓   |    |     | URINARY OUTPUT               |     |    |     |
| VITAL SIGNS ON GRAPHIC              | ✓   |    |     | ✓ FOLEY _____ VOIDED ON CALL |     |    |     |
| ID BAND IN PLACE                    | ✓   |    |     | OTHER DRAINAGE TUBES:        |     |    |     |
| MED SHEET ON CHART                  |     | ✓  |     |                              |     |    |     |
| NPO $\bar{p}$ MIDNIGHT              |     |    |     | ate @ 8am + juice @ 9am      |     |    |     |

**PLEASE NOTE REASON FOR ALL OMISSIONS AND ACTION TAKEN — BELOW**

Bruce (friend) given jewelry + clothes by pt ~~pt~~

**PLEASE NOTE LIMITATIONS, ETC. — BELOW**

ALLERGIES:

SIGNATURE OF NURSE  
COMPLETING FORM

*B. Sharples*

DATE

3/12/01

O.R. NURSE

*[Signature]*

2487403 102863

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1479  
PATIENT: RODOLFO S 202 A-  
01/11/01 F SUR 1

CLEANFIELD HOSPITAL  
INTRAOPERATIVE RECORD

P. DX: Fluorid  
POST OP. DX: Spon  
PROCEDURE: OMP Fluorid  
TYPE OF ANESTHESIA:  GENERAL  LOCAL/MAC  
PO  BLOCK  SPINAL

PRE-OP ASSESSMENT: (CHECK ALL APPLICABLE BOXES).

DATE: 3-12-01 O.R. #: 3

PATIENT ID:  VERBAL  CHART  ARMBAND  STAMP PLATE KNOWN INFECTIOUS DISEASE:  NONE  LIST: \_\_\_\_\_  
NPO AFTER MN:  YES  NO - NPO SINCE 9 ALLERGIES:  NONE  LATEX  OTHER \_\_\_\_\_  
VERIFICATION OF PROCEDURE:  VERBAL  CONSENT FORM PERSONAL ITEMS:  NO  LIST: \_\_\_\_\_  
MENTAL/EMOTIONAL STATUS:  ALERT  ORIENTED  DISORIENTED  SEDATED  AGITATED  UNRESPONSIVE  
LIMITATIONS:  NONE  AUDITORY  VISUAL  SPEECH  MOBILITY COMFORT MEASURES:  WARM BLANKET  OTHER \_\_\_\_\_

COMMENTS \_\_\_\_\_

RN SIGNATURE [Signature]

IN 1421 START 1458 FINISH 1534 WOUND CLASS. CLEAN  CLEAN CONTAMINATED   
CONTAMINATED  INFECTED

SURGEON: [Signature] CIRCULATORS: [Signature]  
1ST ASSIST: [Signature] SCRUB: [Signature]

MEDICATIONS/DOSE  NONE IRRIGATION/DILUENT SPECIMENS/CULTURES SENT TO PATHOLOGY  NONE  
Morphine Amps 2500PS

| IMPLANTS                      | SITE           | MANUFACTURER | MODEL # | SIZE | LOT/SERIAL # |
|-------------------------------|----------------|--------------|---------|------|--------------|
| <input type="checkbox"/> NONE |                |              |         |      |              |
| <u>40 Serru</u>               | <u>307.744</u> | <u>41</u>    |         |      |              |
|                               | <u>307.748</u> | <u>41</u>    |         |      |              |

NURSING DIAGNOSIS: POTENTIAL FOR ANXIETY RELATED TO KNOWLEDGE DEFICIT... GOAL: DEMONSTRATES DECREASED ANXIETY.

PLAN & IMPLEMENTATION:  CONVEY CARING SUPPORTIVE ATTITUDE  
 GIVE CLEAR, CONCISE EXPLANATIONS.  REMAIN WITH PATIENT  
 COMMUNICATE PATIENT CONCERNS  OTHER \_\_\_\_\_  
EVALUATION: DEMONSTRATED UNDERSTANDING OF EXPLANATIONS:  YES  NO INITIALS [Signature]

NURSING DIAGNOSIS: POTENTIAL FOR INJURY. GOAL: PATIENT WILL REMAIN INJURY FREE.

PLAN & IMPLEMENTATION:  PAD BONY PROMINENCES INITIAL APPROPRIATE BOXES  
 TOURNIQUET: # 7  
 POSITION FOR SURGERY:  SUPINE  LITHOTOMY  PRONE  
SITE: 2449  
 JACKKNIFE  LT. LAT  RT. LAT  OTHER \_\_\_\_\_  
INFLATED: 1448 DEFLATED: 1534  
 SKIN PRE-OP  INTACT  OTHER \_\_\_\_\_  
PRESSURE: 350  
 GROUNDING PAD SITE: 511164 SAFETY STRAPS IN PLACE  
LOT # 49771 ESU # 3 BY: [Signature]  
 SKIN POST-OP  INTACT  OTHER \_\_\_\_\_  
 WARMING PAD/BLANKET  SURGEON NOTIFIED OF COUNTS  
OTHER: Arms for Debride

| COUNTS | PRE-OP | 1ST | 2ND | 3RD |
|--------|--------|-----|-----|-----|
|        |        |     |     |     |
|        |        |     |     |     |
|        |        |     |     |     |
|        |        |     |     |     |

EVALUATION: TOLERATED PROCEDURE WITH NO APPARENT INJURY:  YES  NO INITIALS [Signature]

NURSING DIAGNOSIS: POTENTIAL FOR INFECTION. GOAL: AVOIDANCE OF PATIENT INFECTION.

PLAN & IMPLEMENTATION:  AREA SHAVED: \_\_\_\_\_ BY: \_\_\_\_\_  
 SKIN PREP:  PROVIDONE IODINE  OTHER \_\_\_\_\_ AREA \_\_\_\_\_ BY: \_\_\_\_\_  
 URINARY CATH: SIZE 16 PLACE \_\_\_\_\_ TYPE: \_\_\_\_\_ RESIDUAL 800 [Signature] BY: [Signature]  
 DRAINS/PACKING \_\_\_\_\_  
 DRESSING: adhesive, 4x4 Angl pad, ase Post-Opent  
 OTHER: \_\_\_\_\_

EVALUATION: AVOIDANCE OF PATIENT INFECTION ATTEMPTED:  YES  NO INITIALS [Signature]  
COMMENTS/OTHER DIAGNOSIS: \_\_\_\_\_

PATIENT DISCHARGED:  PACU  ICU # \_\_\_\_\_  ROOM # \_\_\_\_\_ REPORT GIVEN TO: [Signature]

2487403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLIATAJ, RODOLFO S 202 A-  
03712701 F SUP I



Clearfield Hospital  
CLEARFIELD, PA 16830

POST ANESTHESIA NURSING CARE PLAN

POSTOPERATIVE PHASE

Nursing Diagnosis

Alterations in comfort  
related to surgical site

Goal/Outcome

Patient will have  
diminished pain

Met  
 Not Met

Nursing Interventions:

- Explain cause of pain
- Position for comfort
- Medicate when indicated
- Other: \_\_\_\_\_

Nursing Diagnosis

Potential for impaired gas  
exchange related to anesthesia

Goal/Outcome

Patient will have  
adequate gas exchange.

Met  
 Not Met

Nursing Interventions:

- Administer oxygen as indicated
- Position to maintain optimal ventilation
- Encourage deep breathing exercises
- Other: \_\_\_\_\_

Nursing Diagnosis

Potential for injury

Goal/Outcome

Patient will remain  
injury free.

Met  
 Not Met

Nursing Interventions:

- Side rails up
- Wheels locked
- Continuous observation
- Other: Spinal Precautions

Other

Nursing Diagnosis

Goal/Outcome

Met  
 Not Met

Nursing Interventions:

Date 3-12-01

Signature Sandra M. Shedlock RN

2487403

102883

# PROGRESS RECORD

*Helen Fletcher*  
 FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 POLINTAN RODOLFO S 202 A-  
 03/12/01 F 595

| DATE           | TIME      | NOTE: progress of case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient:              |
|----------------|-----------|--|
|                |           | <i>presently not</i>   |
| <i>3/12/01</i> | <i>77</i> | <i>g/o w/o any state sh<br/>       tripped on a rise at yard<br/>       took twisting of R ankle<br/>       → immobilize for R ankle</i> |
|                |           | <i>presently not</i>   |
| <i>3/12/01</i> |           | <i>discuss with patient plan<br/>       surgery benefits, risks &amp; most<br/>       pertinent complications.</i>                       |

248 1403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN ROBERTO S 20  
03/12/01 F 005 1

# PROGRESS RECORD

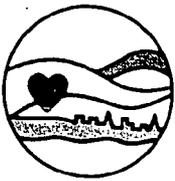
| DATE    | TIME     | NOTE: progress of case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient:   |
|---------|----------|---|
| 3/13/01 | 10:30 am | <p>slap, low grade Temp.</p> <p>As per P. Smith.</p> <p>Wk low slow</p> <p>I believe TCU is appropriate</p> <p>type with low grade</p> <p>for physical therapy</p> <p style="text-align: right;">JW</p> |
| 3/14/01 |          | <p>Pf. Smith no chest pain SOB</p> <p>with SOB</p> <p>OK for TCU</p> <p>good color RUF</p> <p>cont. low grade OK for TCU</p> <p style="text-align: right;">JW</p>                                       |
| 3/14/01 | 8:20 am  | <p>slight fever</p> <p>Feel better for now. Low grade</p> <p>on the table</p> <p>plan, transfer to TCU tomorrow</p> <p style="text-align: right;">JW</p>  |

2487403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN RODOLFO S 202 4-  
03/12/01 F SUR 1

# PROGRESS RECORD

| DATE    | TIME | NOTE: progress of case, complications, consultations, change in diagnosis, condition on discharge, instructions to patient:   |
|---------|------|---|
| 3/15/01 | 1 pm | <p>stet<br/>split<br/>pain under control<br/>stable to go to TCU<br/>when bed is available<br/>TODAY?!</p>  |
| 3/16/01 | 8 AM | <p>stet<br/>split<br/>Up pain @ rest + by<br/>off split<br/>incision is healed well<br/>Tend up (?)<br/>No redness no swelling<br/>E.g.<br/>from Doppler pain to TCU to TCU</p> |



NAME Fletcher, Helen Irene ROOM # \_\_\_\_\_ INT. EVAL. DATE 3-13-01  
REFERRING PHYSICIAN Dr Polivka AGE - 77 SEX - F  
MEDICAL RECORD NO. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**SUBJECTIVE**

(MENTAL STATUS, PMH, HPI, PAIN, CARE GIVER)  
—FOR ADDITIONAL SPACE, ATTACH SEPARATE SHEET—

walker toe touch (R) foot, cast boot. Pt under 3-12-01  
c Triaxial color to (R) ankle. PMH: Apparently PVD (L) leg an  
2 angioplasties c 2 stents on (L) groin 2-01; hysterectomy, bladder  
tuckup; pacemaker insertion; CAD. Patient underwent ORIF  
and splint 3-12-01.  
In AM pt to PT area w/c c/o being very dizzy  
c/o slight being awful tight. Patient returned to PT area in PM

**OBJECTIVE**

I. UPPER EXTREMITIES — (ROM / STRENGTH / SENSATION / PROPRIOCEPTION / COORDINATION /  
NEUROLOGICAL / GRIP / SKIN CONDITION)

P.M. A. RUE } Brown n wrc i. strength ~ 30-4/5  
grip, elbow flex, elbow extension  
B. LUE }

II. LOWER EXTREMITIES — (ROM / STRENGTH / SENSATION / PROPRIOCEPTION / COORDINATION / SKIN CONDITION)

A. RLE SEE. Light touch at toes, <sup>dorsally</sup> capillary refill appears normal. 2? so impair  
dorsum great toe. Capillary refill appears normal.  
P.M. B. LLE Brown n wrc Ls. strength ~ 30/5 knee extension, DF,  
PF.

III. FUNCTIONAL LIMITATIONS — (ARCHITECTURAL BARRIERS / VISION / HEARING / SPEECH)

Maybe 2 steps to front entrance. c no  
barriers.

IV. FUNCTIONAL ACTIVITIES — (BED MOBILITY / TRANSFERS / ADL's — BALANCE / MEDICAL EQUIPMENT / SAFETY)

Not clear AM. Nursing was notified of dizzy ness and c/o tightness of cast.  
P.M.: Sit c stand c used (A).  
Instructed in T & WB.

V. AMBULATION — (WB / DEVICES / DISTANCE / ENDURANCE / GAIT DEVIATIONS / SAFETY / OTHER)

P.M.: Ambulated ~ 3' c walker c ~ used (A) (B) T & WB.

FLETCHER, HELEN

ID:000102883

12-MAR-2001 12:34:00

CLEARFIELD HOSPITAL-ER ROUTINE RECORD

04-OCT-1923 (77 YR)  
Female Caucasian  
Room: ~~BK~~ CR 202A  
Loc: 6

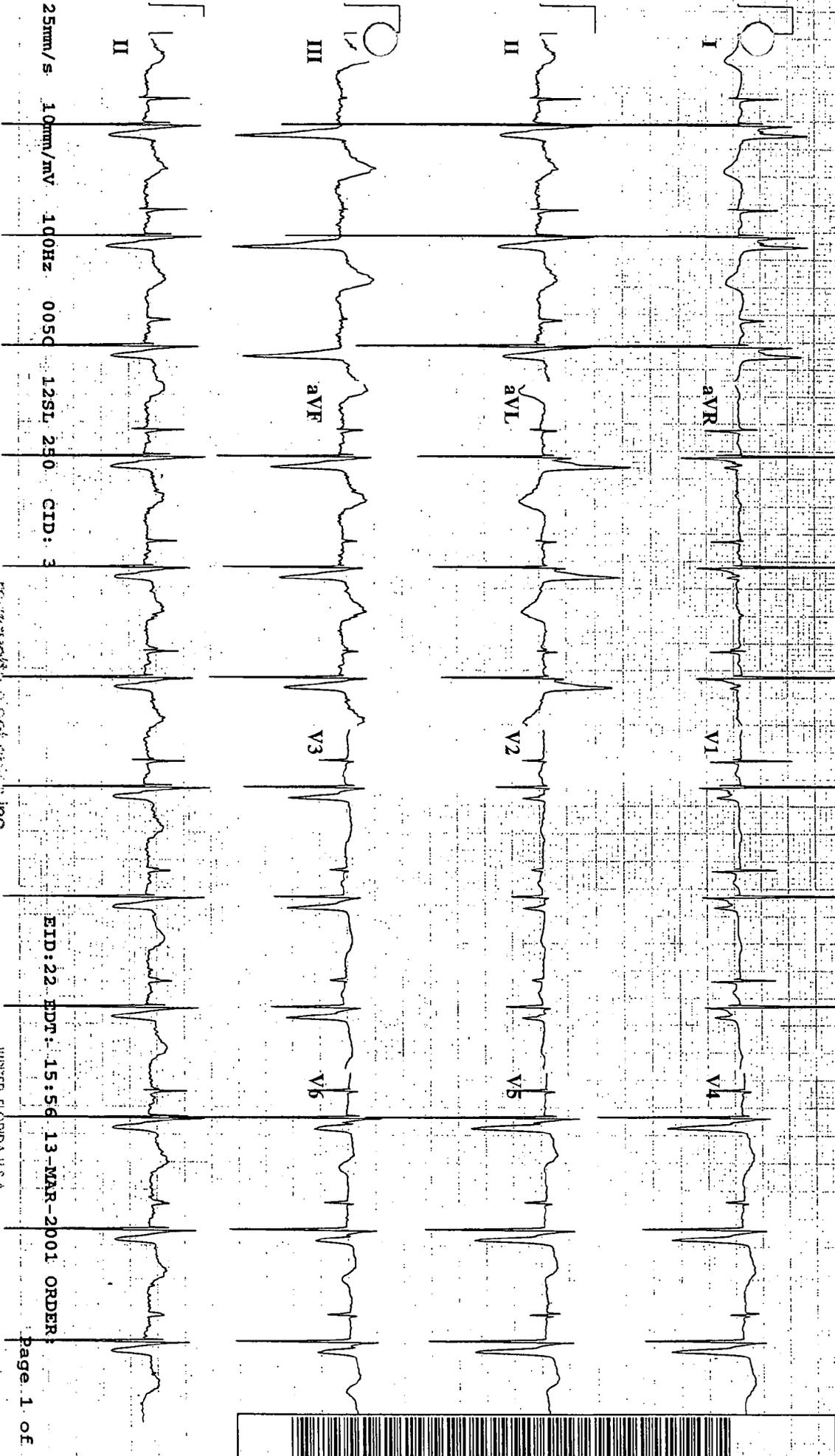
Vent. rate 74 BPM  
PR interval \* 128 ms  
QRS duration 402/446 ms  
QT/QTc A -141 110  
P-R-T axes

Technician: GLENN FORD

A-V sequential pacemaker activity  
No major change compared to the previous tracing of 08-Nov-2000

Referred by: SHAW

Confirmed By: R.A. CARDAMONE, MD/FACC



## RESPIRATORY THERAPY EVALUATION

2487403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN RODOLFO S 202 A-  
03/12/01 F SUR I

### INDICATIONS FOR RESPIRATORY THERAPY

#### Aerosolized Medication Therapy

##### HHN

- Wheezing
- Decreased breath sounds
- Peak Flow < 80% of predicted value or personal best.
- PFT demonstrates FEV1/FVC < 70% of predicted value.
- Mobilization of secretions.
- Upper airway inflammation, as evidenced by stridor.
- Use of HHN at home.

##### MDI

- Delivery of Bronchodilator Therapy to a mechanically ventilated patient.
- Effective delivery of a bronchodilator, when used with a spacer device.

#### Lung Volume Expansion Therapy

##### SMI (Incentive Spirometry, POPE)

- Abdominal or chest surgery
- Chest X-ray shows the presence of atelectasis.
- To prevent atelectasis.
- Presence of Neuromuscular disease involving the respiratory muscles.

##### IPPB

- Treat atelectasis in patients who have a Vital Capacity < 15 ml./kg.
- To deliver bronchodilators to patients with a Vital Capacity < 15 ml./kg.

RESPIRATORY THERAPY EVALUATION

2487403 102883  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN RODOLFO S 202 A-  
03/12/01 F SUR I

EVALUATION OF RESPIRATORY THERAPY EFFECTIVENESS

Aerosolized Medication Therapy

**HHN**

Does patient continue to wheeze?  yes  no

Is there improvement of > 14% in Peak Flow post bronchodilator?  yes  no  
 Patient unable to use Peak Flow Meter effectively.

Increased aeration of lungs on auscultation post bronchodilator?  yes  no

Increased sputum production with therapy?  yes  no.

Does patient express subjective improvement with therapy? - decreased SOB,  
decreased chest tightness, increased ability to mobilize secretions?  
 yes  no.

Stridor eliminated or decreased post therapy?  yes  no  n/a

Would patient be able to effectively use MDI with spacer?  yes  no.

Patient takes HHN treatments at home?  yes  no.

**MDI**

Does patient continue to be intubated?  yes- MDI is delivery mode of choice  
 no - Consider change to HHN.

Lung Volume Expansion Therapy

**SMI (Incentive Spirometry, POPE)**

Chest X-ray shows continued presence of atelectasis?  yes  no.

Afebrile?  yes  no.

WBC within normal range?  yes  no.

Discontinue supervised SMI, patient instructed to use Incentive Spirometer  
independently Q 2 hrs. while awake, 10 breaths and cough.

**IPPB**

Chest X-ray shows continued presence of atelectasis?  yes  no.

# CLEARFIELD HOSPITAL

## Respiratory Therapy Department

2487403 102883

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 POLINTAN RODOLFO S 203 A--  
 03/12/01 F SUR I

| Date    | Time | Proc. | Pulse Pre/post | Cough/Sputum | Pre Breath Sounds | Post Breath Sounds | Resp Rate Pre/Post | Volume/Pressure | O2 LPM/FIO2 | O2 Post Tx. |
|---------|------|-------|----------------|--------------|-------------------|--------------------|--------------------|-----------------|-------------|-------------|
| 3-12-01 | 1425 | SMI   |                | NPC          | cl                |                    | ___/___            | 1500            |             | RA          |

Medication: \_\_\_\_\_ Eqt Change: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: *Rm M = Co /*

| Date    | Time | Proc. | Pulse Pre/post | Cough/Sputum | Pre Breath Sounds | Post Breath Sounds | Resp Rate Pre/Post | Volume/Pressure    | O2 LPM/FIO2 | O2 Post Tx. |
|---------|------|-------|----------------|--------------|-------------------|--------------------|--------------------|--------------------|-------------|-------------|
| 3/13/01 | 0750 | SMI   | 88             |              | clear             | clear              | 20 / ___           | 1000 <sup>mm</sup> | RA          | RA          |

Medication: \_\_\_\_\_ Eqt Change: \_\_\_\_\_

Comments: *Saturated well in fair effort x 10 inhalations*

Signature: *Doris Della Cr*

| Date    | Time | Proc. | Pulse Pre/post | Cough/Sputum | Pre Breath Sounds | Post Breath Sounds | Resp Rate Pre/Post | Volume/Pressure | O2 LPM/FIO2 | O2 Post Tx. |
|---------|------|-------|----------------|--------------|-------------------|--------------------|--------------------|-----------------|-------------|-------------|
| 3/13/01 | 1134 | SMI   |                | NPC          | —                 | clear              | 16 / ___           | 1250 / 1500     | .20         | .21         |

Medication: \_\_\_\_\_ Eqt Change: \_\_\_\_\_

Comments: *PT USING SMI ON OWN*

Signature: *J. Brunner CRT*

| Date | Time | Proc. | Pulse Pre/post | Cough/Sputum | Pre Breath Sounds | Post Breath Sounds | Resp Rate Pre/Post | Volume/Pressure | O2 LPM/FIO2 | O2 Post Tx. |
|------|------|-------|----------------|--------------|-------------------|--------------------|--------------------|-----------------|-------------|-------------|
| 3/13 | 1515 | SMI   |                |              |                   | cl                 | ___/___            | 500-1600cc      |             | RA          |

Medication: \_\_\_\_\_ Eqt Change: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: *C. J. ...*

|  |                         |  |  |                                 |
|--|-------------------------|--|--|---------------------------------|
| NAME AND ADDR<br>FLETCHER HELEN<br>715 NICHOLS STREET<br>CLEARFIELD PA 16830 |                         | MAIDENMANN                             | REGISTRATION DATE/TIME<br>03/12/2001 11:09 | REGISTRATION NUMBER<br>4819875E |
| RES. CODE<br>033065  | S.S. NO.<br>195-14-1475 | PAT. PH. NO.<br>814-765-4354           | AGE<br>77                                  | BIRTHDATE<br>10/04/1923         |
| REGISTERING DOCTOR NAME<br>SHAW MARK R                                       | NO.<br>021725           | FAMILY DOCTOR NAME<br>DAVIDSON JAMES P | F.C.<br>I                                  | RACE<br>W                       |
|  |                         |  | SEX<br>F                                   | MAR.<br>W                       |
|  |                         |  | REG. E<br>JGL                              |                                 |

|                    |  |                 |  |                |
|--------------------|--|-----------------|--|----------------|
| TIME SEEN: O/A     | After X-ray                                  | C.C.            | RECORD DICTATED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | ORDER TAKEN OF |
| MODE ARR: EMS Auto | Additional Hx. from: FAMILY EMS NURSING HOME | PRIOR RECORD OF | Card. PRT. 3   | EKG            |

|      |                            |              |
|------|----------------------------|--------------|
| HPI: | Amylase                    | PT, PTT      |
|      | CBC DIF                    | TR 1 2       |
|      | Chem 7, 12+CO <sub>2</sub> | UA Mic       |
|      | Hepatic Panel              | U C&T        |
|      | CK MB                      | Cath UA      |
|      | Troponin I                 | Co-Chl Probe |
|      | Digoxin                    | Blood C      |
|      | Theo                       | 1 2          |
|      | Dilantin                   | Strep        |
|      | HCG Qual                   | Sputum       |
|      | HCG Quan                   |              |
|      | Urine Tox                  |              |
|      | Abd. Ser/Kub               | Hand         |
|      | Chest P.P.                 | Wrist        |
|      | Ribs                       | 4 Arm        |
|      | Face / Nose                | Elbow        |
|      | Orbit/mand.                | Humeru:      |
|      | C. Sp. P. C.               | Shoulde      |
|      | Clavicle                   | Scapula      |
|      |                            | Th. sp.      |
|      |                            | LS sp.       |
|      |                            | Pelvis       |
|      | SPECIAL                    | Hip          |
|      | CT Head                    | Femur        |
|      | CT Neck                    | Knee         |
|      | CT Chest                   | Tib-Fib      |
|      | CT Abd #1                  | Ankle        |
|      | CT Pelvis #2               | Heel         |
|      | IVP                        | Foot         |
|      | V/Q                        |              |
|      | US Abdomen                 |              |
|      | US Arterial                |              |
|      | US Cardiac                 |              |
|      | US Pelvic OB               | US Scrot     |
|      | US Retrop Renal            | US Venc      |

|   |  |                            |        |
|---|--|----------------------------|--------|
| PMH: NONE ASTHMA COPD CAD MI CHF ↑ BP, LAST STRESS TEST   | DIABETES 1 2                           | CVA/TIA                    | CANCER |
| PSH: NONE APP. CHOLY. TUBAL LIG. HYST CABG PTCA CATARACTS |  |                            |        |
| MEDS: <input type="checkbox"/> None                       | Allergy: <input type="checkbox"/> None | Immunizations Current: Y N |        |
| SOCIAL / OCCUP. Hx:                                       | FAMILY Hx:                             |                            |        |
| ROS:  |  |                            |        |

PHY. EX:

⊕ Smelly poi ⊕ Ankle  
med/dent apt edf. *[unclear]*  
DNVO intent -

|        |                     |                              |                                 |                                   |                                  |  |  |                                     |              |             |
|--------|---------------------|------------------------------|---------------------------------|-----------------------------------|----------------------------------|--|--|-------------------------------------|--------------|-------------|
| ORDERS | ABG                 | O <sub>2</sub> Sat           | PF                              | Td                                | Foley                            | Ng   | BP ↑→                                    | NPO                                 | MD/PF Instr. | Home Hlth R |
|        | ALBUTEROL           | mg X 1 2 3 4                 |                                 |                                   | CONT:                            | mg./hr.                                    |  | ATRV 250 / 500 ug x 1 2 3           |              |             |
|        | PROTOCOLS:          | <input type="checkbox"/> NTG | <input type="checkbox"/> TPA MI | <input type="checkbox"/> RETAVASE | <input type="checkbox"/> GIBLEED | <input type="checkbox"/> RAPID TRANSFUSION | <input type="checkbox"/> STROKE TRANSFER | <input type="checkbox"/> TPA STROKE |              |             |
|        | 1. IV - Hyp lock no |                              |                                 |                                   |                                  |  |  |                                     |              |             |
| 2.     |                     |                              |                                 |                                   |                                  |  |  |                                     |              |             |
| 3.     |                     |                              |                                 |                                   |                                  |  |  |                                     |              |             |

|         |                    |
|---------|--------------------|
| RESULTS | xy ⊕ Triaxedi - Rx |
|---------|--------------------|

|   |                              |
|---|------------------------------|
| RESPONSE  |                              |
| EVENTS &  |                              |
| PROCEDURES  |                              |
| SERVICES: Crit Care   | Med Command                  |
| Independent visualization of <input type="checkbox"/> x-rays          | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Discussion of imaging tests with Radiologist |                              |

|   |  |  |
|---|--|--|
| DIAGNOSIS   | Admit Dr. <i>[Signature]</i>   | <input checked="" type="checkbox"/> reg. <input type="checkbox"/> 23 hr. |
|   | TIME: Room #: 202 A  | <input type="checkbox"/> ICU <input type="checkbox"/> Talm               |
|   | Discharge Cond: <input type="checkbox"/> Improved <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Elopod |  |
|   | Transfer to: <input type="checkbox"/> AMA  |  |
| <input type="checkbox"/> DOA: <input type="checkbox"/> Exp ED <input type="checkbox"/> LWBS |  |  |
| Referred to:  | Discussed with Dr. <i>[Signature]</i> at 12:45   |  |

|                          |              |           |           |           |                 |         |               |       |           |            |
|--------------------------|--------------|-----------|-----------|-----------|-----------------|---------|---------------|-------|-----------|------------|
| Instruction sheets: Temp | Lacerations  | V & D     | URI       | Head Inj. | Concussion      | Flu     | Mononucleosis | Croup | Nosebleed | Eye Injury |
| Conjunctivitis           | Kidney Stone | Tick Bite | Back Pain | Cast      | Sprain/Fracture | Ectopic | Threatened AB |       |           |            |

If your symptoms progress, worsen, or if you develop new symptoms, return to the emergency department.

Follow instruction sheet(s) given.

New Medication list:

Follow up with  your Doctor  Other:

Special instructions:

OFF WORK / SCHOOL / GYM FOR

WORK RESTRICTIONS GIVEN

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THESE DISCHARGE INSTRUCTIC

|  |                        |   |                   |
|--|------------------------|---|-------------------|
| NURSE SIGNATURE<br><i>[Signature]</i>  | TIME<br>03/12/01 11:09 | PHYSICIAN ASSISTANT SIGNATURE<br>FLETCHER HELEN | PATIENT SIGNATURE |
| <input type="checkbox"/> NON-EMERGENCY |                        |   |                   |
| PHYSICIAN SIGNATURE                    |                        |   |                   |

EMERGENCY DEPARTMENT RECORD

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830  
EMERGENCY DEPARTMENT RECORD

**PATIENT:** FLETCHER, HELEN

**MR#:** 102883

**DATE OF SERVICE:** 03/12/2001

**PHYSICIAN:** Mark Shaw, D.O.

**TIME DICTATED:** 03/12/2001 13:36:39

**TIME TRANSCRIBED:** 03/12/2001 14:04:34

**PRIORITY**

**CHIEF COMPLAINT:** Pain, right ankle.

**HISTORY OF PRESENT ILLNESS:** The patient states that she was going to the YMCA this morning, tripped, fell and injured her right ankle. The patient has been unable to bear weight since. Patient denies any other joint pain. Patient denies any chest pain, shortness of breath.

**PAST MEDICAL HISTORY:** Positive for cardiac disease. Recently had an angioplasty with two stent placements in February. Patient has a history of cardiac disease.

**MEDICATION(S):** Numerous. Noted in the nursing notes and were reviewed.

**ALLERGIES:** None.

**SOCIAL HISTORY:** Patient is a widow, lives at home. Denies any cigarette smoking or alcohol usage.

**REVIEW OF SYSTEMS:** All other review of systems are unremarkable except for those noted in the history of the present illness.

**PHYSICAL EXAMINATION:**

**GENERAL:** The patient is sitting in bed in no acute distress. Alert, cooperative.

**VITAL SIGNS:** Stable.

**SKIN:** Pink, dry.

**CHEST:** Clear to auscultation in all fields.

**HEART:** Regular rate and rhythm without murmurs, S3, S4, thrills, rubs or heaves.

**EXTREMITIES:** There is pain and swelling of right ankle both medial and lateral malleolus. There is no palpable deformity noted. No crepitus noted. Range of motion is restricted throughout secondary to pain. Distal neurovascular bundles are intact.

**PLAN:** X-ray of the right ankle reveals a trimalleolar fracture with no dislocation or displacement. Patient's care was discussed with Dr. Polintan. The patient will be admitted for surgical intervention. Patient was admitted in stable condition.

CLEARFIELD HOSPITAL, PO BOX 992, CLEARFIELD, PA 16830  
EMERGENCY DEPARTMENT RECORD

PAGE: 2

PATIENT: FLETCHER, HELEN

MR#: 102883

FINAL DIAGNOSIS(ES): Fracture, right ankle.

DATE:

3/12/01

PHYSICIAN:

*Mark Shaw*

Mark Shaw, D.O.

MS/jlf  
54601

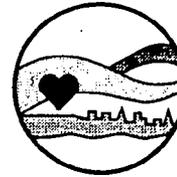
DD: 03/12/2001

TD: 03/12/2001 14:04:34

48198758 102883

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 SHAW MARK R  
 03/12/01 F L/D I

CATEGORY TRANSPORT  
 I Ambulatory  
 II Ambulance  
 III BLS/ALS  
 IV Carried  
 Other



Clearfield  
 Hospital

EMERGENCY  
 DEPARTMENT  
 NURSING FLOW SHEET

No access to PCP  
 (Primary Care Physician)

Time: 1055 Chief Complaint: was going to YMCA this am - tripped  
 & injured @ ankle.  
 (angioplasty + 2 stents in Feb)

|  |   |  |
|--|---|--|
| Current Medicines / Prescriptions / Over the Counter | Vital Signs   | Visual Acuity  |
| Didn't bring<br>Med list, I                          | Time 1055   | OD _____   |
| Plavix 75 mg qd.                                     | Temp 95.8   | OS _____   |
| Lasix 20mg BID                                       | Pulse 76  | OU _____   |
| Prosom 1mg HS 1/2 nt                                 | Resp 16   | <input type="checkbox"/> Blind <input type="checkbox"/> Uncorrected <input type="checkbox"/> Corrected |
| Cardene SR 30mg BID                                  | B/P 156/64  | <input type="checkbox"/> Pinhole <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts    |
| Prevacid 30mg BID                                    | O2 Sat 97%  | Growth & Development   |
| Beair 40mg TAM 1/2 eye.                              | Tilts 0 0 0   | <input type="checkbox"/> Appropriate For Age   |
| Duracet 0 prn  | B/P   | <input type="checkbox"/> Inappropriate For Age   |
| Atemolol 25 mg qd.                                   | Pulse   | Peds Immunizations Current   |
| Lipitor 80mg qd.                                     | Tetanus   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Hydrex 20mg qd BID                                   | L.M.P. Weight   | Pain SCALES  |
| Ultram 50mg TID PRN                                  | Allergies NKA   | VAS (0-10) _____   |
| NTG Spray  | Latex Allergy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | WONG-BAKER (0-5) _____   |
|  |   | Location _____   |
|  |   | Onset _____  |
|  |   | Triage Nurse   |
|  |   | Signature <i>B. Sharpley</i>   |
|  |   | Time to Rm. 1055   |
|  |   | Room # 1055  |
|  |   | Signature <i>B. Sharpley</i>   |

ASSESSMENT: CHECK ALL APPROPRIATE AREAS. N/A = NOT APPLICABLE.

| NEUROLOGICAL   |  | EENT  |                                   | N/A                               |                              |
|--|--|---|-----------------------------------|-----------------------------------|------------------------------|
| <input checked="" type="checkbox"/> Alert                                    | <input type="checkbox"/> Uncooperative | Eye:  | <input type="checkbox"/> Drainage | <input type="checkbox"/> Reddened | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Confused  | <input type="checkbox"/> Combative     | <input type="checkbox"/> Foreign Body   | <input type="checkbox"/> Pain     | <input type="checkbox"/> Swollen  |                              |
| <input type="checkbox"/> Lethargic   | <input type="checkbox"/> Baby          | Comments  |                                   |                                   |                              |
| <input type="checkbox"/> Unresponsive  | <input type="checkbox"/> Oriented      | Ear   |                                   | <input type="checkbox"/> N/A      |                              |
| Patient States:  |  | Pain <input type="checkbox"/> Yes <input type="checkbox"/> No; If Yes <input type="checkbox"/> R <input type="checkbox"/> L |                                   |                                   |                              |
| LOC <input type="checkbox"/> Yes <input type="checkbox"/> No                 |  | Other   |                                   |                                   |                              |
| <input type="checkbox"/> Witnessed <input type="checkbox"/> Unwitnessed      |  | Hearing Acuity <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal  |                                   |                                   |                              |
| Dizzy <input type="checkbox"/> Yes <input type="checkbox"/> No               |  | <input type="checkbox"/> Audioscope   |                                   |                                   |                              |
| Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No            |  | Nose <input type="checkbox"/> Deformity <input type="checkbox"/> Bleeding <input type="checkbox"/> N/A                      |                                   |                                   |                              |
| Visual Disturbances <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Congestion <input type="checkbox"/> Other  |                                   |                                   |                              |
| Blurred Vision <input type="checkbox"/> Yes <input type="checkbox"/> No      |  | Oral <input type="checkbox"/> N/A   |                                   |                                   |                              |
| Double Vision <input type="checkbox"/> Yes <input type="checkbox"/> No       |  | Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |                                   |                              |
| Headache <input type="checkbox"/> Yes <input type="checkbox"/> No            |  | Dysphagia <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                   |                                   |                              |
| Pupils <input type="checkbox"/> N/A  |  | Drooling <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                   |                                   |                              |
| <input type="checkbox"/> Equal   |  | Other   |                                   |                                   |                              |
| <input type="checkbox"/> Unequal R L   |  |   |                                   |                                   |                              |
| <input type="checkbox"/> Reactive R L  |  |   |                                   |                                   |                              |
| <input type="checkbox"/> Non-reactive R L                                    |  |   |                                   |                                   |                              |
| <input type="checkbox"/> Dilated & Fixed R L                                 |  |   |                                   |                                   |                              |
| GCS Total  |  | INTEGUMENTARY   |                                   |                                   |                              |
| Extremity Movement <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Color <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Mottled               |                                   |                                   |                              |
| Deficit <input type="checkbox"/> Where:                                      |  | <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed  |                                   |                                   |                              |
| Handgrasp <input type="checkbox"/> Equal <input type="checkbox"/> Unequal    |  | <input type="checkbox"/> Rash Describe _____  |                                   |                                   |                              |
| Describe:  |  | <input type="checkbox"/> Burn Describe _____  |                                   |                                   |                              |
| Gait <input type="checkbox"/> Steady <input type="checkbox"/> Unsteady       |  | <input type="checkbox"/> Insect Bite _____  |                                   |                                   |                              |
|  |  | <input type="checkbox"/> Other _____  |                                   |                                   |                              |





102083  
FLETCHER, HELEN RENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1



Clearfield Hospital  
CLEARFIELD, PA 16830

**TRANSITIONAL CARE UNIT**  
**DISCHARGE SUMMARY**

Resident's Name: \_\_\_\_\_

Admitting Diagnosis: Remittal fx of Rantke

Admission Date: 3/16

Final Diagnosis and Prognosis: Remittal fx Rantke  
ASHD

Discharge Date: 3/27/01

Discharge To: Home

HBNF Course and Treatment: PT was given pain  
meds + PT OT and del very well  
at del del by a Bandit + was dx  
to Levee PO

Condition on Discharge: much improved

4/5/01  
Date

[Signature]  
Signature of Interdisciplinary Team Member

402608

2400062 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1



Clearfield  
Hospital

DISCHARGE ORDERS  
HOME CARE INSTRUCTIONS

RETURN TO PHYSICIAN'S OFFICE

★ CALL FOR APPOINTMENT DR. Davidsons office 1 month

★ CALL OTHER APPOINTMENT DR Polintans office in ~~2~~<sup>5</sup> weeks  
from 3/18/01 - 765-8590

REFERRAL:  LAB

OTHER (SPECIFY) Home Health, Home Health P.T. to see patient

DIAGNOSIS: S/P fx @ankle, ASHD, GERD, anemia

ACTIVITY ALLOWED

- NO RESTRICTIONS
- BATHROOM-SAME FLOOR
- BATHROOM-UPSTAIRS
- STAIRS-1XDAY
- WALK ABOUT IN HOUSE
- WALK OUTSIDE IN YARD
- RIDE IN CAR
- LIGHT HOUSEWORK
- WORK/SCHOOL
- SEXUAL ACTIVITY
- DRIVING
- LIFTING

OTHER Activity with walker as tolerated.

DIETS: REGULAR  SPECIAL

DIET INSTRUCTIONS GIVEN TO PATIENTS ON SPECIAL DIET.  YES  NO

TREATMENTS/DRESSINGS

- Pre Printed Discharge Instruction Sheet Provided Form #
- Own Medications Returned  Medication Cards Given  Food/Drug interaction information Given

I UNDERSTAND THESE INSTRUCTIONS:

3/22/01  
Date

Attending Physician Signature

Helen Fletcher  
Patient Signature

Barbara Ann J...  
Nurse Signature

MY FAMILY PHYSICIAN IS: (Name and Address)

IF MY PHYSICIAN DIRECTS, SEND A SUMMARY OF MY HOSPITALIZATION.

DISCHARGE ORDERS  
HOME CARE INSTRUCTIONS

103983  
Clearfield  
Hospital  
100471923 195-14-1475  
DAVIDSON JAMES P 234 A-

| Medications | Dose/Freq | Time to take your medication | Pres Given | Meds at Home | Patient Education/Side Effects |
|-------------|-----------|------------------------------|------------|--------------|--------------------------------|
| PLAVIX      | 75mg      | Daily                        |            |              | HAD 8AM<br>HAD 3PM NEED        |
| Ismo        | 20mg      | twice A DAY                  |            |              | HAD 8AM<br>HAD 10PM NEED       |
| Prosom      | 1/2mg     | at bedtime                   | X          |              | HAD 8AM<br>HAD 10PM NEED       |
| Cardene SR  | 30mg      | Twice A DAY                  |            |              | HAD 8AM<br>HAD 6PM NEED        |
| Prenacid    | 30mg      | Twice A DAY                  |            |              | HAD 8AM<br>HAD 6PM NEED        |

I understand these instructions

Signature *William J. Litchner*

MEDICAL RECORDS



102883  
 Clearfield  
 HELLEN IRENE  
 195-14-1475  
 DAVIDSON JAMES P  
 234 A-  
 03/16/01 ICU 1

DISCHARGE ORDERS  
 HOME CARE INSTRUCTIONS

| Medications   | Dose/Freq  | Time to take your medication     | Pres. Given | Meds at Home | Patient Education/Side Effects |
|---------------|------------|----------------------------------|-------------|--------------|--------------------------------|
| Lasix         | 40mg       | morning                          |             |              | HAD 8pm                        |
| Lasix         | 20mg       | evening                          |             |              | 6pm & NEED                     |
| Atenolol      | 25mg       | Daily                            |             |              | HAD 8pm                        |
| Lipitor       | 80mg       | Daily                            | X           |              | HAD 8pm                        |
| K-Dur         | 20meq      | Twice A Day                      |             |              | HAD 8pm & 6pm NEED             |
| DARVOCTIN-100 | ONE TABLET | every 4 hours as needed for pain | X           |              | 10pm lost dose                 |

I understand these instructions

Signature *Helen Helles*

MEDICAL RECORDS

100883  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234  
03/16/01 F ICU I

# CLEARFIELD HOSPITAL

## A-CONSENT TO PROCEDURE(S) AND THE RENDERING OF OTHER MEDICAL SERVICES

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. I authorize and direct, \_\_\_\_\_, my physician and/or associates/assistants of his choice to perform the following procedure upon me: \_\_\_\_\_

and/or to do any other therapeutic procedures that (his) (their) judgement may dictate to be advisable for my well-being. I consent to the photographing or televising of the procedures to be performed for medical, scientific, or educational purposes. I consent to the possible presence of an observer in the operating room during my surgical care.

2. The nature and purpose of the operation, procedure, anesthesia, and/or blood transfusions, the necessity therefore, the possible alternative methods of treatment, the risks involved, benefits and the possibility of complication in the treatment of my condition have been fully explained to me by my physician, and I understand the same.

3. I have also been informed there are other risks such as \_\_\_\_\_

that are incident to the performance of the procedure. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made concerning the results of the procedure.

It has been explained to me, and I understand, what blood component transfusion is, and what procedures will be used. The associated risks, benefits, and alternatives have been explained to me, and any questions I had concerning the procedure have been answered.

I am aware that the blood products have been screened for hepatitis, HIV antibodies (connected with the AIDS virus), and certain other infectious diseases, by currently accepted methods. I further understand that no guarantee has been made regarding the outcome of the transfusion, and that even though the products are tested, a small risk of contracting AIDS, hepatitis or other infectious disease remains.

4. I hereby authorize and direct the above named physician and/or his associates or assistants to provide such additional services for me as he or they may deem necessary or desirable, including transfusion and the performance of services involving radiology and pathology, and I hereby consent thereto.

5. I hereby authorize the hospital pathologist to use his discretion in the disposal of any severed tissue or member.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Witness (to signature only)  
(If patient is unable to sign or is a minor, sign below)

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Relationship to Patient

### MEDICAL CONSENT

Permission is hereby granted to Clearfield Hospital through Dr. DAVIDSON or another physician who he may designate, to provide medical services as may be deemed necessary.

[Signature]  
Witness (to signature only)  
(If patient is unable to sign or is a minor, sign below)

[Signature]  
Patient's Signature

\_\_\_\_\_  
Responsible Party Signature/Relationship

3/16/01 10:30am  
Date/Time

# CLEARFIELD HOSPITAL

# OPTIONS CHOICE FORM

Patient's Name \_\_\_\_\_  
 Date \_\_\_\_\_  
 Verbal Order \_\_\_\_\_  
 Written Order \_\_\_\_\_  
 Physician \_\_\_\_\_

2488062 102883

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F ICU I

**HOME HEALTH / HOSPICE SERVICES**

Your physician has ordered Home Health / Hospice Services upon discharge. I have been presented with a list of providers and the provider I choose is: Clearfield Hospital Home Health

**DURABLE MEDICAL EQUIPMENT**

Your physician has ordered the following Durable Medical Equipment for your use: youth std walker

I have been presented with a list of vendors in my service area and the vendor I choose to provide this equipment is:

Clear Care 765-0221

A Hospital/Home Health representative will call your chosen agency or vendor to inform them of your needs and any specific instructions related to your plan of care. When you sign below, you are giving the Hospital/Home Health Agency permission to release your name, address, phone number, physician, diagnosis, and health insurance information to the agency or vendor.\*

Helen Fletcher  
 PATIENT SIGNATURE

DATE

Cheryl D Henry PTA 2-27-01  
 HOSPITAL/HOME HEALTH REP. SIGNATURE DATE

RESPONSIBLE PARTY SIGNATURE

DATE

RELATIONSHIP TO PATIENT

\*A copy of your Discharge Summary and History & Physical will be sent to the agency for purposes of continuing care.

**AMBULANCE TRANSPORT SERVICE\***

Your physician has ordered ambulance transport service. I have a card for \_\_\_\_\_

ambulance service. I do not belong to any ambulance service and choose \_\_\_\_\_

ambulance to provide my transport.

A representative of Clearfield Hospital/Home Health will call the ambulance provider you have chosen. By signing below, you are giving us permission to release your name, address, phone number, physician, diagnosis, and health and insurance information to the ambulance transport service.

PATIENT SIGNATURE

DATE

HOSPITAL/HOME HEALTH REP. SIGNATURE

DATE

RESPONSIBLE PARTY SIGNATURE

DATE

RELATIONSHIP TO PATIENT

\* Must be an approved ALS transport service.

2481062 10288

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1



Clearfield Hospital  
CLEARFIELD, PA 16830

TRANSITIONAL CARE UNIT

PHARMACY CONSULT/  
DRUG REGIME REVIEW

- 1. Indication for each drug?  Yes  No  Other
- 2. Indications not treated?  Yes  No  Other
- 3. Therapeutic duplications?  Yes  No  Other
- 4. Dose/frequency/route OK?  Yes  No  Other
- 5. Drug interaction?  Yes  No  Other
- 6. Positive clinical response?  Yes  No  Other
- 7. Adverse effects?  Yes  No  Other
- 8. Appropriate labs, etc.?  Yes  No  Other
- 9. Lab tests in limits?  Yes  No  Other
- 10. Continued use appropriate?  Yes  No  Other
- 11. Psychoactive drug use appropriate?  Yes  No  Other
- 12. Administration times appropriate?  Yes  No  Other

Suggestions:  $CL_{CR} \approx 36.9$  BASED ON  $CL_{CR}$  OF 1.0 ON 3/12/01. PREVIOUS SHOULD BE GIVEN DAILY. NO DOSE ADJUSTMENTS ARE NECESSARY. THANK YOU

Date: 3-19-01

Pharmacist Signature: [Signature]

Date: 3/19/01

Director of Nursing Signature: [Signature]

Date: 3/19/01

Attending Physician Signature: [Signature] 3/19/01

247 8362 10033  
 FLETCHER HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F ICU 1



**TRANSITIONAL CARE UNIT  
 ADMISSION CHECKLIST**

I received a copy of the following items and they were reviewed with me upon admission to the nursing facility:

- Resident Handbook  Privacy Act
- Resident Rights: Oral and written information regarding resident rights and responsibilities per the policies of this facility and state and federal requirements
- Written description of manner of protecting personal funds
- Written complaint procedure for resident abuse, neglect and misappropriation of resident property
- Name, specialty and way of contacting the physician responsible for my care
- Information regarding any charge not covered by my primary insurance
- Advance Directives

Does resident have an advance directive:  Yes  No

If no - does resident wish to formulate an advanced directive  Yes  No

Organ and/or tissue donation  Yes  No

- Smoke free environment
- Key to bedside stand
- Pharmacy--Residents may purchase prescribed medications from the pharmacy of their choice. The resident assumes the responsibility that applicable long term care pharmacy regulations are met.

Helen Fletcher  
 Resident Signature/Responsible Party & Relationship to Resident

3/16/01  
 Date

Cecilia Kelly R. Da  
 Staff Signature

3/16/01  
 Date

277 10033  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU I



Clearfield Hospital  
CLEARFIELD, PA 16830

**TRANSITIONAL CARE UNIT**  
**MEDICARE COVERAGE**  
**FOR SERVICES**

Medicare coverage determination is made on or prior to admission by assessing the resident's current orders, needs and physical condition. The resident must meet Medicare criteria for skilled care to be eligible for coverage. One criteria that must be met is that the resident required the services of a licensed nurse or licensed therapist. Custodial care and intermediate care are not covered.

Medicare coverage is not automatic and may be discontinued at any time during the resident's stay as the resident's level of care changes. If the resident's level of care changes, the resident's responsible party will be notified by the social worker.

Medicare pays 100% for days 1 - 20 in a skilled nursing facility. A \$ 99.00 per day copayment is required for days 21 - 100 of each Medicare benefit period. The Credit Office will verify any secondary insurance coverage that might cover this amount prior to or at the time of admission. If the resident has no secondary coverage, or if it does not cover this amount, the resident is required to pay this amount.

I have read and understand the above statements regarding the resident's Medicare coverage.

3/16/01  
Date

3/16/01  
Date

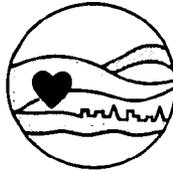
Helen Fletcher  
Resident/Responsible Party

Cecilia Kelly R. Don  
Witness



2408062 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU I



CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

PHYSICIAN'S ORDERS

TRANSITION CARE UNIT

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

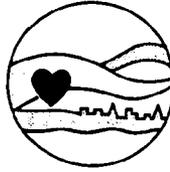
ALLERGIES

| ORDER NO. | DATE    | TIME                | ORDERS  | HEIGHT: | WT. | SIGNATURE OF NURSE NOTING ORDER | DATE    | TIME     |
|-----------|---------|---------------------|---|---------|-----|---------------------------------|---------|----------|
|           | 3/19/01 |                     | Percent T 9 4h PAIN sun pain<br>Humbel 2# T 890<br>Lorazepam 500mg po qd x 10 days<br>CBC 5dy SMA-7 in am |         |     | [Signature]                     | 3/19/01 | 9:25     |
|           | 3/20/01 | 12 <sup>32</sup> AM | 24°v J Manselk  |         |     |                                 |         |          |
|           | 3/21/01 | 12mn                | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/22/01 | 12 <sup>10</sup> AM | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/23/01 | 12 <sup>20</sup> AM | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/23/01 |                     | Reorder Darvocet T 9 4h PAIN pain<br>p.o. Dr. Masch 10x (in am)   |         |     | [Signature]                     | 3/23/01 | 1:30     |
|           | 3/24/01 | 12 <sup>12</sup> AM | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/25/01 | 12 <sup>50</sup> AM | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/26/01 | 12 <sup>19</sup> AM | 24°v J Manselk -  |         |     |                                 |         |          |
|           | 3/26/01 | 11 <sup>54</sup> AM | D/C Lovenox<br>Verbal order Dr. Davidson / Dr. Kephart Pr.  |         |     | [Signature]                     | 3/26/01 | 11:54 AM |
|           | 3/27/01 | 12 <sup>45</sup> AM | 24°v J Manselk  |         |     | [Signature]                     | 3/27/01 | 12:06 PM |

8 AM

2488062 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1



CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

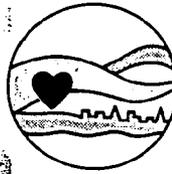
PHYSICIAN'S ORDERS

TRANSITIONAL CARE UNIT

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

| ALLERGIES |                    |                 | HEIGHT:  | WT.                             |         |          |
|-----------|--------------------|-----------------|--|---------------------------------|---------|----------|
| ORDER NO. | DATE               | TIME            | ORDERS   | SIGNATURE OF NURSE NOTING ORDER | DATE    | TIME     |
|           | 3/17/01            | 11 AM           | V.O. over phone to Dr Polinton to clarify weight bearing status. Pt is to be TTWB (R) LE<br>V.O. Dr Polinton / [Signature] PT  |                                 |         |          |
|           | <del>3/18/01</del> | <del>12mn</del> | <del>24° v [Signature]</del>   |                                 |         |          |
| 3         | 3/18/01            | 11:31 AM        | when discharge, please call my office to set up an appointment for Mrs. Fletcher. To see me is approximately 5 wks. She is to continue TTWB (R) till I see her in my office. | [Signature]                     |         |          |
|           |                    |                 |  | [Signature]                     | 3/18/01 | 11:38 AM |
|           |                    |                 |  | [Signature]                     | 3/18/01 | 11:44 AM |
|           | 3/19/01            |                 | 24° v Mrs. Clark [Signature]   |                                 |         |          |

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P. 234-A-  
 03/16/01 F TCU 1



**CLEARFIELD HOSPITAL**  
 CLEARFIELD, PA 16830

**PHYSICIAN'S ORDERS**

Transmitted by \_\_\_\_\_

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

**ALLERGIES**

| ORDER NO. | DATE    | TIME  | ORDERS  | HEIGHT:                         | WT.     |         |
|-----------|---------|-------|---|---------------------------------|---------|---------|
|           |         |       |   | SIGNATURE OF NURSE NOTING ORDER | DATE    | TIME    |
| 3/16/01   | AM      |       | OT Clarification Orders: skilled OT services QD bxwKx3wks to address ADLs, functional activities, then ex, light IADLs, energy conservation, & functional mobility for tasks.<br>V.O. DR. Davidson / N. Johnson |                                 |         |         |
| 3/15/01   |         | 3 pm  | please see opt's order written 3/15/01  |                                 |         |         |
|           |         |       | Thank you.  |                                 |         |         |
|           |         |       |   | C. Bloomer                      | 3:29 PM | 3/16/01 |
|           |         |       |   | Skittwhite ed                   |         |         |
| 3/14/01   | 5:40    |       | PT clarification orders: for skilled PT services QDX6XWKX3WKS for Ther Ex, Theract & TTWB GT to further address w/d functional mobility V.O. Dr Davidson / S. [Signature]                                       |                                 |         |         |
|           | 3/17/01 | 12 AM | 24v Mansel -  |                                 |         |         |

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FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475

DAVIDSON JAMES P 234 A-

Fletcher, Helen P/O1 F TCU 234A



# Clearfield Hospital

CLEARFIELD, PA 16830

## TRANSITIONAL CARE UNIT PHYSICIAN'S ADMISSION ORDERS

1. Admit to **Nursing Facility** for skilled level of care

2. Diagnosis: Thrombolytic for stroke

3. Allergies: None

4. Resident has been made aware of his/her **Medical Condition**  
 Yes  No, due to:  
 Deemed medically contraindicated  
 Incapable of understanding

5. **Rehabilitation potential** to meet functional goals:  
 Good  Fair  Poor

6. Hospital data are acceptable: This information is state specific and needs to be modified for use at each facility.  
Examples of information that may be listed:  
History and physical  Yes  No  
CBC  Yes  No  
UA  Yes  No  
Chest X-ray  Yes  No  
PPD  Yes  No

7. **Resuscitation Status:**  Full Code  
 No Code, refer to progress note dated \_\_\_\_\_ for rationale.

8. Resident may participate in individual & group **Activities**  
 Yes  
 No, restrictions & reason: \_\_\_\_\_

9. **Evaluate and Treat for**  
 PT  OT  ST

10. **Diet**  Reg  Other Cardiac (#1)  
 Tube feeding/formula:  
Rate \_\_\_\_\_ cc/hr. Calories \_\_\_\_\_ 24 hrs  
Total Volume \_\_\_\_\_  
 Other \_\_\_\_\_  
Type and size of tube: \_\_\_\_\_  
 Flush Per Policy  
 Supplement if indicated  
 Diet Holiday 2 times per week

11. **Vital Signs**  Daily  Every Shift  
Other \_\_\_\_\_

12. **Routine medications:** Generic equivalent permitted unless checked

| Medication    | Frequency  |
|---------------|------------|
| Plavix 75mg   | daily      |
| Isosin 20mg   | BID        |
| Protonix 40mg | 1x/HS      |
| Cardura 30mg  | BID        |
| Plavix 30mg   | BID        |
| Lasix 40mg    | am 20mg PM |
| Advant 25mg   | po qd      |
| Hytrin 40mg   | qd         |
| Kelco 20mg    | BID        |

13. **PRN Medications** - Note Dose/Route/Frequency  
Pain: Permit 7 q 4h severe pain  
Antipyretic (temp. > 100): \_\_\_\_\_  
Other: pericidin TID PRN  
Proton 30mg PRN  
Ultram 50mg po tid PRN pain  
Permit N-100 q 4h PRN pain

14. **Intravenous Therapy Solution**, frequency and duration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **Treatments:**  
Lasix 30mg SC q/d

16. **Misc. Orders/Consults:**  
Consult Dr. Parbiter  
In PT  
C. Bloom MD  
10:51 AM

Signature (M.D./D.O.) \_\_\_\_\_

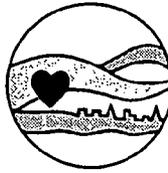
Date \_\_\_\_\_  
3/16/18  
10:20 AM

GENERIC SUBSTITUTION IS PERMISSABLE

2487403 102883

FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
POLINTAN, ROBERTO S. 202  
03/12/01

(IMPRINT PATIENT'S PLATE IN THIS SPACE)

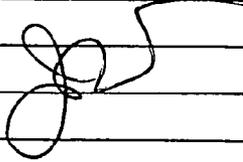


CLEARFIELD HOSPITAL  
CLEARFIELD, PA 16830

PHYSICIAN'S ORDERS

TRANSFER TO SAME UNIT

ALLERGIES

| ORDER NO. | DATE           | TIME  | ORDERS   | HEIGHT:                         | WT. | DATE    | TIME     |
|-----------|----------------|-------|--|---------------------------------|-----|---------|----------|
|           |                |       |  | SIGNATURE OF NURSE NOTING/ORDER |     |         |          |
|           | 3/15/01        |       | OK for transfer to ICU   |                                 |     |         |          |
|           |                |       |  |                                 |     | 3/15/01 | 10:45 AM |
|           | <u>3/15/01</u> |       | My transfer to ICU if bed is available.  |                                 |     |         |          |
|           |                |       | 10 pbs order   |                                 |     |         |          |
|           |                |       | Physical therapy for ambulation with walker for foot                               |                                 |     |         |          |
|           |                |       | Flu - to my office in about 1-2 weeks  |                                 |     |         |          |
|           | 3/16/01        | 00:30 |  |                                 |     |         |          |

3/

S. Mainer 3/15/01 140pm

102883  
FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU I



Clearfield Hospital  
CLEARFIELD, PA 16830

**TRANSITIONAL CARE UNIT**  
**MEDICARE CERTIFICATION**  
**AND RECERTIFICATION**

Date of Admission 3/16/2001

**ADMISSION CERTIFICATION**

I certify that skilled nursing facility care is necessary for the following reason(s):

*Skilled nursing to do CP & Circulatory assessment. PT  
NOT to strength, ambulate & do safe transfers.*

[Signature] 3/16/2001  
Attending Physician Date

**RECERTIFICATION**

On or before the 14th  
day of skilled care

I certify that continued skilled nursing care is necessary for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Due Attending Physician Date

**2nd RECERTIFICATION**

On or before the 44th day

I certify that continued skilled nursing care is necessary for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Due Attending Physician Date

**3rd RECERTIFICATION**

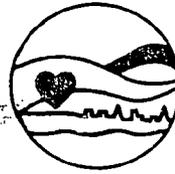
On or before the 74th day

I certify that continued skilled nursing care is necessary for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date (Day 100 of Medicare Benefit Period) Attending Physician Date

16-883  
 FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU 1



CLEARFIELD  
 HOSPITAL

GRAPHIC SHEET

KEY  
 X - Pulse  
 • - Temp.  
 AX - Axillary  
 R - Rectal

| DATE             |             | 3-16-01 |      |      | 3-17-01 |      |      | 3-18-01 |      |      | 3-19-01 |      |      | 3-20-01 |      |      |      |   |   |
|------------------|-------------|---------|------|------|---------|------|------|---------|------|------|---------|------|------|---------|------|------|------|---|---|
| ADM/OR DAYS      |             | Adm.    |      |      | 1       |      |      | 2       |      |      | 3       |      |      | 4       |      |      |      |   |   |
| ATB DAYS         |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| PULSE            | CENT. TEMP. | A.M.    |      |      | P.M.    |      |      | A.M.    |      |      | P.M.    |      |      | A.M.    |      |      | P.M. |   |   |
|                  |             | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12   | 4 | 8 |
| 160              | 41C         |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 150              | 40          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 140              |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 130              | 39          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 120              |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 110              | 38          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 100              |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 90               | 37          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 80               |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 70               | 36          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 60               |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 50               | 35          |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| RESPIRATIONS     |             |         |      |      | 12      | 18   |      | 80      | 16   |      | 70      | 20   |      | 84      | 18   |      |      |   |   |
| BLOOD PRESSURE   |             |         |      |      | 130     | 60   |      | 130     | 60   |      | 140     | 70   |      | 152     | 84   |      |      |   |   |
| HT 5'2" WT 156.3 |             |         |      |      |         |      |      |         |      |      | 159.3   |      |      |         |      |      |      |   |   |
| INTAKE           | ORAL        | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 |      |   |   |
|                  | PARENTERAL  |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
|                  | 8 HR. TOTAL |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| OUTPUT           | URINE       |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
|                  | 8 HR. TOTAL |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| STOOL            |             |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
| 24 HR. SUM.      | INTAKE      |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |
|                  | OUTPUT      |         |      |      |         |      |      |         |      |      |         |      |      |         |      |      |      |   |   |

F°  
 105.8  
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 96.8  
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270052 10,383  
 FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU 1



**CLEARFIELD HOSPITAL**  
 GRAPHIC SHEET TRANSITIONAL CARE UNIT

KEY  
 X - Pulse  
 • - Temp.  
 AX - Axillary  
 R - Rectal

| DATE           |             | 3-25-01 |      |      | 3-26-01 |      |      | 3-27-01 |      |      |      |      |      |      |      |      |      |   |   |
|----------------|-------------|---------|------|------|---------|------|------|---------|------|------|------|------|------|------|------|------|------|---|---|
| ADM/OR DAYS    |             | 10      |      |      | 11      |      |      | 12      |      |      |      |      |      |      |      |      |      |   |   |
| ATB DAYS       |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| PULSE          | CENT. TEMP. | A.M.    |      |      | P.M.    |      |      | A.M.    |      |      | P.M. |      |      | A.M. |      |      | P.M. |   |   |
|                |             | 12      | 4    | 8    | 12      | 4    | 8    | 12      | 4    | 8    | 12   | 4    | 8    | 12   | 4    | 8    | 12   | 4 | 8 |
| 160            | 41C         |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 150            | 40          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 140            |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 130            | 39          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 120            |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 110            | 38          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 100            |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 90             | 37          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 80             |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 70             | 36          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 60             |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 50             | 35          |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| RESPIRATIONS   |             | 20      |      |      | 16      |      |      | 20      |      |      |      |      |      |      |      |      |      |   |   |
| BLOOD PRESSURE |             | 122/78  |      |      | 120/60  |      |      | 158/76  |      |      |      |      |      |      |      |      |      |   |   |
| HT.            | WT.         |         |      |      | 156.3   |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| INTAKE         | ORAL        | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 | 7-3  | 3-11 | 11-7 |      |   |   |
|                | PARENTERAL  |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
|                | 8 HR. TOTAL |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| OUTPUT         | URINE       |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
|                |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
|                | 8 HR. TOTAL |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| STOOL          |             |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
| 24 HR. SUM.    | INTAKE      |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |
|                | OUTPUT      |         |      |      |         |      |      |         |      |      |      |      |      |      |      |      |      |   |   |

F°  
 105.8  
 104  
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 100.4  
 98.6  
 96.8  
 95

FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU 1



Clearfield Hospital  
 CLEARFIELD, PA 16830

**TRADITIONAL CARE UNIT  
 NURSING ADL FLOW SHEET**

|               |                                    | DATE 3-16-01 |      |             | DATE 3-17-01 |       |             | DATE 3-18-01 |       |       | DATE 3-19-01 |       |             |
|---------------|------------------------------------|--------------|------|-------------|--------------|-------|-------------|--------------|-------|-------|--------------|-------|-------------|
|               |                                    | 7-3          | 3-11 | 11-7        | 7-3          | 3-11  | 11-7        | 7-3          | 3-11  | 11-7  | 7-3          | 3-11  | 11-7        |
| MENTAL STATUS | Alert                              |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    | MSC   | [Signature]  | 6:00  | [Signature] |
|               | Oriented                           |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    | MSC   | [Signature]  | 6:00  | [Signature] |
|               | Confused                           |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Unresponsive                       |              |      |             |              |       |             |              |       |       |              |       |             |
| ACTIVITIES    | Up Ad Lib                          |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Up in Chair                        |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    |       | [Signature]  | 6:00  |             |
|               | Amb c Assist                       |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    | MSC   | [Signature]  | 6:00  | [Signature] |
|               | Ambulatory Device <i>walker</i>    |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    | MSC   | [Signature]  | 6:00  | [Signature] |
| HYGIENE       | Bath/Shower                        |              |      |             |              |       |             |              |       |       |              |       |             |
|               | A.M. Care                          |              |      |             | RL           |       |             | RL           | RL    |       | [Signature]  |       |             |
|               | P.M. Care (Note Assistance Needed) |              |      |             |              |       |             |              |       |       |              |       |             |
| NUTRITION     | Diet B                             |              |      |             | 80%          |       |             | 90%          |       |       | 100%         |       |             |
|               | Document% L                        | 80%          |      |             | 50%          |       |             | 70%          |       |       | 100%         |       |             |
|               | Consumed D                         | 30%          | 30%  |             |              | 95%   |             |              | 95%   |       |              | 50%   |             |
|               | Supplement                         |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Adaptive Equip.                    |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Feeder/Asst.                       |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Independent                        |              | MSC  | [Signature] | RL           | MSC   | [Signature] | RL           | RL    | MSC   | [Signature]  | 6:00  | [Signature] |
| ELIMINATION   | Voided Continent/Incontinent       |              | Cont | Cont.       | Cont.        | Cont. | Cont.       | Cont.        | Cont. | Cont. | Cont.        | Cont. | Cont.       |
|               | Catheter                           |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Catheter Care                      |              |      |             |              |       |             |              |       |       |              |       |             |
| I.V. THERAPY  | Site Checked q 2 Hrs.              |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Site Changed q 72 Hrs.             |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Dressing Changed q 72 Hrs.         |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Tubing Changed q 72 Hrs.           |              |      |             |              |       |             |              |       |       |              |       |             |
|               | IVPB Tubing Changed q 72 Hrs.      |              |      |             |              |       |             |              |       |       |              |       |             |
|               | Needle Size                        |              |      |             |              |       |             |              |       |       |              |       |             |

| Initials    | Signature   | Initials | Signature        | Initials    | Signature   |
|-------------|-------------|----------|------------------|-------------|-------------|
| [Signature] | [Signature] | MSC      | Melody S. Clarke | [Signature] | Judy Hansel |
| RL          | [Signature] | 6:00     | [Signature]      |             |             |

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 LETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU I



Clearfield Hospital  
 CLEARFIELD, PA 16830

**TRADITIONAL CARE UNIT  
 NURSING ADL FLOW SHEET**

|               |   | DATE  | 3-20-01 |       |       | 3-21-01 |       |       | 3-22-01 |       |       | 3/23/01 |       |       |
|---------------|---|-------|---------|-------|-------|---------|-------|-------|---------|-------|-------|---------|-------|-------|
|               |   | SHIFT | 7-3     | 3-11  | 11-7  | 7-3     | 3-11  | 11-7  | 7-3     | 3-11  | 11-7  | 7-3     | 3-11  | 11-7  |
| MENTAL STATUS | Alert                                     |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   | TP    | RL      | OK    | OK    |
|               | Oriented                                  |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   | TP    | RL      | OK    | OK    |
|               | Confused                                  |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Unresponsive                              |       |         |       |       |         |       |       |         |       |       |         |       |       |
| ACTIVITIES    | Up Ad Lib                                 |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Up in Chair                               |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   |       | RL      | OK    | OK    |
|               | Amb c Assist                              |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   | TP    | RL      | OK    | OK    |
|               | Ambulatory Device <i>walker</i>           |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   | TP    | RL      | OK    | OK    |
| HYGIENE       | Bath/Shower                               |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | A.M. Care                                 |       | RL      |       |       | RL      |       |       | RL      |       |       | RL      |       |       |
|               | P.M. Care <i>(Note Assistance Needed)</i> |       |         | OK    |       |         | OK    |       |         | MSC   |       |         | OK    |       |
| NUTRITION     | Diet B                                    |       | 100%    |       |       | 90%     |       |       | 100%    |       |       | 100%    |       |       |
|               | Document% L                               |       | 80%     |       |       | 80%     |       |       | 85%     |       |       | 100%    |       |       |
|               | Consumed D                                |       |         | 90%   |       |         | 95%   |       |         | 90%   |       |         | 90%   |       |
|               | Supplement                                |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Adaptive Equip.                           |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Feeder/Asst.                              |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Independent                               |       | RL      | OK    | OK    | RL      | OK    | OK    | RL      | MSC   | TP    | RL      | OK    | OK    |
| ELIMINATION   | Voided Continent/Incontinent              |       | Cont.   | Cont. | Cont. |
|               | Catheter                                  |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Catheter Care                             |       |         |       |       |         |       |       |         |       |       |         |       |       |
| I.V. THERAPY  | Site Checked q 2 Hrs.                     |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Site Changed q 72 Hrs.                    |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Dressing Changed q 72 Hrs.                |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Tubing Changed q 72 Hrs.                  |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | IVPB Tubing Changed q 72 Hrs.             |       |         |       |       |         |       |       |         |       |       |         |       |       |
|               | Needle Size                               |       |         |       |       |         |       |       |         |       |       |         |       |       |

| Initials | Signature          | Initials | Signature              | Initials | Signature          |
|----------|--------------------|----------|------------------------|----------|--------------------|
| RL       | <i>James Brown</i> | OK       | <i>OK Davidson</i>     | TP       | <i>Judy Hansel</i> |
|          |                    | MSC      | <i>Melody S. Clark</i> |          |                    |
|          |                    |          |                        |          |                    |

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 FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU 1



Clearfield Hospital  
 CLEARFIELD, PA 16830

**TRADITIONAL CARE UNIT  
 NURSING ADL FLOW SHEET**

|               |                                    | DATE 3-24-01 |      |      | 3-25-01 |      |      | 3-26-01 |      |      | 3-27-01 |      |      |
|---------------|------------------------------------|--------------|------|------|---------|------|------|---------|------|------|---------|------|------|
|               |                                    | 7-3          | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 | 7-3     | 3-11 | 11-7 |
| MENTAL STATUS | Alert                              | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  | TP   | RL      |      |      |
|               | Oriented                           | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  | TP   | RL      |      |      |
|               | Confused                           |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Unresponsive                       |              |      |      |         |      |      |         |      |      |         |      |      |
| ACTIVITIES    | Up Ad Lib                          |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Up in Chair                        | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  |      | RL      |      |      |
|               | Amb c Assist                       | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  | TP   | RL      |      |      |
|               | Ambulatory Device Walker           | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  | TP   | RL      |      |      |
| HYGIENE       | Bath/Shower                        |              |      |      |         |      |      |         |      |      |         |      |      |
|               | A.M. Care                          | LC           |      |      | Da      |      |      | RL      |      |      | RL      |      |      |
|               | P.M. Care (Note Assistance Needed) |              | Da   |      | Da      |      |      |         | MSC  |      |         |      |      |
| NUTRITION     | Diet B                             | 100%         |      |      | 100%    |      |      | 100%    |      |      | 100%    |      |      |
|               | Document% L                        | 100%         |      |      | 100%    |      |      | 95%     |      |      |         |      |      |
|               | Consumed D                         |              | 100  |      |         | 100% |      |         | 95%  |      |         |      |      |
|               | Supplement                         |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Adaptive Equip.                    |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Feeder/Asst.                       |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Independent                        | LC           | Da   | Da   | Da      | Da   | Da   | RL      | MSC  | TP   | RL      |      |      |
| ELIMINATION   | Voided Continent/Incontinent       | Cont         | Cont | Cont | Cont    | Cont | Cont | Cont    | Cont | Cont | Cont    |      |      |
|               | Catheter                           |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Catheter Care                      |              |      |      |         |      |      |         |      |      |         |      |      |
| I.V. THERAPY  | Site Checked q 2 Hrs.              |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Site Changed q 72 Hrs.             |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Dressing Changed q 72 Hrs.         |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Tubing Changed q 72 Hrs.           |              |      |      |         |      |      |         |      |      |         |      |      |
|               | IVPB Tubing Changed q 72 Hrs.      |              |      |      |         |      |      |         |      |      |         |      |      |
|               | Needle Size                        |              |      |      |         |      |      |         |      |      |         |      |      |

| Initials | Signature   | Initials | Signature       | Initials | Signature   |
|----------|-------------|----------|-----------------|----------|-------------|
| LC       | [Signature] | Da       | [Signature]     | RL       | [Signature] |
| MSC      | [Signature] | MSC      | Melody S. Clark | TP       | [Signature] |





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 FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
 DAVIDSON JAMES P 234 A-  
 03/16/01 F TCU I



**Clearfield Hospital**  
 Clearfield, PA 16830

**Transitional Care Unit  
 Interdisciplinary Education Record**

Teaching Candidate:

- Resident     Family Member     Friend     Care Giver  
 Yes     No (if no, explain) \_\_\_\_\_

Teaching Method:

- (A) Videotape/Filmstrip    (B) Demonstration    (C) Reading Material  
 (D) Verbal Explanation    (E) Other (Explain) \_\_\_\_\_

Evaluation:

- A. Requires further practice/understanding    D. Demonstrates independently  
 B. Verbalizes full understanding    E. Demonstrates with assistance  
 C. Verbalizes partial understanding

|                  |          | Subject Content  | Signature/Title |
|------------------|----------|--|-----------------|
| Date             | 3/16/01  | Explained call bell system - oriented to surroundings. |                 |
| Time             | 10:40 AM |  |                 |
| Teaching Method* | B, D     |  |                 |
| Evaluation*      | B        |  |                 |

|                  |          | Subject Content | Signature/Title |
|------------------|----------|-----------------|-----------------|
| Date             | 3/16/01  | Catheter        | B. Clark R.S.   |
| Time             | 11:40 AM |                 |                 |
| Teaching Method* | D        |                 |                 |
| Evaluation*      | B        |                 |                 |

|                  |         | Subject Content   | Signature/Title |
|------------------|---------|---|-----------------|
| Date             | 3/19/01 | Explained reason for taking Lasix, Humalin LA - side effects. |                 |
| Time             | 9 AM    |   |                 |
| Teaching Method* | D       |   |                 |
| Evaluation*      | B       |   |                 |





Complete the following utilizing the definitions and directions referenced in the MDS 2.0 manual

Date

3/10 3/17 3/18 3/19 3/20 3/21 3/22

**MOOD AND BEHAVIOR PATTERNS - (MOOD PERSISTENCE)**

**E2. MOOD PERSISTENCE (Enter appropriate code)** One or more indicators of depressed, sad or anxious mood (as defined in Sect. E1.) were not easily altered by attempts to "cheer up", console, or reassure the resident throughout the day.

- 0. No mood indicators
- 1. Indicators present, easily altered
- 2. Indicators present, not easily altered.

**E4. BEHAVIORAL SYMPTOMS: (A) ✓ Check if behavior present during the day (B) ✓ Check if behavior was NOT easily altered**

**WANDERING** - Moved with no rational purpose, seemingly oblivious to needs or safety.

**VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS** - Others were threatened, screamed at, cursed at

**PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS** - Others were hit, shoved, scratched, sexually abused

**SOCIALLY INAPPROPRIATE / DISRUPTIVE BEHAVIORAL SYMPTOMS** - Made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disturbing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings.

**RESISTS CARE** - Resisted taking medication/injections, ADL assistance, or eating

**TIVITY PURSUIT PATTERNS**

**N1. TIME AWAKE (Check appropriate time periods for each day)**

Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:

a. Morning (7AM - 12NOON)

b. Afternoon (12NOON - 5PM)

c. Evening (5PM - HS or 10PM)

d. NONE OF THE ABOVE

**N2. AVERAGE TIME INVOLVED IN ACTIVITIES**

- 0. Most - more than 2/3 of time
- 1. Some - from 1/3 to 2/3 of time
- 2. Little - less than 1/3 of time
- 3. None

Initials of Person Completing Daily Documentation for this side

|   | 3/10 | 3/17 | 3/18 | 3/19 | 3/20 | 3/21 | 3/22 |
|---|------|------|------|------|------|------|------|
| <b>E2. MOOD PERSISTENCE</b>                                     | 0    | 0    | 0    | 0    | 0    | 0    | 0    |
| <b>E4. BEHAVIORAL SYMPTOMS</b>                                  |      |      |      |      |      |      |      |
| WANDERING   |      | 0    | 0    | 0    | 0    |      |      |
| VERBALLY ABUSIVE  |      | 0    | 0    | 0    | 0    |      |      |
| PHYSICALLY ABUSIVE  |      | 0    | 0    | 0    | 0    |      |      |
| SOCIALLY INAPPROPRIATE  |      | 0    | 0    | 0    | 0    |      |      |
| RESISTS CARE  |      | 0    | 0    | 0    | 0    |      |      |
| <b>TIVITY PURSUIT PATTERNS</b>                                  |      |      |      |      |      |      |      |
| <b>N1. TIME AWAKE</b>   |      |      |      |      |      |      |      |
| a. Morning (7AM - 12NOON)                                       | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| b. Afternoon (12NOON - 5PM)                                     | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| c. Evening (5PM - HS or 10PM)                                   |      |      |      |      |      |      |      |
| d. NONE OF THE ABOVE  |      |      |      |      |      |      |      |
| <b>N2. AVERAGE TIME INVOLVED IN ACTIVITIES</b>                  | 2    |      |      |      |      | 1    | 1    |
| Initials of Person Completing Daily Documentation for this side | hp   | uwn  | uwn  | hp   | hp   | hp   | hp   |

RESIDENT NAME Heleen I. Fletcher

MDS / Quarterly Assessment Date 3/23 3/24 3/25 3/26 3/27 3/28 3/29

Complete the form utilizing the definitions and directions referenced in the MDS 2.0 manual Date 3/23

**COGNITIVE PATTERNS**

1 Short-Term Memory OK - seems/appears to recall after 5 minutes  
 O. Memory OK 1. Memory problem

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

B2b Long-Term Memory OK - seems/appears to recall long past  
 O. Memory OK 1. Memory problem

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

B3 Memory / Recall Ability - (Check all that resident was normally able to recall.)

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|---|

Location of own room

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|---|

Staff names/faces

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|---|

That he/she is in a nursing home

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|---|---|---|---|---|

NONE OF ABOVE are recalled

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

B4 Cognitive Skills for Daily Decision-Making (Made decisions regarding tasks of daily life)  
 0. INDEPENDENT - decisions consistent/reasonable  
 1. MODIFIED INDEPENDENCE - some difficulty in new situations only  
 2. MODERATELY IMPAIRED - decisions poor: cues/supervision required  
 3. SEVERELY IMPAIRED - never/rarely made decisions

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

B5 Indicators of Delirium - Periodic Disordered Thinking/Awareness  
 (Code for behavior throughout the day.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.]  
 0. Behavior not present  
 1. Behavior present, not of recent onset  
 2. Behavior present, over last 24 hours appears different from resident's usual function (e.g. new onset or worsening)

a. EASILY DISTRACTED

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

c. EPISODES OF DISORGANIZED SPEECH

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

d. PERIODS OF RESTLESSNESS

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

e. PERIODS OF LETHARGY

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Initials of Person Completing Daily Documentation for this side  
 SMDA Sharon M. D'Arbigny ASSh







# Clearfield Hospital

CLEARFIELD, PA 16830

## TRANSITIONAL CARE UNIT

### INTERDISCIPLINARY NOTES

| DATE    | TIME     | DISCIPLINE | NOTES  |
|---------|----------|------------|--|
| 3/18/01 | 11:31 AM | opt        | <p>plc + doing well<br/> split off. No colt<br/> Tender. Discharge<br/> is being used.<br/> some pressure. Steri<br/> strip applied.<br/> plc + good. To follow<br/> in the office</p> |
| 3/19/01 |          |            | <p>Pt doing well but has soft stools<br/> with sllh<br/> H+AD<br/> L COM<br/> BBD<br/> FMT Oral<br/> J Brants<br/> Jy Hall<br/> HVD<br/> Plc start Lequin + Humal Vt</p>               |
|         |          |            |   |

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FLETCHER, HELEN IRENE  
10/04/1923 195-14-1475  
DAVIDSON JAMES P 234 A-  
03/16/01 F TCU 1



Clearfield Hospital  
CLEARFIELD, PA 16830

TRANSITIONAL CARE UNIT  
INTERDISCIPLINARY NOTES

| DATE   | TIME | DISCIPLINE | NOTES   |
|--------|------|------------|---|
| 3/2/01 | 8AM  | Med        | pt dry well<br>with dlt<br>7AM<br>7 AM<br>Doff<br>EXT on cont R with<br>J S/P H/mble for North<br>ASIO<br>6 ERD<br>Bven<br>Plr OK for discharge<br>H# H# PT<br>cont same med<br>Plavox 750 dly<br>Ison 200 310<br>Parson 1/2 115<br>Carbon 51 30 810<br>PRenit 30 310<br>Lant 40 am 20 PM<br>Atenoll 25 dly |
|        |      |            | lyster 80 dly<br>Kden 20 310<br>Dent N-100 24h<br>11N peni<br>follow up off / month<br>fllow - Dr Paltz<br>2-3 wks  |



FLETCHER, HELEN IRENE  
 10/04/1923 195-14-1475  
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Clearfield Hospital  
 CLEARFIELD, PA 16830

**TRANSITIONAL CARE UNIT**

**BASELINE ADMISSIONS  
 SYSTEMS ASSESSMENT**

**ASSESSMENT PARAMETERS:** The following parameters describe assessment findings considered to be within normal limits. If the physical assessment is within normal limits indicate with a "✓" in the box after the particular assessment area. A "\*" in the box denotes a finding that requires further elaboration on the lines on the right.

| P<br>H<br>Y<br>S<br>I<br>C<br>A<br>L<br><br>A<br>S<br>S<br>E<br>S<br>S<br>M<br>E<br>N<br>T | Neurological Assessment: Alert & oriented to person, place and time. Behavior appropriate to situation. Pupils equal and reactive to light. Active ROM of all extremities with symmetry of strength. No paresthesia. Verbalization clear and understandable. | ABNORMAL FINDINGS  |
|--|--|--|
|  |  | <input checked="" type="checkbox"/>                                  |
| C<br>A<br>R<br>D<br>I<br>O<br>V<br>A<br>S<br>C<br>U<br>L<br>A<br>R                         | Cardiovascular Assessment: Regular apical pulse. Neck veins flat at 45 degrees. Capillary refill time less than 3 sec. Peripheral pulses palpable. No edema.   | Pacemaker Inserted 4/15/86   |
|  | 357 80-20 119/50 <input checked="" type="checkbox"/>   |  |
| R<br>E<br>S<br>P<br>I<br>R<br>A<br>T<br>O<br>R<br>Y  | Respiratory Assessment: Respirations 10-20 min. At rest. Respirations quiet & regular. Breath sounds clear and equal bilaterally. Nailbeds & mucous membranes pink.  |  |
|  | <input checked="" type="checkbox"/>  |  |
| G<br>A<br>S<br>T<br>R<br>O<br>I<br>N<br>T<br>E<br>S<br>T<br>I<br>N<br>A<br>L               | Gastrointestinal Assessment: Abdomen soft and not distended. Bowel sounds active (5-34/min). No pain with palpation. Independent in feeding. Nutritionally uncompromised.  | Bm This AM   |
|  | Height 5ft 2" Weight 156.3 <input checked="" type="checkbox"/>   |  |
| G<br>E<br>N<br>I<br>T<br>O<br>U<br>R<br>I<br>N<br>A<br>R<br>Y                              | Genitourinary Assessment: Bladder not distended. No drainage or discharge.   | Reports taking Lasix - Sometimes has trouble getting urine started.  |
|  | <input checked="" type="checkbox"/>  |  |
| I<br>N<br>T<br>E<br>G<br>U<br>M<br>E<br>N<br>T<br>A<br>R<br>Y                              | Integumentary Assessment: Skin color within patient's norm. Skin warm, dry & intact. No ulcerations or rashes. Normal skin turgor. Mucous membranes moist.   | Cast wrap - splint intact - Able to wiggle toes, Edema on feet still |
|  | <input checked="" type="checkbox"/>  |  |
| M<br>U<br>S<br>C<br>U<br>L<br>O<br>S<br>K<br>E<br>L<br>E<br>T<br>A<br>L                    | Musculoskeletal Assessment: Absence of joint swelling & tenderness. Normal ROM of all joints. No muscle weakness. Surrounding tissues show no evidence of inflammation.  | toes puffy. Able to insert fingers between skin & splint             |
|  | <input checked="" type="checkbox"/>  |  |

Admitting RNs Signature: *Janet White*

Date: 3/16/01

Time: 10:40 AM

Nurses assessment of resident, family or significant others' ability to cope with present situation.

NAME PREFERENCE OF RESIDENT Helena

**PSYCHOSOCIAL ASSESSMENT**

| RESIDENT  | FAMILY or SIGNIFICANT OTHER   |
|---|---|
| <input checked="" type="checkbox"/> Responses appropriate to situation<br>No intervention needed. | <input checked="" type="checkbox"/> Responses appropriate to situation<br>No intervention needed. |
| <input type="checkbox"/> Responses appropriate to situation<br>Intervention needed.               | <input type="checkbox"/> Responses appropriate to situation<br>Intervention needed.               |
| <input type="checkbox"/> Responses not appropriate for situations<br>Intervention needed.         | <input type="checkbox"/> Responses not appropriate for situations<br>Intervention needed.         |

**FUNCTIONAL ASSESSMENT**

Activity:  Ambulatory  Ambulatory with assistive device  Non-ambulatory  
ADL Status:  Independent  Assistance  Complete Care  
 Other \_\_\_\_\_

Mental Status:  Oriented  Confused  Lethargic  
 Unresponsive  Agitated

**ASSISTIVE DEVICES**

Eye Glasses  Dentures  Ambulatory Devices  
 Contact Lenses  Hearing Aid  Prosthetic Devices

**ALLERGIES** NOA

**DISCHARGE PLANNING**

Does the resident/family/significant other identify any immediate or future needs at the time of admission?  
 Yes  No

**ENVIRONMENTAL AND SAFETY ORIENTATION**

The following instructions were verbalized to:  Resident  Family/Significant other  
The resident is unable to receive instruction at this time.

1. Use of nurse call system
2. Bed operation
3. Use of TV (patient education channel in appropriate units)
4. Location of bathroom facilities, dining rooms and activities rooms
5. Use and location of lights and telephone
6. The resident was introduced to roommate (when appropriate)

Admitting RNs Signature: [Signature] Date: 3/16/01



///MELODY CLARK LPN, STAFF LPN///

Signature \_\_\_\_\_

03/16/2001  
09:59 PM

FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT COMPLAINING OF PAIN IN THE RIGHT ANKLE FROM RECENT AKLE  
SURGERY, REQUESTING A PAIN MEDICATION, OTHER ALTERNATIVES WERE  
OFFERED AND RESIDENT DECLINED, ONE PERCOCET GIVEN AT 2120 PER HER  
REQUEST. PERCOCET EFFECTIVE NO FURTHER COMPLAINTS OF PAIN AND OR  
DISCOMFORT NOTED.

///MELODY CLARK LPN, STAFF LPN///

Signature \_\_\_\_\_

03/17/2001  
01:50 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 11:50 P.M. RESIDENT C/O RIGHT ANKLE PAIN- ULTRAM 50 MG 1 PO GIVEN-  
AT 1:15 A.M. RESIDENT STILL C/O MOD-SEVERE RIGHT ANKLE PAIN- PERCOCET  
1 PO GIVEN BY T. PARKS R.N.-NEUROVASCULARS INTACT- ANKLE ELEVATED.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_

03/17/2001  
11:10 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN PERCOCET ONE P.O. FOR COMPLAINTS OF PAIN AT 8:15 A.M. 9:15 A.M. NO  
FURTHER COMPLAINTS VOICED.

///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_

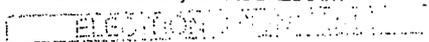
03/17/2001  
02:23 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
2:15 P.M. PERCOCET 1 TAB PO FOR COMPLAINTS OF RIGHT ANKLE DISCOMFORT.  
///JUDY KEPHART RN, STAFF NURSE///

Signature \_\_\_\_\_

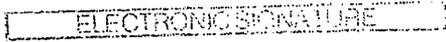
03/18/2001  
12:46 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 12:30 A.M. RESIDENT C/O RIGHT ANKLE SEVERE PAIN- PERCOCET 1 PO GIVEN-  
RIGHT LEG UP ON PILLOWS-NEUROVASCULARS INTACT.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_  


03/18/2001  
06:31 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
PERCOCET EFFECTIVE. NO FURTHER COMPLAINTS.  
///TRACIE PARKS RN, STAFF NURSE///

Signature \_\_\_\_\_  


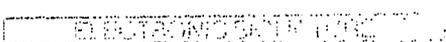
03/18/2001  
11:09 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN PERCOCET ONE P.O. FOR COMPLAINTS OF PAIN AT 7:15 A.M. 8:15 A.M. NO  
FURTHER COMPLAINTS OF PAIN OR DISCOMFORT.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_  

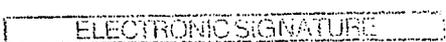

03/18/2001  
11:41 AM

CP Problem # 419 - Risk for infection of surgical site. Location: RIGHT ANKLE  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
11:39 A.M. DR. POLINTAN VISITED. SUTURES RIGHT ANKLE AREA REMOVED -  
STERI-STRIPS APPLIED. INCISION CLEAN - NO DRAINAGE. SHORT -LEG CAST  
(BLACK) APPLIED TO RIGHT LOWER LEG AND FOOT AREA. TOLERATED WELL.  
CIRCULATION ADEQUATE. LET UP ON PILLOW.  
///JUDY KEPHART RN, STAFF NURSE///

Signature \_\_\_\_\_  


03/18/2001  
01:07 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
1:00 P.M. PERCOCET 1 TAB PO FOR COMPLAINTS OF RIGHT ANKLE PAIN. KEEPS  
RIGHT LEG ELEVATED ON PILLOW. CIRCULATION ADEQUATE TO RIGHT LEG.  
///JUDY KEPHART RN, STAFF NURSE///

Signature \_\_\_\_\_  


03/18/2001  
06:01 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
5:55P.M. STATED PERCOCET GIVEN EARLIER EFFECTIVE. REQUESTED  
ANOTHER PAIN PILL AT PRESENT - PERCOCET 1 TAB PO GIVEN AS REQUESTED  
FOR RIGHT LOWER LEG DISCOMFORT. CIRCULATION ADEQUATE TO RIGHT  
LOWER EXTREMITY.

///JUDY KEPHART RN, STAFF NURSE///

ELECTRONIC SIGNATURE

Signature \_\_\_\_\_

03/19/2001  
05:32 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT COMPLAINING OF PAIN IN THE RIGHT ANKLE INCISIONAL SITE,  
REQUESTING A PAIN MEDICATION, OTHER ALTERNATIVES WERE OFFERED AND  
RESIDENT DECILNED, ONE PERCOCET GIVEN AT 0445 PER HER REQUEST.  
PERCOCET EFFECTIVE NO FURTHER COMPLAINTS OF PAIN AND OR  
DISCOMFORT NOTED.

///MELODY CLARK LPN, STAFF LPN///

ELECTRONIC SIGNATURE

Signature \_\_\_\_\_

03/19/2001  
05:32 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT COMPLAINING OF PAIN IN THE RIGHT ANKLE INCISIONAL SITE,  
REQUESTING A PAIN MEDICATION, OTHER ALTERNATIVES WERE OFFERED AND  
RESIDENT DECILNED, ONE PERCOCET GIVEN AT 0445 PER HER REQUEST.  
PERCOCET EFFECTIVE NO FURTHER COMPLAINTS OF PAIN AND OR  
DISCOMFORT NOTED.  
///MELODY CLARK LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE                    

03/19/2001  
02:17 PM

CP Problem # TCU001 - HELEN requires discharge planning  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
SPOKE TO HELEN ABOUTCAREPLANNING MEETING SCHEDULED FOR 1:20PM ON  
3/21/2001; SHE REQUESTED NO FAMILY BE CONTACTED BECAUSE HER CHILDREN  
RESIDE OUT OF TOWN,  
///PAMELA SHURER BSW, SOCIAL WORKER///

Signature                     ELECTRONIC SIGNATURE                    

03/19/2001  
02:46 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
11 A.M. C/O PAIN RIGHT ANKLE 1 DARVOCET N-100 GIVEN PO.CIRCULATION  
ADEQUATE RIGHT LOWER LEG CAST.  
///JONI WHITEHEAD RN, STAFF NURSE///

Signature                     ELECTRONIC SIGNATURE                    

03/19/2001  
03:33 PM

CP Problem # TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
TODAY HELEN PARTICIPATED WITH COOKING ACTIVITY.  
///LORI L. PARKS, ACTIVITIES///

Signature                     ELECTRONIC SIGNATURE                    

03/19/2001  
10:19 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
6:20 PM PERCOCET 1 TAB GIVEN PO FOR C/O RIGHT ANKLE PAIN. 8:00 PM  
STATES MED. EFFECTIVE FOR DECREASED PAIN.  
///SHARON WITHERITE RN, STAFF NURSE///

Signature                     ELECTRONIC SIGNATURE

03/19/2001  
10:55 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
10:30 PM PERCOCET GIVEN 1 TAB FOR PAIN IN R ANKLE  
///FLOAT STAFF, STAFF NURSES///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/20/2001  
06:18 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 5:20 A.M. RESIDENT REQUESTED A PAIN PILL FOR C/O RIGHT ANKLE PAIN-  
PERCOCET 1 PO GIVEN- HAS BEEN RESTING QUIETLY WITH EYES CLOSED- NO  
FURTHER C/O PAIN- PERCOCET EFFECTIVE- NEUROVASCULARS INTACT.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/20/2001  
09:00 AM

CP Problem # 175 - Risk of frustration as resident has episodes of perceiving that current  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
THIS ALERT AND ORIENTED X3 FEMALE RESIDENT WAS ADMITTED TO TCU ON  
3/16/2001 FROM THE CLEARFIELD HOSPITAL WHERE SHE WAS ADMITTED ON  
3/12/2001. WAS ON HER WAY TO THE YMCA TO START AN EXERCISE CLASS  
WHEN SHE TRIPPED ON A RAISED AREA IN THE SIDEWALK, FELL AND BROKE  
HER RIGHT ANKLE. SHE WAS ADMITTED FROM THE ER. SHE HAS A MEDICAL  
HISTORY OF PERIPHERAL VASCULAR DISEASE ON THE LEFT LEG AND HAD TWO  
ANGIOPLASTIES WITH TWO STENTS ON THE LEFT GROIN IN  
FEBRUARY; HYSTERECTOMY, BLADDER TACK UP, PACEMAKER INSERTION AND  
CORONARY ARTERY DISEASE. SHE LIVES ALONE, HAS BEEN VERY ACTIVE IN  
THE COMMUNITY AND IN HER CHURCH. SHE IS A MEMBER OF THE LUTHERAN  
CHURCH IN CLEARFIELD, SHE ENJOYS CROCHETING. WAS PERFORMING HER OWN  
ADL'S INDEPENDENTLY PRIOR TO THIS INJURY. SHE HAS NO EQUIPMENT AT  
HOME. SHE HAS NO FAMILY NEARBY. HER CHILDREN RESIDE OUT OF TOWN.  
SHE HAS NEVER HAD HOME HEALTH OR AREA AGENCY ON AGING SERVICES. SHE  
EXPRESSED FEELINGS OF CONCERN ABOUT HOW SHE WILL MANAGE  
INDEPENDENTLY WHEN SHE RETURNS HOME. SHE HOPES TO SEE  
IMPROVEMENT IN FUNCTIONING THROUGH WORKING AT HER RECOVERY.

///PAMELA SHURER BSW, SOCIAL WORKER///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/20/2001  
12:52 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN AT 12:30 P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/20/2001  
02:37 PM

CP Problem # TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
HELEN PARTICIPATED WITH SING-A-LONG ACTIVITY.  
///LORI L. PARKS, ACTIVITIES///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/20/2001  
10:55 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
17:15 RESIDENT HAD COMPLAINTS OF PAIN IN RIGHT ANKLE PERCOCET ONE  
TABLET GIVEN P.O. AS PER RESIDENTS REQUEST FOR SEVERE PAIN 19:00  
RESIDENT STATED PAIN WAS RELIEVED. 22:15 RESIDENT HAD COMPLAINTS OF  
SEVERE PAIN IN RIGHT ANKLE REPOSITIONED ANKLE ON PILLOW REQUESTED  
PAIN MEDICATION PERCOCET ONE TABLET GIVEN P.O. FOR COMPLAINTS OF  
PAIN. RESIDENT RESTING QUIETLY AT THIS TIME.

///DARLA KYLER LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/21/2001  
02:09 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 2 A.M. RESIDENT C/O RIGHT ANKLE POST-OP PAIN- DARVOCET N 100 1 PO  
GIVEN.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/21/2001  
03:10 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT PRESENT RESIDENT IS SLEEPING - SOFTLY BREATHING- DARVOCET N 100  
EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature

ELECTRONIC SIGNATURE

03/21/2001  
12:15 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN IN RIGHT ANKLE  
AT 8 A.M. 9 A.M. NO FURTHER COMPLAINTS OF PAIN OR DISCOMFORT.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature

ELECTRONIC SIGNATURE

03/21/2001  
02:49 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN PERCOCET ONE P.O. FOR COMPLAINTS OF PAIN AT 1:45 P.M. 2:45 P.M. NO  
FURTHER COMPLAINTS OF PAIN OR DISCOMFORT.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature

ELECTRONIC SIGNATURE

03/21/2001  
02:58 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
ADDENDUM TO NOTE OF 3/21/01 AT 2:49 P.M. GIVEN DARVOCET N-100 ONE P.O.  
INSTEAD OF PERCOCET AT 1:45 P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature

ELECTRONIC SIGNATURE

03/21/2001  
03:26 PM

CP Problem # TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
TODAY HELEN DID PARTICIPATE IN ARTS AND CRAFTS ACTIVITY.  
///LORI L. PARKS, ACTIVITIES///

Signature

ELECTRONIC SIGNATURE

03/21/2001  
10:16 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
17:00 RESIDENT HAD COMPLAINTS OF PAIN DARVOCET ONE TABLET GIVEN P.O.  
OTHER COMFORT MEASURES WERE OFFERED AND DECLINED. 21:40 RESIDENT  
HAD COMPLAINTS OF SEVERE PAIN IN RIGHT ANKLE PERCOCET ONE TABLET  
GIVEN P.O. 22:16 RESIDENT RESTING IN BED QUIETLY AT THIS TIME. NO  
FURTHER COMPLAINTS  
///DARLA KYLER LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/22/2001  
02:11 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 2:07 A.M. RESIDENT C/O POST-OP RIGHT ANKLE PAIN- PERCOCET 1 PO GIVEN.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/22/2001  
05:45 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT HAS BEEN RESTING QUIETLY WITH EYES CLOSED- SOFTLY  
BREATHING- NO FURTHER C/O PAIN- PERCOCET EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/22/2001  
09:04 AM

CP Problem # 198 - Risk for falls/extensive assistance from staff when walking on unit  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
S: RESIDENT C/O OCCASIONAL DISCOMFORT WITH RIGHT ANKLE. O: RESIDENT  
HAS PARTICIPATED IN APPROX. 430 MINUTES OF PT ACTIVITY IN THE PAST 6  
DAYS. CURRENT TREATMENT CONSISTS OF TRANSFER ACTIVITY, AMBULATION  
WITH STD WALKER, TTWB RLE, AS WELL AS BILAT LE THER EX IN SEATED &  
SUPINE. GOAL #1 RIGHT LE STRENGTH TO 5/5. PREVIOUS- SEE INITIAL EVAL.  
CURRENT- RLE QUAD & HIP STRENGTH 5/5. BELOW KNEE NOT ABLE TO BE  
ASSESSED SECONDARY TO CAST. RESIDENT PARTICIPATING IN BILAT LE THER  
EX PROGRAM IN SEATED & SUPINE 2-3 SETS OF 10 REPS. GOAL #2 INDEPENDENT  
AMBULATION WITH WALKER TTWB RLE X 100'. PREVIOUS- SEE INITIAL EVAL.  
CURRENT- RESIDENT IS ABLE TO AMBULATE APPROX. 75' WITH STD WALKER,  
TTWB RLE ON LEVEL SURFACES, WITH OCCASIONAL PAUSE FOR REST, WITH  
CLOSE SUPERVISION GIVEN FOR SAFETY. GOAL #3 INDEPENDENT AMBULATION  
ON STAIRS ( 5 STEPS ). PREVIOUS- NOT ASSESSED. CURRENT- NOT ASSESSED. A:  
RESIDENT IS PROGRESSING WELL WITH CURRENT TREATMENT PROGRAM.  
HELEN IS SLOWLY BUILDING ENDURANCE WITH USE OF WALKER, & DOING  
WELL WITH WT BEARING STATUS. P: CONTINUE WITH CURRENT TREATMENT,  
ASSESSING RESIDENT ONSTEPS PRIOR TO D/C HOME.

///KRISTY LYKENS PTA, PHYSICAL THERAPY///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/22/2001  
11:30 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN IN RIGHT ANKLE  
AT 9 A.M. 10 A.M. NO FURTHER COMPLAINTS OF PAIN OR DISCOMFORT:  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/22/2001  
02:23 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN AT 2:20 P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/23/2001  
03:26 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 3:15 A.M. RESIDENT C/O POST-OP RIGHT ANKLE PAIN- PERCOCET 1 PO GIVEN-  
NEUROVASCULARS INTACT.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/23/2001  
05:34 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT HAS BEEN SLEEPING - SOFTLY BREATHING- PERCOCET EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/23/2001  
11:33 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN AT 9:30 A.M. 10:30  
A.M. NO FURTHER COMPLAINTS OF PAIN OR DISCOMFORT.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/23/2001  
12:05 PM

CP Problem # TCU006 - HELEN REQUIRES INCREASED ASSISTANCE WITH ADLS  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
S:RES STATES, O: RES HAS BEEN SEEN FOR OCCUPATIONAL THERAPY FOR 6  
DAYS AND 400 MINUTES TO ADDRESS ADL PERFORMANCE, FUNCTIONAL  
ACTIVITIES, FUNCTIONAL MOBILITY AND ENERGY CONSERVATION TEACHING  
AND LIGHT IADL PERFORMANCE. GOAL#1: RES TO COMPLETE ADL'S WITH CG A  
WHILE STANDING. PREVIOUS: HELEN WAS INDEPENDENT WITH UB ADL'S AND  
REQUIRED OCC ASSIST TO WASH BACK. RES ALSO REQUIRED MIN A TO STAND  
TO WASH PERINEAL AREA. CURRENT: RES IS INDEPENDENT WITH UB/LB  
BATHING AND DRESSING ACTIVITIES. GOAL#2: RES TO TOLERATE 8-10 MINUTES

OF STANDING ACTIVITY ADHEREING TO WB PRECAUTION DURING TASKS.  
PREVIOUS: RES TOLERATED 2-3 MINUTES OF ADL TASKS ADHEREING TO TTWB  
STATUS. CURRENT: RES IS TOLERATING 3-4 MINUTES OF FUNCTIONAL  
STANDING ACTIVITIES WITH MIN C/O PAIN IN LEFT LEG. GOAL#3: RES TO  
DISPLAY GOOD ENDURANCE FOR TASKS. PREVIOUS: RES DISPLAYED FAIR  
ENDURANCE FOR TASKS. CURRENT: RES IS ABLE TO TOLERATE 25-30 MINUTES  
OF CONTINUOUS SEATED/STANDING ACTIVITY WITH ONLY MILD FATIGUE.  
GOAL#4: RES TO DISPLAY FAIR UNDERSTANDING OF ENERGY CONSERVATION  
STRATEGIES. PREVIOUS: NOT FORMALLY ASSESSED DURING INITIAL  
EVALUATION. CURRENT: HELEN VERBALIZES A FAIR UNDERSTANDING OF

ENERGY CONSERVATION TECHNIQUES. A: RES IS MAKING GOOD PROGRESS  
WITH ENDURANCE TO COMPLETE ADL AND IADL. P:CONTINUE TO TREAT  
SKILLED OCCUPATIONAL THERAPY AND FOCUS ON INCORPORATING ENERGY  
CONSERVATION STRATEGIES IN IADL.

///VALARIE J. MICELI COTA/L, OCCUPATIONAL THERAPY///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/23/2001  
01:13 PM

CP Problem # 397 - Needs therapeutic diet due to: HD{\*}  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
S; MY APPETITE IS FINE. I KNOW I NEED TO WATCH MY CHOLESTEROL AT  
HOME O; CARDIAC DIET ORDERED APPETITE GOOD A; DIET ORDER  
APPROPRATE P; WILL SEND HS AS REQUESTED .. SHE IS AWARE OF DIETARY  
RECOMMENDATIONS FOR HOME USE  
///BERNIE CLARK RD, DIETICIAN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/23/2001  
02:20 PM

CP Problem # TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
HELEN PARTICIPATED WITH ACTIVITIES TODAY.  
///LORI L. PARKS, ACTIVITIES///

Signature                     ELECTRONIC SIGNATURE                    

03/23/2001  
02:37 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN AT 2:30 P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE                    

03/23/2001  
10:43 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
22:00 RESIDENT HAD COMPLAINTS OF PAIN, IN RIGHT ANKLE COMFORT  
MEASURES WERE OFFERED AND DECLINED, REQUESTED PAIN MEDICAITON  
DARVOCET ONE TABLET GIVEN P.O. 22:43 RESIDENT RESTING IN BED WITH  
EYES CLOSED AT THIS TIME.  
///DARLA KYLER LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE                    

03/24/2001  
02:56 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 2:50 A.M. RESIDENT AWAKE AND C/O POST-OP RIGHT ANKLE PAIN-  
DARVOCET N 100 1 PO GIVEN- NEUROVASCULARS INTACT.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE                    

03/24/2001  
05:11 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT HAS BEEN SLEEPING- SOFTLY BREATHING- DARVOCET EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE

03/24/2001  
01:30 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
C/O PAIN AT 9:15 AM AND WAS MEDICATED WITH DARVOCET N 100 MG AND  
WAS EFFECTIVE AT 10:30 AM.  
///LORI J. CONKLIN RN, STAFF NURSE///

Signature                     ELECTRONIC SIGNATURE                    

03/24/2001  
10:22 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
9:40 PM DARVOCET N 100 1 TAB GIVEN PO FOR C/O RIGHT ANKLE PAIN. 10:30  
PM STATES MED. EFFECTIVE FOR DECREASED PAIN.  
///SHARON WITHERITE RN, STAFF NURSE///

Signature                     ELECTRONIC SIGNATURE                    

03/25/2001  
12:53 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
1:00 P.M. DARVOCET-N-100 1 TAB PO FOR COMPLAINTS OF RIGHT ANKLE  
DISCOMFORT PER RESIDENT REQUEST.  
///JUDY KEPHART RN, STAFF NURSE///

Signature                     ELECTRONIC SIGNATURE                    

03/25/2001  
10:13 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
21:30 DARVOCET ONE TABLET GIVEN P.O. FOR COMPLAINTS OF RIGHT ANKLE  
PAIN, OTHER COMFORT MEASURES WERE OFFERED AND DECLINED 22:13  
RESIDENT RESTING IN BED WITH EYES CLOSED AT THIS TIME.  
///DARLA KYLER LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE                    

03/26/2001  
02:35 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 2:30 A.M. RESIDENT AWAKENED WITH RIGHT ANKLE PAIN- DARVOCET N 100  
1 PO GIVEN.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature                     ELECTRONIC SIGNATURE

03/26/2001  
05:50 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND OTHER  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT HAS BEEN SLEEPING- SOFTLY BREATHING- DARVOCET N 100  
EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_

ELECTRONIC SIGNATURE

03/26/2001  
02:35 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 2:30 A.M. RESIDENT AWAKENED WITH RIGHT ANKLE PAIN- DARVOCET N 100  
1 PO GIVEN.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_ ELECTRONIC SIGNATURE

03/26/2001  
05:50 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
RESIDENT HAS BEEN SLEEPING- SOFTLY BREATHING- DARVOCET N 100  
EFFECTIVE.  
///JUDY A. HANSEL LPN, STAFF LPN///

Signature \_\_\_\_\_ ELECTRONIC SIGNATURE

03/26/2001  
11:19 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF RIGHT ANKLE PAIN AT  
10 A.M. 11 A.M. NO FURTHER COMPLAINTS OF PAIN OR DISCOMFORT.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_ ELECTRONIC SIGNATURE

03/26/2001  
03:10 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
GIVEN DARVOCET N-100 ONE P.O. FOR COMPLAINTS OF PAIN AT 3:10 P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_ ELECTRONIC SIGNATURE

03/26/2001  
03:52 PM

CP Problem # TCU005 - ENCOURAGE TO STAY INVOLVED WITH ACTIVITIES.  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
TODAY HELEN CAME DOWN TO SOCIALIZE AFTER ACTIVITY WAS OVER.  
///LORI L. PARKS, ACTIVITIES///

Signature \_\_\_\_\_ ELECTRONIC SIGNATURE

03/26/2001  
11:14 PM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
8:25 PM DARVOCET N 100 1 TAB GIVEN PO FOR C/O RIGHT ANKLE PAIN. 9:30  
PM STATES MED. EFFECTIVE FOR DECREASED PAIN.  
///SHARON WITHERITE RN, STAFF NURSE///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/27/2001  
05:55 AM

CP Problem # 372 - Has episodes of pain due to: ORIF RIGHT ANKLE AND  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
AT 3:40 AM GAVE HELEN ONE DARVOCET FOR COMPLAINTS OF RIGHT ANKLE  
DISCOMFORT. EFFECTIVE. NO FURTHER COMPLAINTS.  
///TRACIE PARKS RN, STAFF NURSE///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/27/2001  
10:24 AM

CP Problem # TCU001 - HELEN requires discharge planning  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
PHYSICIAN'S ORDERS FOR HH F/U FORWARDED TO CLEARFIELD HH, RESIDENT'S  
CHOICE AS INDICATED ON THE OPTIONS/CHOICE FORM. FACE SHEET,  
PHYSICIAN'S ORDERS. PROGRESS NOTES, AND H&P ALL FAXED TO CLEARFIELD  
HH, AS ESTABLISHED IN POLICY.  
///EILEEN M. ANTHONY MSW, SOCIAL WORKER///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

03/27/2001  
01:32 PM

CP Problem # TCU001 - HELEN requires discharge planning  
FLETCHER, HELEN, I - FC01-TCC-1- 234 A  
DISCHARGE INSTRUCTIONS GIVEN AND VERBALIZED UNDERSTANDING.  
DAUGHTER PRESENT. BELONGINGS GATHERED AND LEFT VIA WHEELCHAIR AT 1  
P.M.  
///ROSEMARY LARSON LPN, STAFF LPN///

Signature \_\_\_\_\_  
ELECTRONIC SIGNATURE

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500           | 1501-2300 | 2301-0700 |
|--|---------------------|-----------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br><i>RUPN</i> |           |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>RUPN</i> | 1800      |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br><i>RUPN</i> |           |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br><i>RUPN</i> | 1800      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS | SIGNATURE |
|-----------|-------------------------|----------|-----------|
| <i>RU</i> | <i>James P Davidson</i> |          |           |

TRANSITIONAL CARE UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500               | 1501-2300 | 2301-0700 |
|---|-------------------------|-----------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>RUN</i>      | 1800      |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>RUN</i> |           |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>RUN</i>      |           |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                         | 1800      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS | SIGNATURE |
|-----------|-------------------------|----------|-----------|
| <i>RU</i> | <i>James P Davidson</i> |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300 | 2301-0700 |
|--|--------------------|-----------|-----------|
| <p>ATORVASTATIN 40 MG/1 TAB<br/>LIPITOR TAB</p> <p>DOSE: 40 MG/1 TAB PO QD<br/>LOT:11580V EXP:03/2002<br/>START: 03/17/01 08:00 STOP: 04/15/01 08:00</p>                       | 0800<br><i>RUN</i> |           |           |
| <p>PROSOM 1 MG<br/>PROSOM TAB</p> <p>DOSE: 0.5 TAB/0.5 MG PO HS<br/>HOME MED<br/>START: 03/18/01 22:00 STOP: 03/27/01 22:00</p>  |                    | 2200      |           |
| <p>LEVOFLOXACIN 500 MG/1 TAB<br/>LEVAQUIN TAB</p> <p>DOSE: 500 MG/1 TAB PO QD<br/>X 10 DAYS<br/>START: 03/19/01 08:00 STOP: 03/28/01 08:00</p>                                 | 0800<br><i>RUN</i> |           |           |
| <p>GUAIFENESIN LA 600 MG/1 SR TAB<br/>HUMIBID LA, SAME AS SR TAB</p> <p>DOSE: 600 MG/1 SR TA PO BID<br/>LOT 0098A EXP. 3/02<br/>START: 03/19/01 18:00 STOP: 04/18/01 08:00</p> | 0800<br><i>RUN</i> | 1800      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE                | INITIALS | SIGNATURE |
|----------|--------------------------|----------|-----------|
| <i>u</i> | <i>James Davidson MD</i> |          |           |

TRANSFORMED UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11       |           |           |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12     |           |           |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE                | INITIALS | SIGNATURE |
|----------|--------------------------|----------|-----------|
| HL       | <i>James P. Davidson</i> |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                                    | 1501-2300 | 2301-0700 |
|---|--|-----------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/23/01 13:20 STOP: 03/30/01 13:20 | <i>3/27/01<br/>           - RUM 10:10 AM</i> |           |           |
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|   |  |           |           |

\*\* NO MORE ORDERS \*\*

| INITIALS | SIGNATURE                  | INITIALS | SIGNATURE |
|----------|----------------------------|----------|-----------|
| -R       | <i>James P Davidson MD</i> |          |           |
|          |                            |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/27/01 07:01

TO: 03/28/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION | 0701-1500 | 1501-2300 | 2301-0700 |
|-------------------|-----------|-----------|-----------|
|                   |           |           |           |
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|                   |           |           |           |

| INITIALS | SIGNATURE                  | INITIALS | SIGNATURE |
|----------|----------------------------|----------|-----------|
| -RL      | <i>James P Davidson MD</i> |          |           |
|          |                            |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/26/01 07:01

TO: 03/27/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300     | 2301-0700 |
|--|--------------|---------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br>RUPN |               |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | ✓ 1800<br>msc |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |               |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | ✓ 1800<br>msc |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE            | INITIALS | SIGNATURE          |
|----------|----------------------|----------|--------------------|
| RL       | James P. Davidson MD | msc      | Melody S. Clark RN |

TRANSITIONING UNIT

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/26/01 07:01

TO: 03/27/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                   | 1501-2300             | 2301-0700 |
|---|-----------------------------|-----------------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i>          | 1800<br><i>MSC hq</i> |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br><i>run run</i> |                       |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br><i>run</i>          |                       |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                             | 1800<br><i>MSC hq</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS   | SIGNATURE                 |
|-----------|-------------------------|------------|---------------------------|
| <i>RL</i> | <i>James P Davidson</i> | <i>MSC</i> | <i>Melody S. Clark hq</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/26/01 07:01 TO: 03/27/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300  | 2301-0700 |
|--|--------------------|------------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800<br><i>run</i> |            |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                      | 1000<br><i>run</i> | <i>D/C</i> |           |
| PROSOM 1 MG<br>PROSOM TAB<br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |                    | 2200       |           |
| LEVOFLOXACIN 500 MG/1 TAB<br>LEVAQUIN TAB<br>DOSE: 500 MG/1 TAB PO QD<br>X 10 DAYS<br>START: 03/19/01 08:00 STOP: 03/28/01 08:00           | 0800<br><i>run</i> |            |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                   | INITIALS   | SIGNATURE                 |
|-----------|-----------------------------|------------|---------------------------|
| <i>RU</i> | <i>James P. Davidson MD</i> | <i>MSC</i> | <i>Melody S. Clark RN</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/26/01 07:01 TO: 03/27/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500          | 1501-2300           | 2301-0700 |
|--|--------------------|---------------------|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>run</i> | ✓1800<br><i>mcc</i> |           |
|  |                    |                     |           |
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<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS   | SIGNATURE              |
|-----------|--------------------------|------------|------------------------|
| <i>RL</i> | <i>James P. Davidson</i> | <i>mcc</i> | <i>Melody S. Clark</i> |



NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/26/01 07:01

TO: 03/27/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500                         | 1501-2300                                    | 2301-0700             |
|---|-----------------------------------|--|-----------------------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/23/01 13:20 STOP: 03/30/01 13:20 | <i>10 AM.<br/>3/26/01<br/>run</i> | <i>3:10<br/>3 PM<br/>run<br/>8:25 P T SW</i> | <i>3:40<br/>Am TR</i> |
|   |                                   |  |                       |
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|   |                                   |  |                       |

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE              |
|-----------|-------------------------|-----------|------------------------|
| <i>RL</i> | <i>James P Davidson</i> | <i>MS</i> | <i>Melody S. Clark</i> |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500         | 1501-2300         | 2301-0700 |
|--|-------------------|-------------------|-----------|
| CLOPIDOGREL<br>PLAVIX<br>75 MG/1 TAB<br>TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800<br><i>JL</i> |                   |           |
| POTASSIUM CHLORIDE<br>KLOR-CON<br>10 MEQ/1 TAB<br>TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br><i>JL</i> | 1800<br><i>JK</i> |           |
| ATENOLOL<br>TENORMIN, SAME AS<br>25 MG/1 TAB<br>TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br><i>JL</i> |                   |           |
| LANSOPRAZOLE<br>PREVACID<br>30 MG/1 CAP<br>CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br><i>JL</i> | 1800<br><i>JK</i> |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE             |
|-----------|-------------------------|-----------|-----------------------|
| <i>JL</i> | <i>James P Davidson</i> | <i>JK</i> | <i>Joseph K... ..</i> |
| <i>JK</i> | <i>James P Davidson</i> |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500     | 1501-2300 | 2301-0700 |
|---|---------------|-----------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>      | 1800<br>  |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br> |           |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br>      |           |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |               | 1800<br>  |           |

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| INITIALS | SIGNATURE | INITIALS | SIGNATURE |
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|          |           |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| <p>ATORVASTATIN 40 MG/1 TAB<br/>LIPITOR TAB</p> <p>DOSE: 40 MG/1 TAB PO QD<br/>LOT:11580V EXP:03/2002<br/>START: 03/17/01 08:00 STOP: 04/15/01 08:00</p> | 0800<br>  |           |           |
| <p>ENOXAPARIN 30 MG/.3 ML<br/>LOVENOX SYRING</p> <p>DOSE: 30 MG/0.3 ML SUB Q12H<br/>START: 03/16/01 22:00 STOP: 03/26/01 11:15</p>                       | 1000<br>  | 2200<br>  |           |
| <p>PROSOM 1 MG<br/>PROSOM TAB</p> <p>DOSE: 0.5 TAB/0.5 MG PO HS<br/>HOME MED<br/>START: 03/18/01 22:00 STOP: 03/27/01 22:00</p>                          |           | 2200<br>  |           |
| <p>LEVOFLOXACIN 500 MG/1 TAB<br/>LEVAQUIN TAB</p> <p>DOSE: 500 MG/1 TAB PO QD<br/>X 10 DAYS<br/>START: 03/19/01 08:00 STOP: 03/28/01 08:00</p>           | 0800<br>  |           |           |

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| INITIALS | SIGNATURE | INITIALS | SIGNATURE |
|----------|-----------|----------|-----------|
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|          |           |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

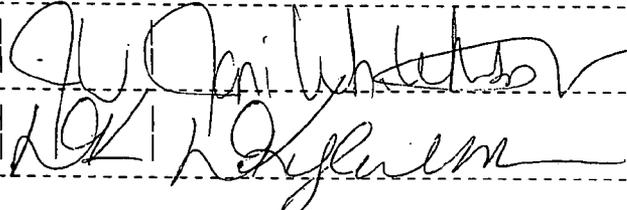
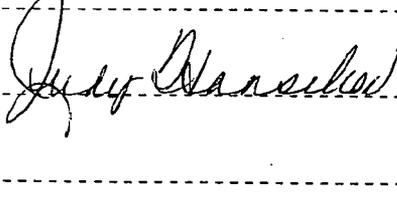
D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800      | 1800      |           |
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<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE   | INITIALS | SIGNATURE   |
|----------|---|----------|---|
| JK       |  | JK       |  |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11       |           |           |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12     |           |           |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE                | INITIALS  | SIGNATURE                |
|-----------|--------------------------|-----------|--------------------------|
| <i>JH</i> | <i>James P. Davidson</i> | <i>JH</i> | <i>James P. Davidson</i> |
| <i>JK</i> | <i>John K. ...</i>       |           |                          |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/25/01 07:01

TO: 03/26/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500  | 1501-2300  | 2301-0700   |
|---|--|--|---|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/23/01 13:20 STOP: 03/30/01 13:20 |  | 1 <sup>00</sup> pm<br>Jk 3/25/01<br>01:30<br> | 730<br>AMT<br> |
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| INITIALS  | SIGNATURE   | INITIALS  | SIGNATURE   |
|---|---|---|---|
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NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/24/01 07:01

TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| CLOPIDOGREL<br>PLAVIX<br>75 MG/1 TAB<br>TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00             | 0800      |           |           |
| POTASSIUM CHLORIDE<br>KLOR-CON<br>10 MEQ/1 TAB<br>TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800      | 1800      |           |
| ATENOLOL<br>TENORMIN, SAME AS<br>25 MG/1 TAB<br>TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800      |           |           |
| LANSOPRAZOLE<br>PREVACID<br>30 MG/1 CAP<br>CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800      | 1800      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE          | INITIALS | SIGNATURE          |
|----------|--------------------|----------|--------------------|
| AM       | <i>[Signature]</i> | JL       | <i>[Signature]</i> |
| RD       | <i>[Signature]</i> |          |                    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/24/01 07:01

TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500 | 1501-2300 | 2301-0700 |
|---|-----------|-----------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800      | 1800      |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500 |           |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800      |           |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |           | 1800      |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE             |
|-----------|-------------------------|-----------|-----------------------|
| <i>MD</i> | <i>Davidson James P</i> | <i>JL</i> | <i>James Davidson</i> |
| <i>RA</i> | <i>Robert A. ...</i>    |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 3

FROM: 03/24/01 07:01 TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| ATORVASTATIN 40 MG/1 TAB<br>LIPITOR TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>LOT:11580V EXP:03/2002<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00 | 0800      |           |           |
| ENOXAPARIN 30 MG/.3 ML<br>LOVENOX SYRING<br><br>DOSE: 30 MG/0.3 ML SUB Q12H<br>START: 03/16/01 22:00 STOP: 03/26/01 11:15                      | 1000      | 2200      |           |
| PROSOM 1 MG<br>PROSOM TAB<br><br>DOSE: 0.5 TAB/0.5 MG PO HS<br>HOME MED<br>START: 03/18/01 22:00 STOP: 03/27/01 22:00                          |           | 2200      |           |
| LEVOFLOXACIN 500 MG/1 TAB<br>LEVAQUIN TAB<br><br>DOSE: 500 MG/1 TAB PO QD<br>X 10 DAYS<br>START: 03/19/01 08:00 STOP: 03/28/01 08:00           | 0800      |           |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE             | INITIALS  | SIGNATURE             |
|-----------|-----------------------|-----------|-----------------------|
| <i>MD</i> | <i>James Davidson</i> | <i>JL</i> | <i>James Davidson</i> |
| <i>HL</i> | <i>HL</i>             |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 4

FROM: 03/24/01 07:01

TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500        | 1501-2300         | 2301-0700 |
|--|------------------|-------------------|-----------|
| GUAIFENESIN LA 600 MG/1 SR TAB<br>HUMIBID LA, SAME AS SR TAB<br><br>DOSE: 600 MG/1 SR TA PO BID<br>LOT 0098A EXP. 3/02<br>START: 03/19/01 18:00 STOP: 04/18/01 08:00 | 0800<br><i>M</i> | 1800<br><i>JD</i> |           |
|  |                  |                   |           |
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|  |                  |                   |           |

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| INITIALS  | SIGNATURE       | INITIALS | SIGNATURE |
|-----------|-----------------|----------|-----------|
| <i>M</i>  | <i>Davidson</i> |          |           |
| <i>JD</i> | <i>Kyle</i>     |          |           |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 5

FROM: 03/24/01 07:01

TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500 | 1501-2300 | 2301-0700 |
|--|-----------|-----------|-----------|
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br><br>DOSE: 1 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| DOCUSATE W/CASANTHRANOL 1 CAP<br>PERICOLACE, SAME AS CAP<br><br>DOSE: 2 CAP PO PRN<br>START: 03/16/01 11:10 STOP: 04/15/01 11:10 |           |           |           |
| MAGNESIUM HYDROXIDE 30 ML<br>MILK OF MAGNESIA SUSP<br><br>DOSE: 30 ML PO PRN<br>START: 03/16/01 11:11 STOP: 04/15/01 11:11       |           |           |           |
| TRAMADOL 50 MG/1 TAB<br>ULTRAM TAB<br><br>DOSE: 50 MG/1 TAB PO TID PRN<br>PAIN<br>START: 03/16/01 11:12 STOP: 04/15/01 11:12     |           |           |           |

<CONTINUED ON NEXT PAGE>

| INITIALS  | SIGNATURE               | INITIALS  | SIGNATURE            |
|-----------|-------------------------|-----------|----------------------|
| <i>mm</i> | <i>James P Davidson</i> | <i>JS</i> | <i>Judy Mansilla</i> |
| <i>HW</i> | <i>Robert J. ...</i>    |           |                      |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 6

FROM: 03/24/01 07:01

TO: 03/25/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500       | 1501-2300          | 2301-0700 |
|---|-----------------|--------------------|-----------|
| PROPOXYPHENE/APAP 100/650 1 TAB<br>DARVOCET 100/650, SAME AS TAB<br><br>DOSE: 1 TAB PO Q4HPRN<br>PAIN<br>START: 03/23/01 13:20 STOP: 03/30/01 13:20 | <i>95<br/>m</i> | <i>940<br/>PSW</i> |           |
|   |                 |                    |           |
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|   |                 |                    |           |

| INITIALS | SIGNATURE             | INITIALS  | SIGNATURE             |
|----------|-----------------------|-----------|-----------------------|
| <i>m</i> | <i>James Davidson</i> | <i>JD</i> | <i>James Davidson</i> |
| <i>W</i> | <i>W. Kyle</i>        |           |                       |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 1

FROM: 03/23/01 07:01

TO: 03/24/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A-

ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB

3 OZ

HEIGHT: 5 F

2 IN

DIAGNOSIS:

| ORDER DESCRIPTION  | 0701-1500    | 1501-2300    | 2301-0700 |
|--|--------------|--------------|-----------|
| CLOPIDOGREL 75 MG/1 TAB<br>PLAVIX, TAB<br>DOSE: 75 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00            | 0800<br>RUPN |              |           |
| POTASSIUM CHLORIDE 10 MEQ/1 TAB<br>KLOR-CON TAB<br>DOSE: 20 MEQ/2 TAB PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RUPN | 1800<br>RUPN |           |
| ATENOLOL 25 MG/1 TAB<br>TENORMIN, SAME AS TAB<br>DOSE: 25 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00     | 0800<br>RUPN |              |           |
| LANSOPRAZOLE 30 MG/1 CAP<br>PREVACID CAP<br>DOSE: 30 MG/1 CAP PO BID<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00         | 0800<br>RUPN | 1800<br>RUPN |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE               | INITIALS | SIGNATURE          |
|----------|-------------------------|----------|--------------------|
| RE       | <i>James P Davidson</i> | JL       | <i>Judy Hansel</i> |
| W        | <i>W. R. Ryerson</i>    |          |                    |

NURSING UNIT: 2TCU

CLEARFIELD HOSPITAL

PAGE: 2

FROM: 03/23/01 07:01

TO: 03/24/01 07:00

PATIENT NAME: FLETCHER, HELEN IRENE

ACCOUNT NUMBER: 2488062

ROOM: 2340A- ALLERGIES: NONE (NKA)

PHYSICIAN: DAVIDSON JAMES P

D.O.B.: 10/04/1923 AGE: 77Y

WEIGHT: 156 LB 3 OZ HEIGHT: 5 F 2 IN

DIAGNOSIS:

| ORDER DESCRIPTION   | 0701-1500          | 1501-2300  | 2301-0700 |
|---|--------------------|------------|-----------|
| NICARDIPINE 30 MG/1 SR CAP<br>CARDENE SR SR CAPS<br><br>DOSE: 30 MG/1 SR CAP PO BID<br>LOT:U3001<br>EXP:04/2001<br>START: 03/16/01 18:00 STOP: 04/15/01 08:00 | 0800<br>RN         | 1800<br>RN |           |
| ISOSORBIDE MONONITRATE 20 MG/1 TAB<br>ISMO TAB<br><br>DOSE: 20 MG/1 TAB PO BID<br>LOT:0990177 EXP:04/2001<br>START: 03/16/01 15:00 STOP: 04/15/01 08:00       | 0800 1500<br>RN RN |            |           |
| FUROSEMIDE 40 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 40 MG/1 TAB PO QD<br>START: 03/17/01 08:00 STOP: 04/15/01 08:00                                     | 0800<br>RN         |            |           |
| FUROSEMIDE 20 MG/1 TAB<br>LASIX, SAME AS TAB<br><br>DOSE: 20 MG/1 TAB PO QD6<br>START: 03/16/01 18:00 STOP: 04/14/01 18:00                                    |                    | 1800<br>RN |           |

<CONTINUED ON NEXT PAGE>

| INITIALS | SIGNATURE      | INITIALS | SIGNATURE       |
|----------|----------------|----------|-----------------|
| re       | James Davidson | JL       | Judy Hanselwood |
| HA       | W. J. ...      |          |                 |

**FILED**

0 3:30 BA noon  
JUN 03 2003

William A. Shaw  
Prothonotary

*ES*

HELEN FLETCHER,  
Plaintiff

v.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION – LAW  
:  
: NO. 02-1857-CD  
:  
: JURY TRIAL DEMANDED

ANSWER AND NEW MATTER OF DEFENDANT CLEARFIELD YMCA

**FILED**

1. Admitted.

2a. Admitted.

2b. The allegations contained in paragraph 2b are not directed to answering  
defendants.

3-6. The allegations contained in paragraphs 3-6 are conclusions of law to which no responsive pleading is required. To the extent the averments in paragraphs 3-6 are deemed to be factual, those averments are denied pursuant to Pennsylvania Rule Civil Procedure 1029(e).

7a-e. Paragraphs 7a-e are conclusions of law to which no responsive pleading is required. To the extent the averments in paragraphs 7a-e are deemed to be factual, those averments are denied pursuant to Pennsylvania Rule Civil Procedure 1029(e).

7f-h. Paragraphs 7f-h have been stricken from plaintiff's complaint upon stipulation of the parties.

8-8a. The allegations contained in paragraphs 8-8a are conclusions of law to which no responsive pleading is required. To the extent the averments in paragraphs 8-8a are deemed to be factual, those averments are denied pursuant to Pennsylvania Rule Civil Procedure 1029(e).

NEW MATTER

9. Paragraphs 1-8 are hereby incorporated by references fully set forth.

JUN 10 2003

m/12:55/wj  
William A. Shaw  
Prothonotary

60 COURT COPIES

10. To the extent that any defect existed in the sidewalk/entry way the subject location, the same being denied, is denied that defendants had any actual constructive notice of any such alleged defects for many source, prior to March 12, 2001.

11. To the extent that any defect existed in the sidewalk/entry way the same being denied, the defect was open and obvious to individuals such as plaintiff.

12. Plaintiff has failed to state a claim upon which relief can be granted.

13. Plaintiff's claim may be barred by the Applicable Statute of Limitations.

14. Plaintiff's claims are barred because plaintiff assumed the risk of the occurrence of the incident in the injuries alleged.

15. The claims of plaintiff are barred in whole or in part by the comparative negligence of plaintiff.

16. The alleged injuries and damages sustained by plaintiff where the result of actions and/or omissions of the plaintiff and/or persons other than defendant.

17. Plaintiff has failed to litigate her damages.

18. The damages alleged by plaintiff are not recoverable under applicable law.

WHEREFORE, Defendant request that this Honorable Court enter judgment in its favor and dismiss plaintiff's claimant.

**DEFENDANT CLEARFIELD YMCA'S ANSWER TO NEW MATTER  
AND NEW MATTER UNDER PA.R.C.P. 2252(D)**

**NEW MATTER UNDER PA.R.C.P. 2252(D)**

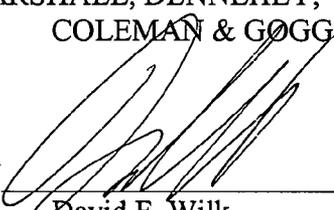
1. Pursuant to PA.R.C.P. 2252(d), answering defendant seeks to preserve its rights of contribution/indemnity against the co-defendant named in the complaint and it is further averred that said co-defendant is only liable to plaintiff and/or liable only to answering defendant

and/or jointly and severally liable to plaintiff with this defendant. All negligence of the Clearfield YMCA being specifically denied.

WHEREFORE, Clearfield YMCA respectfully requests judgment in its favor and the claim against it be dismissed and/or if there would be any finding of liability against answering defendant that it be entitled to entry of judgment against co-defendant in the amount of contribution/indemnity to which it would be entitled under the facts of circumstances as they are known to exist at the time of trial of this matter.

MARSHALL, DENNEHEY, WARNER,  
COLEMAN & GOGGIN

BY

  
\_\_\_\_\_  
David F. Wilk

Attorney for Defendant

I.D. #65992

33 W. Third Street, Suite 200

Williamsport, PA 17701

(570) 326-9069

Date: 6/9/03

**CERTIFICATE OF SERVICE**

I, David F. Wilk, Esquire, hereby certify that I have served a true and correct copy of the foregoing **Answer and New Matter of Defendant Clearfield YMCA** upon all parties:

**VIA U.S. MAIL:**

R. Denning Gearhart, Esquire  
215 E. Locust Street  
Clearfield, PA 16830

Frank J. Hartye, Esquire  
McINTYRE, DUGAS, HARTYE & SCHMITT  
P.O. Box 533  
Hollidaysburg, PA 16648-0533

Don Herris  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
21 North Second Street  
Clearfield, PA 16830

MARSHALL, DENNEHEY, WARNER,  
COLEMAN & GOGGIN

BY

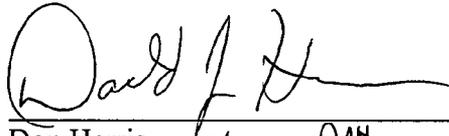


David F. Wilk  
Attorney for Defendants  
I.D. #65992  
33 W. Third Street, Suite 200  
Williamsport, PA 17701  
(570) 326-9069

Date: 6/4/03

**VERIFICATION**

I, Don Herris, hereby verify that the facts set forth in the foregoing Answer and New Matter are true and correct to the best of my knowledge, information and belief and that this verification is made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

A handwritten signature in cursive script, appearing to read "Don Herris", written over a horizontal line.

~~Don Herris~~ Herres DH

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,

Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,

Defendants

No. 02 - 1857 CD

ISSUE:  
REPLY TO NEW MATTER

Filed on behalf of Defendant,  
CLEARFIELD HOSPITAL

Counsel of Record:

Frank J. Hartye, Esquire  
PA I.D. #25568  
McINTYRE, DUGAS, HARTYE &  
& SCHMITT  
P.O. Box 533  
Hollidaysburg, PA 16648  
(814) 696-3581

I HEREBY CERTIFY THAT A TRUE AND  
CORRECT COPY OF THE WITHIN WAS  
MAILED TO ALL COUNSEL OF RECORD  
THIS 25th DAY OF June,  
2003.

Frank J. Hartye /msd  
Attorneys for Named Defendant

**FILED**

JUN 27 2003

William A. Shaw  
Prothonotary

P 237 MH

VERIFICATION

I, Thomas J. Conlin, Jr. of CLEARFIELD HOSPITAL  
do hereby verify that I have read the foregoing Reply to New Matter of Defendant, Clearfield  
YMCA. The statements therein are correct to the best of my personal knowledge or information  
and belief.

This statement and verification are made subject to the penalties of 18 Pa.C.S. Section  
4904 relating to unsworn fabrication to authorities, which provides that if I make knowingly false  
averments I may be subject to criminal penalties.

CLEARFIELD HOSPITAL

Thomas J. Conlin, Jr.  
Thomas Conlin, Jr.

Date: 6/20/03

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,  
Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

No. 02-1857-CD

CASE NUMBER: 02-1857-CD  
TYPE OF CASE: Civil  
TYPE OF PLEADING: ANSWER TO NEW MATTER  
FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE  
Supreme Court I.D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

JUL 09 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,  
Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

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:  
:  
: No. 02-1857-CD  
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A N S W E R T O N E W M A T T E R

AND NOW, comes the Plaintiff/Respondent, HELEN FLETCHER, by and through her attorney, R. Denning Gearhart, who avers as follows:

9. No Answer required.

10. Denied. The Defendant, Clearfield YMCA, by virtue of its daily observation of the sidewalk knew or should have known of the defect. Further, it is believed and, therefore, averred that it had had further complaints and/or accidents involving the defect.

11. Denied, that the defect would be obvious to a party such as the Plaintiff whose travel over the defect was only occasional and for business purposes.

12. Calls for a conclusion of law, therefore, no answer required.

13. Calls for a conclusion of law, therefore, no answer required.

14. Calls for a conclusion of law, therefore, no answer required.

15. Calls for a conclusion of law, therefore, no answer required.

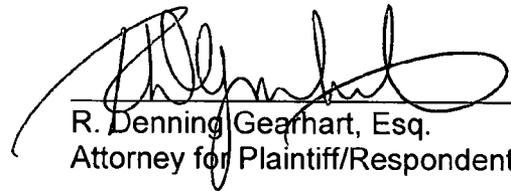
16. Calls for a conclusion of law, therefore, no answer required.

17. Calls for a conclusion of law, therefore, no answer required.

18. Calls for a conclusion of law, therefore, no answer required.

WHEREFORE, Plaintiff/Respondent prays your Honorable Court to deny the Defendant/Petitioner's prayer.

Respectfully submitted,



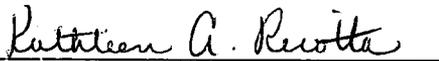
R. Denning Gearhart, Esq.  
Attorney for Plaintiff/Respondent

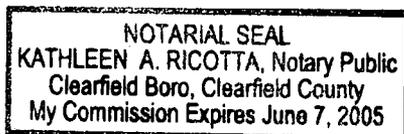
**AFFIDAVIT**

R. DENNING GEARHART, being duly sworn according to law, deposes and says that he is the agent of the Plaintiff , HELEN FLETCHER, that said Plaintiff cannot make the verification to the foregoing Answer because she was not present on the day and date this Answer was filed, and further, that the Plaintiff would not be available until after the day of the filing of this Answer, and that the facts set forth in the foregoing Answer are based on information provided to Counsel by the Plaintiff and based partially upon personal knowledge of the Plaintiffs' attorney. However, the Plaintiff verified this information to her counsel fully aware of the penalties of false statements under 18 Pa. C.S.A., section 4904, relating to unsworn falsification to authorities.

  
R. Denning Gearhart

Sworn to and subscribed  
before me this 7 day  
of July, 2003.

  
Notary Public



IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION No. 02-1857-CD

HELEN FLETCHER,  
Plaintiff

s.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

ANSWER TO NEW MATTER

**FILED**

*2:17 PM 1 cc to PTA*

JUL 09 2003

*EW*

William A. Shaw  
Prothonotary

R. DENNING GEARHART  
ATTORNEY AT LAW  
CLEARFIELD, PA. 16830

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,  
Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

:  
:  
:  
: No. 02-1857-CD  
:  
:  
:

CASE NUMBER: 02-1857-CD  
TYPE OF CASE: Civil  
TYPE OF PLEADING: CERTIFICATE OF SERVICE  
FILED ON BEHALF OF: Plaintiff

COUNSEL OF RECORD FOR THIS PARTY: R. DENNING GEARHART, ESQUIRE  
Supreme Court I.D. #26540  
215 East Locust Street  
Clearfield, PA 16830  
(814) 765-1581

**FILED**

0 211700  
JUL 09 2003 *EW*

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,  
Plaintiff

vs.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

:  
:  
:  
: No. 02-1857-CD  
:  
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CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a certified copy of the ANSWER TO NEW MATTER filed in the above captioned matter on the Defendants through Defendants' attorneys by depositing such documents in the United States Mail postage pre-paid and addressed as follows:

David F. Wilk, Esq.  
33 W. Third Street, Suite 200  
Williamsport, PA 17701

Frank J. Hartye, Esq.  
McIntyre, Dugas, Hartye & Schmitt  
P. O. Box 533  
Hollidaysburg, PA 16648

  
R. Denning Gearhart, Esq.  
Attorney for Plaintiff

DATE: July 9, 2003

HELEN FLETCHER,  
Plaintiff

v.

CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION – LAW  
:  
: NO. 02-1857-CD  
:  
: JURY TRIAL DEMANDED

**STIPULATION**

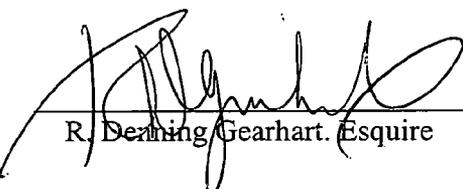
The parties having reached an agreement, hereby stipulates as follows:

1. Paragraph 7f, 7g, and 7h are hereby stricken from Plaintiff's Complaint.
2. Defendant Clearfield YMCA will file an Answer to Plaintiff's Complaint within 20 days from the date from the filing of this stipulation.



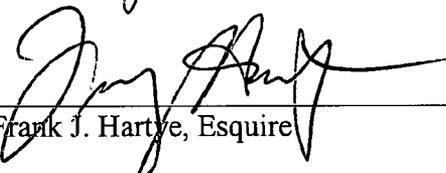

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David F. Wilk, Esquire




---

R. Denning Gearhart, Esquire




---

Frank J. Hartye, Esquire

**FILED**

JUL 29 2003

William A. Shaw  
Prothonotary/Clerk of Courts



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

HELEN FLETCHER,  
Plaintiff

Vs.

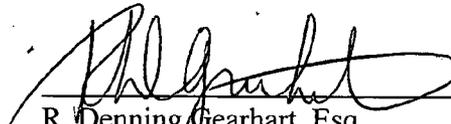
CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

:  
:  
:  
: No. 02-1857-CD  
:  
:  
:

PRAECIPE TO SETTLE AND DISCONTINUE

TO THE PROTHONOTARY OF CLEARFIELD COUNTY:

Please mark the above captioned matter settled and discontinued.

  
\_\_\_\_\_  
R. Denning Gearhart, Esq.

DATED: October 13, 2003

**FILED**

09:36

*NDCC  
Court of  
Appeals  
to TWT*

OCT 14 2003

William A. Shaw  
Prothonotary

**IN THE COURT OF COMMON PLEAS OF  
CLEARFIELD COUNTY, PENNSYLVANIA**

**CIVIL DIVISION**

**Helen Fletcher**

**Vs.**

**No. 2002-01857-CD**

**Clearfield YMCA  
Clearfield Hospital**

**CERTIFICATE OF DISCONTINUATION**

Commonwealth of PA  
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on October 14, 2003, marked:

Settled, Discontinued and Ended.

Record costs in the sum of \$131.37 have been paid in full by Attorney.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 14th day of October A.D. 2003.

\_\_\_\_\_  
William A. Shaw, Prothonotary

**COPY**



03155-00367/DFW

HELEN FLETCHER,  
Plaintiff

v.

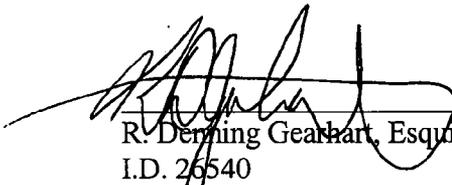
CLEARFIELD YMCA and  
CLEARFIELD HOSPITAL,  
Defendants

: IN THE COURT OF COMMON PLEAS OF  
: CLEARFIELD COUNTY, PENNSYLVANIA  
:  
: CIVIL ACTION - LAW  
:  
: NO. 02-1857-CD  
:  
: JURY TRIAL DEMANDED

**PRAECIPE TO SETTLE AND DISCONTINUE**

TO THE PROTHONOTARY:

Please mark the above-captioned matter as settled and discontinued on the docket.

  
R. Denning Gearhart, Esquire  
I.D. 26540  
Attorney for Plaintiff

DATED: 10.13.03

**FILED**

*m 1-41 m 1 cc to atty 1*

OCT 22 2003

William A. Shaw  
Prothonotary