

ALFRED STATE MEDICAL CENTER

100 MAIN ST, ALFRED NY 14802

(607) 555-1234

HOSPITAL #: 000999

INPATIENT FACE SHEET

PATIENT NAME AND ADDRESS				GENDER	RACE	MARITAL STATUS	PATIENT No.
HUNTER, Dilbert 543 Yukon Trail Alfred NY 14802				M	W	M	Case02
				DATE OF BIRTH		MAIDEN NAME	OCCUPATION
				09-22-YYYY		N/A	Unemployed
ADMISSION DATE	TIME	DISCHARGE DATE	TIME	LENGTH OF STAY		TELEPHONE NUMBER	
04-26-YYYY	15:20	04-29-YYYY	10:10	03 DAYS		(607) 555-6632	
GUARANTOR NAME AND ADDRESS				NEXT OF KIN NAME AND ADDRESS			
Hunter, Anita 543 Yukon Trail Alfred NY 14802				Hunter, Anita 543 Yukon Trail Alfred NY 14802			
GUARANTOR TELEPHONE No.		RELATIONSHIP TO PATIENT		NEXT OF KIN TELEPHONE NUMBER		RELATIONSHIP TO PATIENT	
(607) 555-6632		Wife		(607) 555-6632		Wife	
ADMITTING PHYSICIAN		SERVICE		ADMIT TYPE		ROOM NUMBER/BED	
William Ruddy, MD		Medical		2		0366/01	
ATTENDING PHYSICIAN		ATTENDING PHYSICIAN UPIN		ADMITTING DIAGNOSIS			
William Ruddy, MD		100T32		Rule out pneumonia.			
PRIMARY INSURER		POLICY AND GROUP NUMBER		SECONDARY INSURER		POLICY AND GROUP NUMBER	
Empire Plan		352656388					
DIAGNOSES AND PROCEDURES							ICD CODE
PRINCIPAL DIAGNOSIS							
Acute Bronchitis							491.22
SECONDARY DIAGNOSES							
COPD Asthma ↑ B.P.							493.90 401.9
PRINCIPAL PROCEDURE							
SECONDARY PROCEDURES							
TOTAL CHARGES: \$ 2,692.74							
ACTIVITY: <input type="checkbox"/> Bedrest <input checked="" type="checkbox"/> Light <input type="checkbox"/> Usual <input type="checkbox"/> Unlimited <input type="checkbox"/> Other:							
DIET: <input type="checkbox"/> Regular <input type="checkbox"/> Low Cholesterol <input checked="" type="checkbox"/> Low Salt <input type="checkbox"/> ADA <input type="checkbox"/> _____ Calorie							
FOLLOW-UP: <input type="checkbox"/> Call for appointment <input type="checkbox"/> Office appointment on _____ <input type="checkbox"/> Other:							
SPECIAL INSTRUCTIONS:							
Signature of Attending Physician: William Ruddy, MD							

HUNTER, Dilbert

Admission: 04-26-YYYY

Case02

DOB: 09-22-YYYY

Dr.Ruddy

ROOM: 0366

CONSENT TO ADMISSION

I, **Dilbert Hunter** hereby consent to admission to the Alfred State Medical Center (ASMC), and I further consent to such routine hospital care, diagnostic procedures, and medical treatment that the medical and professional staff of ASMC may deem necessary or advisable. I authorize the use of medical information obtained about me as specified above and the disclosure of such information to my referring physician(s). This form has been fully explained to me, and I understand its contents. I further understand that no guarantees have been made to me as to the results of treatments or examinations done at the ASMC.

Dilbert Hunter

November 9, YYYY

Signature of Patient

Date

Signature of Parent/Legal Guardian for Minor

Date

Relationship to Minor

Andrea Wittman

November 9, YYYY

WITNESS: Alfred State Medical Center Staff Member

Date

CONSENT TO RELEASE INFORMATION FOR REIMBURSEMENT PURPOSES

In order to permit reimbursement, upon request, the Alfred State Medical Center (ASMC) may disclose such treatment information pertaining to my hospitalization to any corporation, organization, or agent thereof, which is, or may be liable under contract to the ASMC or to me, or to any of my family members or other person, for payment of all or part of the ASMC's charges for services rendered to me (e.g. the patient's health insurance carrier). I understand that the purpose of any release of information is to facilitate reimbursement for services rendered. In addition, in the event that my health insurance program includes utilization review of services provided during this admission, I authorize ASMC to release information as is necessary to permit the review. This authorization will expire once the reimbursement for services rendered is complete.

Dilbert Hunter

November 9, YYYY

Signature of Patient

Date

Signature of Parent/Legal Guardian for Minor

Date

Relationship to Minor

Andrea Wittman

November 9, YYYY

WITNESS: Alfred State Medical Center Staff Member

Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED NY 14802 ■ (607) 555-1234

HUNTER, Dilbert

Admission: 04-26-YYYY

ADVANCE DIRECTIVE

Case02

DOB: 09-22-YYYY

Dr.Ruddy

ROOM: 0366

Your answers to the following questions will assist your Physician and the Hospital to respect your wishes regarding your medical care. This information will become a part of your medical record.

	YES	NO	PATIENT'S INITIALS
1. Have you been provided with a copy of the information called "Patient Rights Regarding Health Care Decision?"	X		DH
2. Have you prepared a "Living Will?" If yes, please provide the Hospital with a copy for your medical record.		X	DH
3. Have you prepared a Durable Power of Attorney for Health Care? If yes, please provide the Hospital with a copy for your medical record.		X	DH
4. Have you provided this facility with an Advance Directive on a prior admission and is it still in effect? If yes, Admitting Office to contact Medical Records to obtain a copy for the medical record.		X	DH
5. Do you desire to execute a Living Will/Durable Power of Attorney? If yes, refer to in order: a. Physician b. Social Service c. Volunteer Service		X	DH

HOSPITAL STAFF DIRECTIONS: Check when each step is completed.

- ☒ Verify the above questions where answered and actions taken where required.
- ☒ If the "Patient Rights" information was provided to someone other than the patient, state reason:

Name of Individual Receiving Information Relationship to Patient
- ☒ If information was provided in a language other than English, specify language and method.
- ☒ Verify patient was advised on how to obtain additional information on Advance Directives.
- ☒ Verify the Patient/Family Member/Legal Representative was asked to provide the Hospital with a copy of the Advanced Directive which will be retained in the medical record.

File this form in the medical record, and give a copy to the patient.

Name of Patient Name of Individual giving information if different from Patient

Dilbert Hunter

November 9, YYYY

Signature of Patient

Date

Andrea Wittman

November 9, YYYY

Signature of Hospital Representative

Date

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED NY 14802 ■ (607) 555-1234

HUNTER, Dilbert

Admission: 04-26-YYYY

Dr.Ruddy

DOB: 09-22-YYYY

ROOM: 0366

HISTORY & PHYSICAL EXAM

CHIEF COMPLAINT: Shortness of breath.

HISTORY OF PRESENT ILLNESS: The patient is a 55 yr. old gentleman with severe COPD with asthma and hypertension, who had developed an acute bronchitis about a week ago and five days ago was started on Ampicillin taking his usual 500 mg. t.i.d. This did not help, and he was started on a Medrol Dose-Pak but he had already been taking Prednisone. The patient had increasing shortness of breath the last 24 hours and came in. He had to stop four times to walk from the parking lot into the office due to increasing shortness of breath. He has some orthopnea, paroxysmal nocturnal dyspnea with it, which is typical for a flare up of his COPD with asthma and especially if infected. The patient has severe allergies to nonsteroidals causing him almost an anaphylactic type of reaction and with severe shortness of breath and had one respiratory arrest requiring intubation for that particular problem.

PAST MEDICAL HISTORY: General health has been good when he is in between his breathing attacks. Childhood diseases-no rheumatic or scarlet fever. Adult diseases-no TB or diabetes. Has had recurrent pneumonias. Operations: hemorrhoidectomy.

MEDICATIONS: At this time include Lasix 40 mg. daily. Calan 80 mg. t.i.d. Prednisone 10 mg. daily. Vasotec 10 mg. daily. Theolair 250 b.i.d. Allopurinol 300 mg. daily. Proventil and Azmacort 2 puffs q. i .d.

ALLERGIES: Nonsteroidal antiinflammatory drugs, including aspirin.

SOCIAL HISTORY: Does not smoke or drink.

FAMILY HISTORY: Noncontributory.

REVIEW OF SYSTEMS: Head: no headaches, seizures or convulsions. EENT reveals rhinorrhea and allergies, particularly with sinusitis. Chest and heart: see HPI. GI: no nausea, diarrhea, constipation. GU: no dysuria, hematuria, nocturia. Extremities: no edema. Has a lot of arthritic problems getting along with Tylenol at this time.

GENERAL APPEARANCE: The patient is a middle-aged gentleman who is short of breath at rest.

VITAL SIGNS: Temperature is 97, pulse is 60, respirations 24, blood pressure 146/68. Weight 254 lbs.

SKIN: Normal color and texture. No petechiae or ecchymoses.

HEENT: Normal cephalic. No mastoid or cranial tenderness. Eyes, pupils equal and reactive to light and accommodation. Extra-ocular muscle function intact. Fundoscopic examination within normal limits. Ears: no inflammation or bulging of the drums. Nose: no inflammation, though there is same clear rhinorrhea. Mouth: no inflammation or exudate.

NECK: Supple. No adenopathy. Trachea in the midline. Thyroid normal. Carotids 2/4 with no bruits.

CHEST: Symmetrical.

LUNGS: There are wheezes heard throughout the lung fields with rhonchi and rales at the right base.

HEART: Regular rhythm. S1 2/4, S2 2/4, with no S3, S4 or murmurs.

BACK: No CVA or spinal tenderness.

ABDOMEN: Soft. No organomegaly, masses, or tenderness to palpation or percussion. Normal bowel sounds.

GENITALIA: Normal external genitalia.

RECTAL: Good sphincter tone. No mucosal masses. Stool hemoccult negative. Prostate 2+ with no nodules.

EXTREMITIES: Peripheral pulses 2+. No edema, cyanosis or clubbing.

NEUROLOGIC: Within normal limits.

IMPRESSION: 1) Asthma with acute bronchitis and bronchospasm.
2) Hypertension.

DD: 04-26-YYYY

DT: 04-27-YYYY

William Ruddy, MD

William Ruddy, MD

ALFRED STATE MEDICAL CENTER ■ 100 MAIN ST, ALFRED NY 14802 ■ (607) 555-1234

HUNTER, Dilbert

Case02

Dr.Ruddy

Admission: 04-26-YYYY

DOB: 09-22-YYYY

ROOM: 0366

PROGRESS NOTES

Date	(Please skip one line between dates.)
4/26/YYYY	Chief Complaint: Shortness of breath.
	Dx: COPD, asthma, acute brohchitis.
	Plan of Treatment: See physician orders.
	Discharge Plan: Home. William Ruddy, MD
4/27/YYYY	Pt. is less SOB today but still has considerable wheezing. Will cont same meds
	until I get results of culture and sensitivity. William Ruddy, MD

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HUNTER, Dilbert Case02 Dr.Ruddy		Admission: 04-26-YYYY DOB: 09-22-YYYY ROOM: 0366
DOCTORS ORDERS		
Date	Time	Physician's signature required for each order. (Please skip one line between dates.)
4/26/YYYY	1525	CBC, UA, ABG and CXR; NAS diet; Saline Lock
		Ancef 1 gm q 8°
		Solumedrol 125mg q 6° IV
		Calan 80mg Tid
		Vasotic 10mg daily
		Theodur 300mg Bid (q 12°)
		Allopurinol 300mg daily
		Proventil and Azmacort puffs qid - do own Rx
		William Ruddy, MD
		R.A.V. V.O. Dr. Ruddy/J.Anderson, RN
4/26/YYYY	1720	Cancel ABG. Do RA oximetry.
		R.A.V. T.O. Dr. Ruddy/E. Blossom RN
4/26/YYYY	1720	O2 2L/Ne
		R.A.V. T.O. Dr. Ruddy/E. Blossom RN
4/27/YYYY	1320	Tylenol 650mg po q 4° prn pain
		R.A.V. T.O. Dr. Ruddy/H. Figs RN
4/28/YYYY	1020	1) D/C IV

		2) Ceftin 250mg P.O. BID	
		3) Prednisone 20mg P.O.	William Ruddy, MD
		4) Walk hall as tolerated	R.A.V. T.O. Dr. Ruddy/E. Blossom RN
			William Ruddy, MD
4/28/YYYY	0900	DC O2	R.A.V. T.O. Dr. Ruddy/H. Figgs RN
4/29/YYYY	1200	Discharge – dict later	William Ruddy, MD

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HUNTER, Dilbert		Admission: 04-26-YYYY		LABORATORY DATA
Case02		DOB: 09-22-YYYY		
Dr.Ruddy		ROOM: 0366		
SPECIMEN COLLECTED:		04-26-YYYY	SPECIMEN RECEIVED:	04-26-YYYY
URINALYSIS				
URINE DIPSTICK				
COLOR	STRAW			
SP GRAVITY	1.010			1.001-1.030
GLUCOSE	NEGATIVE			< 125 mg/dl
BILIRUBIN	NEGATIVE			NEG
KETONE	NEGATIVE			NEG mg/dl
BLOOD	NEGATIVE			NEG
PH	7.5			4.5-8.0
PROTEIN	NEGATIVE			NEG mg/dl
UROBILINOGEN	NORMAL			NORMAL-1.0 mg/dl
NITRITES	NEGATIVE			NEG
LEUKOCYTES	NEGATIVE			NEG
WBC	RARE			0-5 /HPF
RBC	--			0-5 /HPF
EPI CELLS	RARE			/HPF
BACTERIA	--			/HPF
CASTS.	--			< 1 HYALINE/HPF
End of Report				

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HUNTER, Dilbert

Admission: 04-26-YYYY

LABORATORY DATA

Case02

DOB: 09-22-YYYY

Dr.Ruddy

ROOM: 0366

SPECIMEN COLLECTED: 04-26-YYYY

SPECIMEN RECEIVED: 04-26-YYYY

CBC S DIFF

TEST	RESULT	FLAG	REFERENCE
WBC	7.4		4.5-11.0 thous/UL
RBC	5.02	**L**	5.2-5.4 mill/UL
HGB	15.0		11.7-16.1 g/dl
HCT	45.8		35.0-47.0 %
MCV	91.2		85-99 fL.
MCHC	32.8	**L**	33-37
RDW	15.2	**H**	11.4-14.5
Platelets	165		130-400 thous/UL
MPV	8.4		7.4-10.4
LYMPH %	21.1		20.5-51.1
MONO %	7.8		1.7-9.3

GRAN %	71.1		42.2-75.2
LYMPH $\times 10^3$	1.6		1.2-3.4
MONO $\times 10^3$.6	**H**	0.11-0.59
GRAN $\times 10^3$	5.3		1.4-6.5
EOS $\times 10^3$	< .7		0.0-0.7
BASO $\times 10^3$	< .2		0.0-0.2
ANISO	SLIGHT		

End of Report

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HUNTER, Dilbert Admission: 04-26-YYYY
Case02 DOB: 09-22-YYYY
Dr.Ruddy ROOM: 0366

RADIOLOGY REPORT

Initial Diagnosis/History: COPD

Date Requested: 04-26-YYYY

Transport: ☒ Wheelchair ☐ Stretcher ☐ O₂ ☐ IV
☒ IP ☐ OP ☐ ER
☐ PRE OP ☐ OR/RR ☐ Portable

CHEST: PA and lateral views reveals the heart and mediastinum to be normal. The lungs are hyperinflated with flattening of the diaphragms and disorganization of the interstitial markings secondary to chronic disease. There is also some old pleural thickening at the left base laterally. Since our previous study of 4-30-92, an area of atelectasis has developed in the middle lobe. I do not know if this is of any current significance. No areas of consolidation or any pleural effusions are visible.

DD: 04-26-YYYY

Philip Rogers

DT: 04-27-YYYY

Philip Rogers

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HUNTER, Dilbert Admission: 04-26-YYYY
Case02 DOB: 09-22-YYYY
Dr.Ruddy ROOM: 0366

MEDICATION ADMINISTRATION RECORD

SPECIAL INSTRUCTIONS:

MEDICATION (dose and route)	DATE: 04-26		DATE: 04-27		DATE: 04-28		DATE: 04-29	
	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS	TIME	INITIALS
ANCEF 1GM Q 8°	0800	VT	0800	VT	0800	HF		
	1600	JD	1600	OR	D/c			
	2400	P.S.	2400	P.S.	D/c			
SOLUMEDROL 125 MG IV 16°	0600	GPW	0600	GPW	0600	GPW		
	1200	GPW	1200	VF	D/c			
	1800	JD	1800	OR	D/c			
	2400	GPW	2400	GPW	D/c			
CALAN 80 MG TID	0800	VT	0800	VT	0800	HF	0800	HF
	1300	VT	1300	VT	1300	HF	D/c	
	1800	JD	1800	JD	1800	OR	1800	JD
VASOTEC 10MG DAILY	0800	JD	0800	JD	0800	HF	0800	HF
THEODUR 300MG Q 12°	0800	JD	0800	JD	0800	HF	0800	HF
	2000	JD	2000	JD	2000	OR	2000	JD
ALLOPURINOL 300MG DAILY	0800	JD	0800	JD	0800	HF	0800	HF
SALINE FLUSH P EACH USE	0800	JD	0800	JD	D/c			
CEFTIN 250MG PO BID	0800	HF	0800	HF	0800	HF	0800	HF

	1600	JD		1600	JD		1600	JD		D/c	

INITIALS	SIGNATURE AND TITLE		INITIALS	SIGNATURE AND TITLE		INITIALS	SIGNATURE AND TITLE
VT	VERA SOUTH, EN		GPW	G. P. WELL, RN			
OR	ORA RICHARDS, RN		P. S.	P. SMALL, RN			
JD	JANE DOBBS, RN						
HF	H. Figgs RN						

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HUNTER, Dilbert
Case02
Dr.Ruddy

Admission: 04-26-YYYY
DOB: 09-22-YYYY
ROOM: 0366

PATIENT PROPERTY RECORD

I understand that while the facility will be responsible for items deposited in the safe, I must be responsible for all items retained by me at the bedside. (Dentures kept the bedside will be labeled, but the facility cannot assure responsibility for them.) I also recognize that the hospital cannot be held responsible for items brought in to me after this form has been completed and signed.

Dilbert Hunter

November 9, YYYY

Signature of Patient

Date

Andrea Witteman

November 9, YYYY

Signature of Witness

Date

I have no money or valuables that I wish to deposit for safekeeping. I do not hold the facility responsible for any other money or valuables that I am retaining or will have brought in to me.

I have been advised that it is recommended that I retain no more than \$5.00 at the bedside.

Dilbert Hunter

November 9, YYYY

Signature of Patient

Date

Andrea Witteman

November 9, YYYY

Signature of Witness

Date

I have deposited valuables in the facility safe. The envelope number is _____.

Signature of Patient

Date

Signature of Person Accepting Property

Date

I understand that medications I have brought to the facility will be handled as recommended by my physician. This may include storage, disposal, or administration.

Signature of Patient

Date

Signature of Witness

Date

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