### St Joseph Medical Center Admission Medication Reconciliation/Orders

#### **FHSRULES, BETTY**

FSJ 9TH/09C1/06	FIN: 091	0700079	HT:170.2 cm Stated	WT: 86.36 kg Stated
Allergies: No Known Allergies	A2000			AND THE STREET S
Home Medications:				
Source of Information: Patient				
Community Pharmacy: Provider:				
Immunizations	Yes			
Pneumonia Immunization (less than 5 yrs ago)	): No		Declined V	accination
Flu Immunization (Current Flu Season):	Yes	02/11/2009	Approximate Date	
Tetanus Immunization:	less than 5 years	05/11/2008	Approximate Date	
Peds Immunizations (up to date):				
Medication		Comment	S	
ascorbic acid (Vitamin C 500 mg oral capsule) 500mg,1Cap, Oral, Daily		Dietary aid		Cont. Stop Change  Last Dose Taken
diphenhydrAMINE		as needed	for allergy symptoms	Cont. Stop Change
(diphenhydrAMINE 25 mg oral capsule) 25mg,1Cap, Oral, 6 Times a Day, PRN				Last Dose Taken
furosemide (Lasix 40 mg oral tablet) 40mg,1Tab, Oral, Daily		water pill		Cont. Stop Change  Last Dose Taken
multivitamin with iron (Multiple Vitamins with Iron oral tablet) 1Tab, Oral, Daily			eals to improve absorption etary supplement	n, if Cont. Stop Change Last Dose Taken
potassium chloride (potassium chloride 20 mEq oral tablet, extended release 20mEq,1Tab, Oral, BID	:)	with food p	otassium replacement	Cont. Stop Change Last Dose Taken
Template Non Formulary  1Tab, Oral, Daily		Little blue p	oill for anxiety	Cont. Stop Change  Last Dose Taken

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:05		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age:	22 Years
		FSJ 9TH/09C1/06 Admit Dt: 04/17/09 H' Admit Physician: HILDEBRAND MD EM, PAUL	Γ: 170.2 cm WT: 86.36 kg
Medication Reconciliation Admission Re	port		
* Bold, Italics Denotes Home Medication			Page: 1 of 1

### St Joseph Medical Center Social Habits Report

**FHSRULES, BETTY** 

FIN#:

0910700079

170.2 cm Stated Ht:

Wt:

86.36 kg Stated

Current Tobacco Use: No

History of Tobacco Use: No

Type:

Cigarettes

Cigar

Pipe

Smokeless Tobacco

Packs/Day:

Cigars/Day:

Bowls/Day:

Number/Day:

Years of Use:

Years of Use:

Years of Use:

Years of Use:

Last Use:

Last Use:

Last Use:

Last Use:

Pack Yrs:

Exposure to Tobacco Smoke:

Alcohol Use:

None

Caffeinated Beverages: Yes

Type:

Type:

Coffee

Days/Week:

Drinks/Day:

2.0

Drinks/Episode:

Last Use:

Drinks/Week:

Last Use:

Recreational Drugs: No Туре Years of Use Use Status Last Use Frequency

Date:

06/08/09 11:05

Social Habits

FHSRULES, BETTY

FSJ 9TH/09C1/06

Admit Date: 04/17/09

DOB: 01/23/87

Age: 22 Years

Wt: 86.36 kg

Admit Physician: HILDEBRAND MD EM, PAUL

Ht: 170.2 cm

Gender: F

MRN 940152203

FIN: 0910700079



#### St Joseph Medical Center Transfer Medication Reconciliation/Orders

#### **FHSRULES, BETTY** FSJ 9TH/09C1/06 FIN: 0910700079 HT:170.2 cm Stated WT: 86 36 kg Stated Allergies: No Known Allergies Comments Medication acetaminophen 325 mg tab (Tylenol) 325mg,1Tab, Oral, Q4H, PRN, Pain \* acetaminophen as needed for pain Home Med for (Tylenol 325 mg oral tablet) Reference 325mg,1Tab, Oral, Q4H, PRN acyclovir 200 mg cap (Acyclovir) 200mg,1Cap, Oral, 5 Times a Day albumin human 5% 12.5 Gram (Albumarc) IntraVENous amikacin (Dextrose 5% and Water) 0.5Gram,2mL, IntraVENous, AM and Noon amoxicillin/clav 250 mg tab (Augmentin) 250mg,1Tab, Oral, Q8H \* ascorbic acid Dietary aid Home Med for (Vitamin C 500 mg oral capsule) Reference 500mg,1Cap, Oral, Daily aspirin 81 mg chew tab Stop Change (Aspirin) 81mg,1Tab, Oral, AC Breakfast and Bedtime atropine 0.5 mg/5 ml inj (Atropine Sulfate) 0.5mg,5mL, IntraVENous, AC Breakfast calcitriol 0.25 mcg cap (Calcitriol) 0.25mcg,1Cap, Oral, Daily Physician Signature: Date/Time Collected/Verified by: Date/Time FHSRULES, BETTY Date: 06/08/2009 11:15 Age: 22 Years Gender: Female DOB: 01/23/87 Admit Dt: 04/17/09 FSJ 9TH/09C1/06 HT: 170.2 cm WT: 86.36 kg Admit Physician: HILDEBRAND MD EM, PAUL W MRN 940152203 FIN: 0910700079 Medication Reconciliation Transfer Report

Page: 1 of 3

**Bold, Italics Denotes Home Medication** 

### St Joseph Medical Center Transfer Medication Reconciliation/Orders

FHSRULES, BETTY FSJ 9TH/09C1/06	FIN:	0910700079	HT:170.2 cm Stated	WT: 86.36 kg Stated
Allergies: No Known Allergies				
Medication			Comments	
diphenhydrAMINE (diphenhydrAMINE 25 mg oral capsule) 25mg,1Cap, Oral, 6 Times a Day, PRN			as needed for allergy symptoms	Home Med for Reference
furosemide (Lasix 40 mg oral tablet) 40mg,1Tab, Oral, Daily			water pill	Home Med for Reference
levothyroxine (Synthroid 75 mcg (0.075 mg) oral tablet) 75mcg,1Tab, Oral, Daily			hypothyroidism	Home Med for Reference
methylPREDNISolone 4 mg tab dosepack (MethylPREDNISolone Dose Pack) 4mg,1Tab, Oral, Q4H				Cont. Stop Change
multivitamin with iron (Multiple Vitamins with Iron oral tablet) 1Tab, Oral, Daily			between meals to improve absorptif tolerated dietary supplement	tion, Home Med for Reference
potassium chloride (potassium chloride 20 mEq oral tablet, extended release) 20mEq,1Tab, Oral, BID		milion Ca	with food potassium replacement	Home Med for Reference

Little blue pill for anxiety

Home Med for Reference

\* Template Non Formulary

1Tab, Oral, Daily

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT: Admit Physician: HILDEBRAND MD EM, PAUL V MRN 940152203 FIN: 091	V
* Bold, Italics Denotes Home Medication	ı		Page: 2 of 3

# St Joseph Medical Center Transfer Medication Reconciliation/Orders

FIN: 09	10700079	HT:170.2 cn	n Stated WT:	86.36 kg Stated
Additional Tw	onefor Mod	liaction		
			Frequency	Indication
2030		1000	requestoy	
		<del></del>		
		V 15404459AN		
Date/Time		Collected/Verifie	ed by:	Date/Time
	Gender: Fen FSJ 9TH/09	nale DOB: 01/23/8 C1/06 Admit I cian: HILDEBRAN	ot: 04/17/09 HT: 1 D MD EM, PAUL W	70.2 cm WT: 86.36 kg
	Additional Transfer Dose	Date/Time  FHSRULES Gender: Fen FSJ 9TH/09	Additional Transfer Medication  Dose Route  Date/Time Collected/Verifice  FHSRULES, BETTY  Gender: FHO90CI/O6 Addrait I Admit Physician: HILDEBRANI MRN 94015220	Additional Transfer Medication    Dose   Route   Frequency

Page: 3 of 3

## St Joseph Medical Center Discharge Medication Reconciliation/Orders

FHSRULES, BETTY FSJ 9TH/09C1/06	FIN: 09107	700079 HT: 170.2 cm Stated	WT: 86.36 kg Stated
Allergies: No Known Allergies			
Medication		Comments	<u> </u>
acetaminophen 325 mg tab (Tylenol) 325mg,1Tab, Oral, Q4H, PRN, Pain			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
acetaminophen (Tylenol 325 mg oral tablet) 325mg,1Tab, Oral, Q4H, PRN		as needed for pain	Cont Stop Change
acyclovir 200 mg cap (Acyclovir) 200mg,1Cap, Oral, 5 Times a Day			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
albumin human 5% 12.5 Gram (Albumarc) IntraVENous			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
amikacin (Dextrose 5% and Water) 0.5Gram,2mL, IntraVENous, AM and Noon			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
amoxicillin/clav 250 mg tab (Augmentin) 250mg,1Tab, Oral, Q8H			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
ascorbic acid (Vitamin C 500 mg oral capsule) 500mg,1Cap, Oral, Daily		Dietary aid	Cont. Stop Change
aspirin 81 mg chew tab (Aspirin) 81mg,1Tab, Oral, AC Breakfast and Bedtime	e ·		Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
atropine 0.5 mg/5 ml inj (Atropine Sulfate) 0.5mg,5mL, IntraVENous, AC Breakfast			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
calcitriol 0.25 mcg cap (Calcitriol) 0.25mcg,1Cap, Oral, Daily			Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
UNMARKED ORDERS ARE DISCONTI	NUED		
Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 FSJ 9TH/09C1/06 Admit Dt: 04/17/0 Admit Physician: HILDEBRAND MD EM	Age: 22 Years 99 HT: 170.2 cm WT: 86.36 kg , PAUL W
Medication Reconciliation Discharge Re	eport	MRN 940152203 F.	IN: 0910700079
* Rold Italics with Denotes Home M	ledication		Page: 1 of 3

### St Joseph Medical Center Discharge Medication Reconciliation/Orders

FHSRULES, BETTY				
FSJ 9TH/09C1/06	FIN:	0910700079	HT: 170.2 cm Stated	WT: 86.36 kg Stated
Allergies: No Known Allergies				
Medication	_,		Comments	
* diphenhydrAMINE (diphenhydrAMINE 25 mg oral capsule) 25mg,1Cap, Oral, 6 Times a Day, PRN			as needed for allergy symptoms	Cont. Stop Change
* furosemide (Lasix 40 mg oral tablet) 40mg,1Tab, Oral, Daily			water pill	Cont. Stop Change
* levothyroxine (Synthroid 75 mcg (0.075 mg) oral tablet) 75mcg,1Tab, Oral, Daily			hypothyroidism	Cont. Stop Change
methylPREDNISolone 4 mg tab dosepack (MethylPREDNISolone Dose Pack) 4mg,1Tab, Oral, Q4H				Hospital Med for Reference Continue at Discharge/Transfer Prescriptions written
* multivitamin with iron (Multiple Vitamins with Iron oral tablet) 1Tab, Oral, Daily			between meals to improve absorption, if tolerated dietary supplement	Cont. Stop Change
* potassium chloride (potassium chloride 20 mEq oral tablet, extended release) 20mEq,1Tab, Oral, BID			with food potassium replacement	Cont. Stop Change
* Template Non Formulary  1Tab, Oral, Daily			Little blue pill for anxiety	Cont. Stop Change

#### UNMARKED ORDERS ARE DISCONTINUED

Physician Signature:	Date/Time	Collected/Verified by:	Date/Time
Date: 06/08/2009 11:15		FHSRULES, BETTY Gender: Female DOB: 01/23/87 Age: FSJ 9TH/09C1/06 Admit Dt: 04/17/09 HT Admit Physician: HILDEBRAND MD EM, PAUL V	
		MRN 940152203 FIN: 091	0700079
* Bold, Italics with Denotes Home M	edication		Page: 2 of 3

## St Joseph Medical Center Discharge Medication Reconciliation/Orders

FHSRULES, BETTY FSJ 9TH/09C1/06		FIN: 091	0700079	HT: 170.2 c	m Stated WT:	86 36 kg Stated			
Allergies: No Known Allergies									
100000000000000000000000000000000000000	Additional Discharge Medication								
Drug	Dose	Rout	te	Frequency	Indication	Prescription Given			
				***************************************					
					·				
	***************************************								
All Markey ( )		/							
Physician Signature:		Date/Time		Collected/Verifi	ed by:	Date/Time			
Date: 06/08/2009 11:15			Gender FSJ 97	Physician: HILDEBRAN MRN 9401522	Dt: 04/17/09 HT: ID MD EM, PAUL W	170.2 cm WT: 86.36 kg 700079			

Page: 3 of 3

# St Joseph Medical Center Discharge Home Medications

06/08/09 11:15

Name FHSRULES, BETTY

Acct# 910700079

PCP

Allergies: No Known Allergies

## **DISCHARGE HOME MEDICATIONS**

Medication	Dose	Route	Frequency	Reason for Taking	Next Dose
diphenhydrAMINE 25 mg oral capsule	25 mg / 1 Cap	Oral	Six Times a Day	as needed for allergy symptoms	
Lasix 40 mg oral tablet	40 mg / 1 Tab	Oral	Every Day	water pill	
Multiple Vitamins with Iron oral tablet (between meals to improve absorption, if tolerated)	1 Tab	Oral	Every Day	dietary supplement	
potassium chloride 20 mEq oral tablet, extended release (with food)	20 mEq / 1 Tab	Oral	Two Times A Day	potassium replacement	
Synthroid 75 mcg (0.075 mg) oral tablet	75 mcg / 1 Tab	Oral	Every Day	hypothyroidism	
Template Non Formulary (Little blue pill)	1 Tab	Oral	Every Day	for anxiety	
Tylenol 325 mg oral tablet	325 mg / 1 Tab	Oral	Every 4 Hours	as needed for pain	
Vitamin C 500 mg oral capsule	500 mg / 1 Cap	Oral	Every Day	Dietary aid	

## THE FOLLOWING MEDICATIONS WERE STOPPED OR CHANGED

Medication	Dose	Frequency	
Synthroid 50 mcg (0.05 mg) oral tablet	1 Tab	Every Day	
[ ] Continue medications as directed by the prescri	bing doctor		
[ ] Change your medications as instructed on this f	orm		
[ ] Add to your medication the attached prescription	ns		
[ ] Continue meds not changed as directed by pres	scribing doctor		
, FHSRULES, BETTY, have received a copy of disc of these instructions. I hereby certify that I have rec egarding this visit have been adequately answered.	eived the above		
Patient Signature		Date	
Witness and/or instructed by (signature)		Date	

Patient Copy

Page: 1 of 1

06/08/09 11:15

#### 06/08/09 11:15

## St Joseph Medical Center Discharge Home Medications

Name FHSRULES, BETTY
Allergies: No Known Allergies

Acct# 910700079

PCP

### **DISCHARGE HOME MEDICATIONS**

Medication	Dose	Route	Frequency	Reason for Taking	Next Dose
diphenhydrAMINE 25 mg oral capsule	25 mg / 1 Cap	Oral	Six Times a Day	as needed for allergy symptoms	
Lasix 40 mg oral tablet	40 mg / 1 Tab	Oral	Every Day	water pill	
Multiple Vitamins with Iron oral tablet (between meals to improve absorption, if tolerated)	1 Tab	Oral	Every Day	dietary supplement	
potassium chloride 20 mEq oral tablet, extended release (with food)	20 mEq / 1 Tab	Oral	Two Times A Day	potassium replacement	
Synthroid 75 mcg (0.075 mg) oral tablet	75 mcg / 1 Tab	Oral	Every Day	hypothyroidism	
Template Non Formulary (Little blue pill)	1 Tab	Oral	Every Day	for anxiety	
Tylenol 325 mg oral tablet	325 mg / 1 Tab	Oral	Every 4 Hours	as needed for pain	
Vitamin C 500 mg oral capsule	500 mg / 1 Cap	Oral	Every Day	Dietary aid	

## THE FOLLOWING MEDICATIONS WERE STOPPED OR CHANGED

Medication	Dose	Frequency
Synthroid 50 mcg (0.05 mg) oral tablet	1 Tab	Every Day
[ ] Continue medications as directed by the pre-	scribing doctor	
[ ] Change your medications as instructed on the	nis form	
[ ] Add to your medication the attached prescrip	otions	
[ ] Continue meds not changed as directed by p	prescribing doct	tor
	received the ab	e medications and acknowledged understanding bove instructions and that all of my concerns/questions
Patient Signature		Date
Witness and/or instructed by (signature)	<del>*************************************</del>	Date

FHSRULES, BETTY

Page: 1 of 1 06/08/09 11:15 MRN 940152203



#### FSJ SJMC

#### Medication Administration Record

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

Page: 1 Continued

FHSRULES, BETTY
Location # FSJ 9TH 09C1-06 Allergies: No Known Allergies.

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

\*\*SCHEDULED\*\*

Start Time/ *Stop* *Time*	Ck By	MEDICATION		DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 13:00		acyclovir 200 mg cap (Zovirax)		200 mg / 1 Cap Oral 5 Times a Day	0900 1300	1700 2100	0500
		Look-Alike/Sound-Alike Alert					
05/12 09:00		amikacin 500 mg/2 ml inj D5w inj 100 ml (Amikin)		0.5 Gram / 2 mL 100 mL Total Volume: 100 mL IntraVENous Infuse Over 30 Minutes AM and Noon	1200		
05/12 13:00		amoxicillin/clav 250 mg tab (Augmentin)		250 mg / 1 Tab Oral Q8H	1300	2100	0500
		Give with Food					
05/12 21:00		aspirin 81 mg chew tab (Bayer Childrens Aspirin)		81 mg / 1 Tab Oral AC Breakfast and Bedtime		2100	0659
		Give with Food					
7.41							
C = Co DO = D H = Un	nditio	Omitted Dose Codes on of Patient s Order able Medication	NPO A = Abs R = Ref	L = Left ent 0 = Quadra used DG = Dorsa	Sit R = Right ant AB = Abdomen al Gluteal VG = V	e Codes U = Upper M = A = Arm T = entral GlutealVL =	Middle L = Lower Thigh D = Delto: Vastus Lateralus
SIGN/IN							
		Roc Ht:	RULES, BETTY om #: 09C1-06 170.2 cm 86.36 kg	Admit Date <b>DOB:</b> 01/23/87  Age: 22 Years  Gender: F  BRAND MD EM, PAUL W	MRN 94	0152203 FIN:	0910700079

## FSJ SJMC Medication Administration Record

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

Page: 2 Continued

FHSRULES, BETTY
Location # FSJ 9TH 09C1-06
Allergies: No Known Allergies.

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

\*\*SCHEDULED\*\*

Start Time/ *Stop* *Time*	Ck By	MEDICATION		DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 11:48		atropine 0.5 mg/5 ml inj (Atropine)		0.5 mg / 5 mL IntraVENous AC Breakfast			0659
05/12 11:49		calcitriol 0.25 mcg cap (Rocaltrol)		0.25 mcg / 1 Cap Oral Daily	0900		
05/12 13:00		methylPREDNISolone 4 mg tab (Medrol)	dosepack	4 mg / 1 Tab Oral Q4H	0900	1700 2100	0100
		Give with Food					
SIGN/INI	T						
		nted: 06/08/2009 11:19	FHSRULES, BETTY Room #: 09C1-06 Ht: 170.2 cm Wt: 86.36 kg Physician: HILDE	Admit Da <b>DOB:</b> 01/23/87 Age: 22 Years Gender: F BRAND MD EM, PAUL W	te: 04/17/09 MRN 940	0152203 FIN: 0	910700079

#### FSJ SJMC

#### Medication Administration Record

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

Page: 3 Continued

FHSRULES, BETTY
Location # FSJ 9TH 09C1-06
Allergies: No Known Allergies.

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

\*\*CONTINUOUS\*\*

Start Time/ *Stop* *Time*	Ck By	MEDICATION		DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
05/12 11:51		albumin human 5% 12.5 g/250 (Albumin Human)	ml inj	12.5 Gram / 250 mL Total Volume: 250 mL IntraVENous 125 mL/hr			
	111111111111111111111111111111111111111						
SIGN/IN	IT						
		nted: 06/08/2009 11:19	FHSRULES, BETTY Room #: 09C1-06 Ht: 170.2 cm Wt: 86.36 kg Physician: HILD	Admit Date  DOB: 01/23/87  Age: 22 Years  Gender: F  EBRAND MD EM, PAUL W	e: 04/17/09 MRN 94	0152203 FIN: (	910700079

## FSJ SJMC Medication Administration Record

ADMINISTRATION PERIOD 06/08/09 07:00 TO 06/09/09 06:59

Page: 4 Final

FHSRULES, BETTY
Location # FSJ 9TH 09C1-06
Allergies: No Known Allergies.

FIN: 910700079

Ht: 170.2 cm

Wt: 86.36 kg

\*\*PRN\*\*

Start Time/ *Stop* *Time*	Ck By	MEDICATION	DOSE ROUTE FREQ	Day Shift 0700 - 1459	Evening Shift 1500 - 2259	Night Shift 2300 - 0659
5/12 1:54		acetaminophen 325 mg tab (Tylenol)	325 mg / 1 Tab Oral Q4H as needed For Pain			
		DO NOT EXCEED an Acetaminophen Dose of 400 mg/24 hr	0			
SIGN/IN	Tm.					
	11	,				
		nted: 06/08/2009 11:19  FHSRULES, BETT  Room #: 09C1-0  Ht: 170.2 cm  Wt: 86.36 kg  Physician: HI		te: 04/17/09 MRN 94	0152203 FIN: (	910700079